

United Way of Cass-Clay  
*Return of Organization Exempt from Income Tax Form*  
*Public Disclosure Copy For 990*  
December 31, 2012

Form **990**

**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)

**2012**

Department of the Treasury  
Internal Revenue Service

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

**Open to Public Inspection**

**A For the 2012 calendar year, or tax year beginning and ending**

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C Name of organization</b>		<b>D Employer identification number</b>
	United Way of Cass-Clay		41-0810008
	Doing Business As		
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	<b>E Telephone number</b>
219 7th St S			701-237-5050
City, town, or post office, state, and ZIP code		<b>G Gross receipts \$</b> 5,592,858.	
Fargo, ND 58103-1819		<b>H(a)</b> Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b>F Name and address of principal officer:</b> Sherri J. Thomsen same as C above		<b>H(b)</b> Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>I Tax-exempt status:</b> <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		If "No," attach a list. (see instructions)	
<b>J Website:</b> www.unitedwaycassclay.org		<b>H(c)</b> Group exemption number ▶	
<b>K Form of organization:</b> <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		<b>L Year of formation:</b> 1958 <b>M State of legal domicile:</b> ND	

**Part I Summary**

<b>Activities &amp; Governance</b>	1 Briefly describe the organization's mission or most significant activities: <u>United Way of Cass-Clay connects people to people, needs to resources and experts to advocates to</u>			
	2 Check this box <input type="checkbox"/> 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)	17	
	4	Number of independent voting members of the governing body (Part VI, line 1b)	17	
	5	Total number of individuals employed in calendar year 2012 (Part V, line 2a)	14	
	6	Total number of volunteers (estimate if necessary)	2607	
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	0.	
	7b	Net unrelated business taxable income from Form 990-T, line 34	0.	
<b>Revenue</b>			<b>Prior Year</b>	<b>Current Year</b>
	8	Contributions and grants (Part VIII, line 1h)	5,405,419.	5,236,837.
	9	Program service revenue (Part VIII, line 2g)	40.	1,607.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	21,765.	27,859.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	3,460.	10,797.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	5,430,684.	5,277,100.
<b>Expenses</b>	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	3,672,320.	3,634,200.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	589,208.	626,460.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 333,149.		
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	357,191.	426,024.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	4,618,719.	4,686,684.
19	Revenue less expenses. Subtract line 18 from line 12	811,965.	590,416.	
<b>Net Assets or Fund Balances</b>			<b>Beginning of Current Year</b>	<b>End of Year</b>
	20	Total assets (Part X, line 16)	5,795,509.	6,436,505.
	21	Total liabilities (Part X, line 26)	544,828.	507,969.
22	Net assets or fund balances. Subtract line 21 from line 20	5,250,681.	5,928,536.	

**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.

<b>Sign Here</b>	▶ Signature of officer		Date		
	Sherri J. Thomsen, President				
<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	LISA CHAFFEE, CPA	LISA CHAFFEE, CPA	08/29/13		P00193453
	Firm's name ▶ EIDE BAILLY LLP	Firm's EIN ▶ 45-0250958			
Firm's address ▶ 4310 17TH AVE S PO BOX 2545 FARGO, ND 58108-2545			Phone no. 701-239-8500		

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

Part III Statement of Program Service Accomplishments

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

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

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

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [ ] Yes [X] No

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

4a (Code: ) (Expenses \$ 3,834,372. including grants of \$ 3,290,385. ) (Revenue \$ ) Agency and Program Community Investments: In 2012, United Way of Cass-Clay invested in 75 nonprofit programs providing human needs services in the categories of Prevention and Development and Basic Needs.

Basic Needs

CHILDREN'S NEEDS

- Children are developmentally prepared for school
-Children have access to preventive medical and dental care

EMERGENCY SERVICES

- Individuals and families will have access to nutritious meals
-Students will have access to meals during the weekend

4b (Code: ) (Expenses \$ 287,697. including grants of \$ 287,697. ) (Revenue \$ ) Imagination Library:

United Way of Cass-Clay partners with the Dollywood Foundation to provide free age-appropriate books once per month to children ages 0-5 in Cass and Clay counties. The program is free to families because of United Way of Cass-Clay donor dollars and any family with a child between the ages of zero and five is eligible to enroll in the program. Research shows that children who receive Imagination Library books have higher literacy levels and are at a lower risk for needing remedial literacy education upon entering Kindergarten than students that do not receive Imagination Library books. During 2012, on average 8,922 books were mailed per month and 105,058 books were mailed to the homes of children ages 0-5 throughout Cass and Clay counties. Since 2003, 28,300

4c (Code: ) (Expenses \$ 69,240. including grants of \$ 56,118. ) (Revenue \$ 1,607. ) Community Grants-

School Supply Drive:

Through the United Way of Cass-Clay's 14th Annual School Supply Drive 4,599 students grades K-12 attending school throughout Cass and Clay counties were equipped with backpacks and the grade-appropriate supplies they need to succeed. Of the families served through the 2012 drive, 85% self-reported being enrolled in the free and reduced lunch program through their school district.

Emergency Funding: F/M Shelter Overflow Group:

Increasingly during 2011, local emergency shelters have been at or above capacity. With the onset of colder weather in the fall and winter

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

4e Total program service expenses 4,191,309.

**Part IV Checklist of Required Schedules**

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		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? <i>If "Yes," complete Schedule C, Part III</i>		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? <i>If "Yes," complete Schedule D, Part I</i>		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? <i>If "Yes," complete Schedule D, Part II</i>		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		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? <i>If "Yes," complete Schedule D, Part IV</i>		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	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? <i>If "Yes," complete Schedule D, Part VI</i>	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? <i>If "Yes," complete Schedule D, Part VII</i>		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? <i>If "Yes," complete Schedule D, Part VIII</i>		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? <i>If "Yes," complete Schedule D, Part IX</i>		X
e	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	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)? <i>If "Yes," complete Schedule D, Part X</i>	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?		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? <i>If "Yes," complete Schedule F, Parts I and IV</i>		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? <i>If "Yes," complete Schedule F, Parts II and IV</i>		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? <i>If "Yes," complete Schedule F, Parts III and IV</i>		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? <i>If "Yes," complete Schedule G, Part I</i>		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? <i>If "Yes," complete Schedule G, Part II</i>	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		

**Part IV Checklist of Required Schedules** (continued)

		Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> .....	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? <i>If "Yes," complete Schedule I, Parts I and III</i> .....		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? <i>If "Yes," complete Schedule J</i> .....		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, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25</i> .....		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .....		
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? .....		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .....		
25a	<b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> .....		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? <i>If "Yes," complete Schedule L, Part I</i> .....		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? <i>If "Yes," complete Schedule L, Part II</i> .....		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? <i>If "Yes," complete Schedule L, Part III</i> .....		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? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> .....		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? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> .....		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> .....		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> .....		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> .....		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? <i>If "Yes," complete Schedule R, Part I</i> .....		X
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> .....		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)? .....		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)? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....		
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....		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? <i>If "Yes," complete Schedule R, Part VI</i> .....		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O .....	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

Input box for Schedule O response

Main table with columns for question ID, description, and Yes/No checkboxes. Includes rows 1a-14b with various tax-related questions.

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

Table with 3 columns: Question, Yes, No. Rows include: 1a (17), 1b (17), 2 (X), 3 (X), 4 (X), 5 (X), 6 (X), 7a (X), 7b (X), 8a (X), 8b (X), 9 (X).

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

Table with 3 columns: Question, Yes, No. Rows include: 10a (X), 10b, 11a (X), 11b, 12a (X), 12b (X), 12c (X), 13 (X), 14 (X), 15a (X), 15b (X), 16a (X), 16b.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed MN
18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made 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 made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: Summer Hanson - 701-237-5050 219 7th Street S, Fargo, ND 58103-1819

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below 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			
David Berg Chair	2.00	X		X				0.	0.	0.
Mark Jensen Chair Elect	2.00	X		X				0.	0.	0.
Louise Dardis Vice Chair	2.00	X		X				0.	0.	0.
Todd Olson Treasurer	2.00	X		X				0.	0.	0.
Dean Atchison Past Chair	1.00	X						0.	0.	0.
Rock Messerschmidt Board Member	1.00	X						0.	0.	0.
Doug Hamilton Board Member	1.00	X						0.	0.	0.
Carol Weber Board Member	1.00	X						0.	0.	0.
Babs Coler Board Member	1.00	X						0.	0.	0.
Joel Vettel Board Member	1.00	X						0.	0.	0.
James Boberg Board Member	1.00	X						0.	0.	0.
Michelle Killoran Board Member	1.00	X						0.	0.	0.
Paul Finstad Board Member	1.00	X						0.	0.	0.
Gene Taylor Board Member	1.00	X						0.	0.	0.
Evelyn Quigley Community Building Chair	2.00	X						0.	0.	0.
Ann McConn Governance Chair	2.00	X						0.	0.	0.
Craig Lemieux Human Resource Chair	2.00	X						0.	0.	0.



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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below 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			
John Machacek VP, Finance & Operations (Jan-July)	50.00			X				31,788.	0.	5,966.
Sherri J. Thomsen President	50.00			X				93,031.	0.	13,643.
Deanna Noel Interim Finance Director (July-Dec)	50.00			X				25,208.	0.	0.
<b>1b Sub-total</b>								150,027.	0.	19,609.
<b>c Total from continuation sheets to Part VII, Section A</b>								0.	0.	0.
<b>d Total (add lines 1b and 1c)</b>								150,027.	0.	19,609.

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

	Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
<b>4</b> 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? <i>If "Yes," complete Schedule J for such individual</i>		X
<b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		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
NONE		

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

**Part VIII Statement of Revenue**

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

		(A)	(B)	(C)	(D)	
		Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512, 513, or 514	
Contributions, Gifts, Grants and Other Similar Amounts	<b>1 a</b> Federated campaigns	<b>1a</b>				
	<b>b</b> Membership dues	<b>1b</b>				
	<b>c</b> Fundraising events	<b>1c</b> 7,889.				
	<b>d</b> Related organizations	<b>1d</b>				
	<b>e</b> Government grants (contributions)	<b>1e</b>				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b> 5,228,948.				
	<b>g</b> Noncash contributions included in lines 1a-1f: \$					
	<b>h Total.</b> Add lines 1a-1f		5,236,837.			
	Program Service Revenue	<b>2 a</b> <u>Miscellaneous Income</u>	Business Code 624100	1,607.	1,607.	
<b>b</b>						
<b>c</b>						
<b>d</b>						
<b>e</b>						
<b>f</b> All other program service revenue						
<b>g Total.</b> Add lines 2a-2f			1,607.			
Other Revenue	<b>3</b> Investment income (including dividends, interest, and other similar amounts)		22,504.		22,504.	
	<b>4</b> Income from investment of tax-exempt bond proceeds					
	<b>5</b> Royalties					
	<b>6 a</b> Gross rents	(i) Real				
		(ii) Personal				
		<b>b</b> Less: rental expenses				
		<b>c</b> Rental income or (loss)				
	<b>d</b> Net rental income or (loss)					
	<b>7 a</b> Gross amount from sales of assets other than inventory	(i) Securities	278,198.			
		(ii) Other				
		<b>b</b> Less: cost or other basis and sales expenses	272,843.			
		<b>c</b> Gain or (loss)	5,355.			
	<b>d</b> Net gain or (loss)		5,355.		5,355.	
	<b>8 a</b> Gross income from fundraising events (not including \$ 7,889. of contributions reported on line 1c). See Part IV, line 18	<b>a</b>	53,712.			
		<b>b</b> Less: direct expenses	42,915.			
<b>c</b> Net income or (loss) from fundraising events			10,797.		10,797.	
<b>9 a</b> Gross income from gaming activities. See Part IV, line 19	<b>a</b>					
	<b>b</b> Less: direct expenses					
	<b>c</b> Net income or (loss) from gaming activities					
<b>10 a</b> Gross sales of inventory, less returns and allowances	<b>a</b>					
	<b>b</b> Less: cost of goods sold					
	<b>c</b> Net income or (loss) from sales of inventory					
Miscellaneous Revenue		Business Code				
<b>11 a</b>						
	<b>b</b>					
	<b>c</b>					
	<b>d</b> All other revenue					
	<b>e Total.</b> Add lines 11a-11d					
<b>12 Total revenue.</b> See instructions.		5,277,100.	1,607.	0.	38,656.	

**Part IX Statement of Functional Expenses**

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b> Grants and other assistance to governments and organizations in the United States. See Part IV, line 21	3,634,200.	3,634,200.		
<b>2</b> Grants and other assistance to individuals in the United States. See Part IV, line 22				
<b>3</b> Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16				
<b>4</b> Benefits paid to or for members				
<b>5</b> Compensation of current officers, directors, trustees, and key employees	169,983.	46,879.	82,532.	40,572.
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
<b>7</b> Other salaries and wages	358,373.	233,690.	18,880.	105,803.
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	29,033.	18,449.	2,474.	8,110.
<b>9</b> Other employee benefits	26,421.	16,730.	2,040.	7,651.
<b>10</b> Payroll taxes	42,650.	23,067.	7,738.	11,845.
<b>11</b> Fees for services (non-employees):				
<b>a</b> Management				
<b>b</b> Legal				
<b>c</b> Accounting	12,325.	767.	11,164.	394.
<b>d</b> Lobbying				
<b>e</b> Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees				
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	1,604.	100.	1,453.	51.
<b>12</b> Advertising and promotion	154,671.	30,740.	7,993.	115,938.
<b>13</b> Office expenses	42,135.	22,787.	7,645.	11,703.
<b>14</b> Information technology	22,743.	12,302.	4,126.	6,315.
<b>15</b> Royalties				
<b>16</b> Occupancy	18,227.	9,857.	3,308.	5,062.
<b>17</b> Travel	1,931.	1,096.	330.	505.
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials				
<b>19</b> Conferences, conventions, and meetings	7,585.	4,102.	1,376.	2,107.
<b>20</b> Interest				
<b>21</b> Payments to affiliates	50,011.	50,011.		
<b>22</b> Depreciation, depletion, and amortization	32,964.	17,828.	5,981.	9,155.
<b>23</b> Insurance	6,801.	3,678.	1,234.	1,889.
<b>24</b> 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.)				
<b>a</b> <u>Strategic Assessment</u>	41,734.	41,734.		
<b>b</b> <u>Equipment Rental &amp; Main</u>	18,870.	10,205.	3,424.	5,241.
<b>c</b> <u>Volunteer Recognition</u>	540.	292.	98.	150.
<b>d</b> _____				
<b>e</b> All other expenses _____	13,883.	12,795.	430.	658.
<b>25</b> <b>Total functional expenses.</b> Add lines 1 through 24e	4,686,684.	4,191,309.	162,226.	333,149.
<b>26</b> <b>Joint costs.</b> 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	
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....		<b>1</b>		
	<b>2</b> Savings and temporary cash investments .....	1,737,861.	<b>2</b>	2,048,529.	
	<b>3</b> Pledges and grants receivable, net .....	2,692,095.	<b>3</b>	3,085,775.	
	<b>4</b> Accounts receivable, net .....	14,998.	<b>4</b>	17,250.	
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L .....		<b>5</b>		
	<b>6</b> 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 instr). Complete Part II of Sch L .....		<b>6</b>		
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>		
	<b>8</b> Inventories for sale or use .....		<b>8</b>		
	<b>9</b> Prepaid expenses and deferred charges .....	2,457.	<b>9</b>	4,826.	
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 849,718.			
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 420,953.	364,173.	<b>10c</b> 428,765.	
	<b>11</b> Investments - publicly traded securities .....	983,925.	<b>11</b>	851,360.	
	<b>12</b> Investments - other securities. See Part IV, line 11 .....		<b>12</b>		
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		<b>13</b>		
	<b>14</b> Intangible assets .....		<b>14</b>		
	<b>15</b> Other assets. See Part IV, line 11 .....		<b>15</b>		
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) .....	5,795,509.	<b>16</b>	6,436,505.		
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	16,422.	<b>17</b>	16,797.	
	<b>18</b> Grants payable .....		<b>18</b>		
	<b>19</b> Deferred revenue .....	30,000.	<b>19</b>	11,825.	
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>		
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>		
	<b>22</b> 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 .....		<b>22</b>		
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....		<b>23</b>		
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>		
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .....	498,406.	<b>25</b>	479,347.	
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	544,828.	<b>26</b>	507,969.	
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b>				
	<b>27</b> Unrestricted net assets .....	1,846,645.	<b>27</b>	2,212,128.	
	<b>28</b> Temporarily restricted net assets .....	3,355,997.	<b>28</b>	3,663,835.	
	<b>29</b> Permanently restricted net assets .....	48,039.	<b>29</b>	52,573.	
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here</b> <input type="checkbox"/> <b>and complete lines 30 through 34.</b>				
	<b>30</b> Capital stock or trust principal, or current funds .....		<b>30</b>		
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>31</b>		
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>32</b>		
<b>33</b> Total net assets or fund balances .....	5,250,681.	<b>33</b>	5,928,536.		
<b>34</b> Total liabilities and net assets/fund balances .....	5,795,509.	<b>34</b>	6,436,505.		

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

**Part XII Financial Statements and Reporting**

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> 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? 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: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
2b	Were the organization's financial statements audited by an independent accountant? 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: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
2c	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? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	X	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
3b	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		

Form 990 (2012)

**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

United Way of Cass-Clay

Employer identification number

41-0810008

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

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

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2  A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: \_\_\_\_\_
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8  A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9  An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 10  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h.
  - a  Type I      b  Type II      c  Type III - Functionally integrated      d  Type III - Non-functionally integrated
- e  By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
 

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

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

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2012

**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
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	3586617.	4478362.	4491843.	5405419.	5236837.	23199078.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>4 Total.</b> Add lines 1 through 3 .....	3586617.	4478362.	4491843.	5405419.	5236837.	23199078.
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) .....						165,240.
<b>6 Public support.</b> Subtract line 5 from line 4.						23033838.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
<b>7</b> Amounts from line 4 .....	3586617.	4478362.	4491843.	5405419.	5236837.	23199078.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .....	15,623.	13,889.	17,322.	17,450.	22,504.	86,788.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) .....						
<b>11 Total support.</b> Add lines 7 through 10						23285866.
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	239,514.
<b>13 First five years.</b> 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 <b>stop here</b> .....						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f)) .....	<b>14</b>	98.92	%
<b>15</b> Public support percentage from 2011 Schedule A, Part II, line 14 .....	<b>15</b>	98.48	%
<b>16a 33 1/3% support test - 2012.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....	<input checked="" type="checkbox"/>		
<b>b 33 1/3% support test - 2011.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization .....	<input type="checkbox"/>		
<b>17a 10% -facts-and-circumstances test - 2012.</b> 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 <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....	<input type="checkbox"/>		
<b>b 10% -facts-and-circumstances test - 2011.</b> 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 <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....	<input type="checkbox"/>		
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....	<input type="checkbox"/>		

**Part III Support Schedule for Organizations Described in Section 509(a)(2)**

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> 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 .....						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>6 Total.</b> Add lines 1 through 5 .....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....						
<b>b</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 .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

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

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

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2012 (line 8, column (f) divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2011 Schedule A, Part III, line 15 .....	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2012 (line 10c, column (f) divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from 2011 Schedule A, Part III, line 17 .....	<b>18</b>	%

**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



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

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.

OMB No. 1545-0047

**2012**

Name of the organization

Employer identification number

United Way of Cass-Clay

41-0810008

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)( 3 ) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

**Note.** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

**General Rule**

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

**Special Rules**

For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not total to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year ..... ▶ \$ \_\_\_\_\_

**Caution.** An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on Part I, line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2012)

Name of organization <b>United Way of Cass-Clay</b>	Employer identification number <b>41-0810008</b>
--	---

**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	<hr/> <hr/> <hr/> <hr/>	\$ 113,025.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2	<hr/> <hr/> <hr/> <hr/>	\$ 113,079.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3	<hr/> <hr/> <hr/> <hr/>	\$ 122,100.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
<hr/> <hr/> <hr/> <hr/>	<hr/> <hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
<hr/> <hr/> <hr/> <hr/>	<hr/> <hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
<hr/> <hr/> <hr/> <hr/>	<hr/> <hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization <b>United Way of Cass-Clay</b>	Employer identification number <b>41-0810008</b>
--	---

**Part II Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	

Name of organization <b>United Way of Cass-Clay</b>	Employer identification number <b>41-0810008</b>
--	---

**Part III** Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations that total more than \$1,000 for the year. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once.) ▶ \$ \_\_\_\_\_  
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
<b>(e) Transfer of gift</b>			
<b>Transferee's name, address, and ZIP + 4</b>		<b>Relationship of transferor to transferee</b>	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
<b>(e) Transfer of gift</b>			
<b>Transferee's name, address, and ZIP + 4</b>		<b>Relationship of transferor to transferee</b>	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
<b>(e) Transfer of gift</b>			
<b>Transferee's name, address, and ZIP + 4</b>		<b>Relationship of transferor to transferee</b>	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
<b>(e) Transfer of gift</b>			
<b>Transferee's name, address, and ZIP + 4</b>		<b>Relationship of transferor to transferee</b>	

**SCHEDULE D**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

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

▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

**2012**

Open to Public  
Inspection

Name of the organization

United Way of Cass-Clay

Employer identification number

41-0810008

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year .....		
2 Aggregate contributions to (during year) .....		
3 Aggregate grants from (during year) .....		
4 Aggregate value at end of year .....		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? .....		<input type="checkbox"/> Yes <input type="checkbox"/> 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? .....		<input type="checkbox"/> Yes <input type="checkbox"/> No

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

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

Preservation of land for public use (e.g., recreation or education)       Preservation of an historically important land area

Protection of natural habitat       Preservation of a certified historic structure

Preservation of open space

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

	Held at the End of the 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	<b>1c</b>
d Additions during the year	<b>1d</b>
e Distributions during the year	<b>1e</b>
f Ending balance	<b>1f</b>

- 2a Did the organization include an amount on Form 990, Part X, line 21?  Yes  No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

**Part V Endowment Funds.** Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	48,039.	41,774.	23,615.	16,620.	2,531.
b Contributions	4,534.	6,265.	18,159.	6,985.	14,163.
c Net investment earnings, gains, and losses	96.	110.	65.	10.	20.
d Grants or scholarships					
e Other expenditures for facilities and programs	96.	110.	65.		
f Administrative expenses					94.
g End of year balance	52,573.	48,039.	41,774.	23,615.	16,620.

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

- a Board designated or quasi-endowment  0.00 %
- b Permanent endowment  100.00 %
- c Temporarily restricted endowment  0.00 %

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:

- (i) unrelated organizations
- (ii) related organizations

	Yes	No
3a(i)	X	
3a(ii)		X
3b		

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

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

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		20,000.		20,000.
b Buildings		523,003.	232,331.	290,672.
c Leasehold improvements				
d Equipment		223,862.	188,622.	35,240.
e Other		82,853.		82,853.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				<b>428,765.</b>

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

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

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

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

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

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

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) <b>Designations Payable</b>	<b>479,347.</b>
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.)	<b>479,347.</b>

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**

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

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

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

**Part XIII Supplemental Information**

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

**Part V, line 4: Interest from the UWCC Legacy endowment fund will be used to: fund special UWCC grants or initiatives to address emerging issues, direct funds to address the root causes of the communities most serious problems, support the campaign if annual gift is endowed, endowed gift designated to a specific area of interest, support the operating costs of UWCC so that a higher percentage of the annual campaign gifts go towards community investment.**



**Part XIII** Supplemental Information (continued)

Part X, Line 2: The Organization has been determined to be exempt from federal income taxes under Section 501(c)(3) of the Internal Revenue Code. The Organization is annually required to file a Return of Organization Exempt from Income Tax (Form 990) with the IRS. In addition, the Organization is subject to income tax on net income that is derived from business activities that is unrelated to its exempt purpose. The Organization has determined it is not subject to unrelated business income tax and has not filed an Exempt Organization Business Income Tax Return (Form 990-T) with the IRS.

The Organization believes that it has appropriate support for any tax positions taken affecting its annual filing requirements, and as such, does not have any uncertain tax positions that are material to the financial statements. The Organization would recognize future accrued interest and penalties related to unrecognized tax benefits and liabilities in income tax expense if such interest and penalties are incurred.

## Part XI, Line 2d - Other Adjustments:

Grants reclassified with expenses	-567,706.
-----------------------------------	-----------

## Part XI, Line 4b - Other Adjustments:

Special events expenses reclassified from expenses on Form 990	-42,915.
Special events revenues reclassified from expenses on Form 990	54,101.
Total to Schedule D, Part XI, Line 4b	11,186.

## Part XII, Line 2d - Other Adjustments:

Special events expenses reclassified to revenues on Form 990	42,915.
--	---------

**Part XIII** Supplemental Information (continued)

Special events revenues reclassified to revenues on Form 990 -54,101.

Total to Schedule D, Part XII, Line 2d -11,186.

Part XII, Line 4b - Other Adjustments:

Grants reclassified from revenues 567,706.

**SCHEDULE G**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information Regarding  
Fundraising or Gaming Activities**

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

OMB No. 1545-0047

**2012**

Open To Public  
Inspection

Name of the organization **United Way of Cass-Clay** Employer identification number **41-0810008**

**Part I**

**Fundraising Activities.** Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

- 1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.
  - a**  Mail solicitations
  - b**  Internet and email solicitations
  - c**  Phone solicitations
  - d**  In-person solicitations
  - e**  Solicitation of non-government grants
  - f**  Solicitation of government grants
  - g**  Special fundraising events
- 2 a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?  **Yes**  **No**
- b** If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

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

- 3** List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		WLC Golf (event type)	WLC Lunch (event type)	None (total number)	
Revenue	<b>1</b> Gross receipts .....	16,687.	44,914.		61,601.
	<b>2</b> Less: Contributions .....	4,176.	3,713.		7,889.
	<b>3</b> Gross income (line 1 minus line 2) .....	12,511.	41,201.		53,712.
Direct Expenses	<b>4</b> Cash prizes .....				
	<b>5</b> Noncash prizes .....				
	<b>6</b> Rent/facility costs .....	2,590.			2,590.
	<b>7</b> Food and beverages .....	1,488.	9,981.		11,469.
	<b>8</b> Entertainment .....		16,001.		16,001.
	<b>9</b> Other direct expenses .....	16.	12,839.		12,855.
	<b>10</b> Direct expense summary. Add lines 4 through 9 in column (d) .....				( 42,915 )
	<b>11</b> Net income summary. Combine line 3, column (d), and line 10 .....				10,797.

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

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
		<b>1</b> Gross revenue .....			
Direct Expenses	<b>2</b> Cash prizes .....				
	<b>3</b> Noncash prizes .....				
	<b>4</b> Rent/facility costs .....				
	<b>5</b> Other direct expenses .....				
	<b>6</b> Volunteer labor .....	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
<b>7</b> Direct expense summary. Add lines 2 through 5 in column (d) .....				( _____ )	
<b>8</b> Net gaming income summary. Combine line 1, column d, and line 7 .....					

**9** Enter the state(s) in which the organization operates gaming activities: \_\_\_\_\_  
**a** Is the organization licensed to operate gaming activities in each of these states?  Yes  No  
**b** If "No," explain: \_\_\_\_\_

**10a** Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?  Yes  No  
**b** If "Yes," explain: \_\_\_\_\_

- 11 Does the organization operate gaming activities with nonmembers?  Yes  No
- 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?  Yes  No
- 13 Indicate the percentage of gaming activity operated in:
  - a The organization's facility 

<b>13a</b>		%
<b>13b</b>		%
  - b An outside facility
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

- 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?  Yes  No
- b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party ▶ \$ \_\_\_\_\_.
- c If "Yes," enter name and address of the third party:

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

16 Gaming manager information:

Name ▶ \_\_\_\_\_

Gaming manager compensation ▶ \$ \_\_\_\_\_

Description of services provided ▶ \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- Director/officer       Employee       Independent contractor

17 Mandatory distributions:

- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?  Yes  No
- b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ \_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
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**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

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

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

OMB No. 1545-0047

**2012**

**Open to Public  
Inspection**

Name of the organization

United Way of Cass-Clay

Employer identification number

41-0810008

**Part I General Information on Grants and Assistance**

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  Yes  No
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II Grants and Other Assistance to Governments and Organizations in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

<b>1 (a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
American Red Cross, Minn-Kota Chapter - 2602 12th St N - Fargo, ND 58102	45-0280066	501(c)(3)	110,569.	0.			Meet health & human service need
The ARC of West Central MN 810 4th Ave S #134 Moorhead, MN 56560	41-0886463	501(c)(3)	29,501.	0.			Meet health & human service need
The Arc of Cass County 215 N University Dr. Fargo, ND 58102	45-0280567	501(c)(3)	20,757.	0.			Meet health & human service need
Barnesville Area Helpers PO Box 668 Barnesville, MN 56514	41-1979323	501(c)(3)	18,769.	0.			Meet health & human service need
Boy Scouts, Northern Lights Council - 301 7th St S - Fargo, ND 58103	45-0226415	501(c)(3)	99,344.	0.			Meet health & human service need
Caring Program for Children 4510 13th Ave S Fargo, ND 58121	36-3606394	501(c)(3)	21,157.	0.			Meet health & human service need

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 56.
- 3** Enter total number of other organizations listed in the line 1 table ▶ 0.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) (2012)

**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
Cass County Extension/Gearing Up For Kindergarten - North Dakota State University - Fargo, ND 58105	45-6002205	Government	15,605.	0.			Success By 6 Initiative
Catholic Charities ND 5201 Bishops Boulevard Fargo, ND 58104	45-0226416	501(c)(3)	30,659.	0.			Meet health & human service need
CCRI, Inc. 725 Center Ave, Suite 7 Moorhead, MN 56560	41-1294489	501(c)(3)	21,713.	0.			Meet health & human service need
CHARISM 3350 35th Ave S Fargo, ND 58104	45-0435273	501(c)(3)	19,691.	0.			Meet health & human service need
Churches United for the Homeless 1901 1st Ave N Moorhead, MN 56560	41-1594892	501(c)(3)	99,124.	0.			Meet health & human service need
Community of Care 335 1st St Arthur, ND 58006	26-1488596	501(c)(3)	20,598.	0.			Meet health & human service need
Dilworth-Glyndon-Felton Youth Services - PO Box 188 - Dilworth, MN 56529	06-1400159	501(c)(3)	25,127.	0.			Meet health & human service need
FM Dorothy Day House of Hospitality - 714 8th St S - Moorhead, MN 56560	41-1452555	501(c)(3)	62,347.	0.			Meet health & human service need
Fargo Youth Commission 2500 18th St S Fargo, ND 58103	45-0316132	501(c)(3)	25,037.	0.			Meet health & human service need

Schedule I (Form 990)

**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
YMCA of Cass & Clay Counties 400 1st Ave S Fargo, ND 58103	45-0232096	501(c)(3)	235,121.	0.			Meet health & human service need
FirstLINK 4357 13th Ave SW Suite 107L Fargo, ND 58103	41-0419491	501(c)(3)	239,257.	0.			Meet health & human service need
Girl Scouts - Dakota Horizons 1002 43rd St S Fargo, ND 58103	46-0250744	501(c)(3)	32,225.	0.			Meet health & human service need
Guardian, Fiduciary & Advocacy Services - 112 N Univ Dr, Ste 260 - Fargo, ND 58102	27-1349470	501(c)(3)	20,791.	0.			Meet health & human service need
Hospice of the Red River Valley 1701 38th St SW Ste 101 Fargo, ND 58103	45-0349152	501(c)(3)	138,991.	0.			Meet health & human service need
Imagination Library-Dollywood Foundation - 1020 Dollywood Lane - Pigeon Forge, TN 37863	62-1348105	501(c)(3)	212,689.	0.			Success By 6 Initiative
Lake Agassiz Habitat For Humanity 210 11th St N Moorhead, MN 56560	41-1690131	501(c)(3)	17,504.	0.			Meet health & human service need
Lakes and Prairies Community Action Partnership - 715 11th St N #402 - Moorhead, MN 56560	41-0905871	501(c)(3)	68,294.	0.			Meet health & human service need
Lutheran Social Service of MN 715 11th St N Ste 401 Moorhead, MN 56560	41-0872993	501(c)(3)	40,036.	0.			Meet health & human service need

Schedule I (Form 990)



**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 Social Services of ND 1325 11th St S Fargo, ND 58103	45-0226421	501(c)(3)	148,244.	0.			Meet health & human service need
Moorhead Public Schools-Keys to Kindergarten - 2410 14th St S - Moorhead, MN 56560	41-6008721	Government	17,820.	0.			Success By 6 Initiative
MSUM - Non-profit management program - 1104 7th Ave S - Moorhead, MN 56563	41-1687554	Government	7,549.	0.			Develop skills for non-profit leaders
New Life Center 1902 3rd Ave N Fargo, ND 58102	45-0228056	501(c)(3)	133,028.	0.			Meet health & human service need
North Dakota State University (RSVP+) - 3001 11th St S - Fargo, ND 58103	45-6002439	Government	17,041.	0.			Meet health & human service need
HERO 5012 53rd St S, Ste C Fargo, ND 58104	45-0457109	501(c)(3)	11,558.	0.			Meet health & human service need
Rape and Abuse Crisis Center 317 8th St N Fargo, ND 58102	41-1310289	501(c)(3)	231,995.	0.			Meet health & human service need
REACH 421 5th St Hawley, MN 56549	41-1716149	501(c)(3)	50,658.	0.			Meet health & human service need
Red River Human Services Foundation - 2506 35th Ave S - Fargo, ND 58104	45-0353814	501(c)(3)	43,578.	0.			Meet health & human service need

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Salvation Army 304 Roberts St Fargo, ND 58102	41-0698597	501(c)(3)	86,662.	0.			Meet health & human service need
SENDCAA 3233 S University Dr. Fargo, ND 58104	45-6014870	501(c)(3)	19,008.	0.			Meet health & human service need
Sexual Abuse Treatment Program 2624 9th Ave SW Fargo, ND 58103	41-1310289	501(c)(3)	17,550.	0.			Meet health & human service need
ShareHouse, Inc. 4227 9th Ave SW Fargo, ND 58103	51-0183396	501(c)(3)	19,110.	0.			Meet health & human service need
South Central Adult Services Council - 505 Broadway, Ste 208 - Fargo, ND 58102	45-0457109	501(c)(3)	15,370.	0.			Meet health & human service need
TNT Kid's Fitness 2800 Main Avenue Fargo, ND 58103	20-3459549	501(c)(3)	9,000.	0.			Meet health & human service need
Village Family Service Center 1201 25th St S Fargo, ND 58103	45-0226423	501(c)(3)	513,193.	0.			Meet health & human service need
Vocational Training Center 424 9th Ave S Fargo, ND 58103	45-0277254	501(c)(3)	45,090.	0.			Meet health & human service need
West Fargo Parks Youth Services 500 13th Ave W West Fargo, ND 58078	56-2520352	501(c)(3)	12,601.	0.			Meet health & human service need

Schedule I (Form 990)

**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
Youthworks 317 S University Dr Fargo, ND 58103	46-0345922	501(c)(3)	72,364.	0.			Meet health & human service need
YWCA of Cass-Clay 3100 12th Ave N Fargo, ND 58102	45-0226435	501(c)(3)	303,317.	0.			Meet health & human service need
Red River Children's Advocacy Center - 100 4th St S #302 - Fargo, ND 58103	20-1095721	501(c)(3)	30,000.	0.			Meet health & human service need
South East Education Cooperative 1305 9th Ave. S Fargo, ND 58103	45-6002205	Government	15,000.	0.			Meet health & human service need
Missouri Slope Areawide United Way PO Box 2111 Bismarck, ND 58502-2111	45-0387741	501(c)(3)	14,689.	0.			Meet health & human service need
United Way of Becker County PO Box 348 Detroit Lakes, MN 56502-0348	23-7225418	501(c)(3)	9,028.	0.			Meet health & human service need
United Way of The Bemidji Area PO Box 27 Bemidji, MN 56619-0027	41-1567744	501(c)(3)	9,708.	0.			Meet health & human service need
United Way of Otter Tail County 120 E. Washington Ave Fergus Falls, MN 56537	41-0873718	501(c)(3)	8,523.	0.			Meet health & human service need
United Way of Richland-Wilkin Counties - PO Box 746 - Wahpeton, ND 58074-0746	45-0335679	501(c)(3)	11,233.	0.			Meet health & human service need

Schedule I (Form 990)

**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
Sioux Empire United Way 1000 N West Ave Ste 120 Sioux Falls, SD 57104	46-0233701	501(c)(3)	15,602.	0.			Meet health & human service need
United Way Black Hills 621 6th St Ste 100 Rapid City, SD 57701	46-0259754	501(c)(3)	16,209.	0.			Meet health & human service need
United Way of Grand Forks East Grand Forks - 1407 24th Ave S, Ste 400 - Grand Forks, ND 58201	45-0255772	501(c)(3)	10,387.	0.			Meet health & human service need
Capital Area United Way 700 Laurel Street Baton Rouge, LA 70802-5634	72-0447100	501(c)(3)	5,356.	0.			Meet health & human service need
United Way of NE South Dakota P.O. Box 1065 Aberdeen, SD 57402-1065	23-7086355	501(c)(3)	6,866.	0.			Meet health & human service need

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

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

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

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

**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 Cass-Clay

Employer identification number

41-0810008

Form 990, Part I, Line 1, Description of Organization Mission:

improve lives and advance the common good throughout Cass and Clay  
Counties.

Form 990, Part III, Line 4a, Program Service Accomplishments:

-Families will have access to shelter after a disaster

-Families will increase their financial stability

**EMERGENCY SHELTERS**

-Individuals and families will have access to short term shelter and  
case management

-Women and children fleeing domestic violence will have shelter and  
case management

**INDEPENDENT LIVING**

-Clients will have access to and maintain permanent housing

-Clients will have access to prescription assistance and medical  
care

**LEGAL AND CAREGIVER SERVICES**

-Vulnerable adults will have access to services to live  
independently

-Victims of abuse will have access to counseling and legal services

**Prevention & Development**

**CHILD AND YOUTH ENRICHMENT**

-Children and youth will have access to programs and opportunities  
that build their character and provide positive life experiences

**MENTORSHIP**

Name of the organization United Way of Cass-Clay	Employer identification number 41-0810008
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-Children, youth, and seniors will develop and maintain a positive relationship with a mentor

#### COUNSELING & MENTAL HEALTH

-Individuals and families will have access to counseling services that will build their financial stability and reduce family stress

-Parents will improve their parenting skills

-Victims of personal violence will have access to counseling

-Individuals and families will be able to cope with grieving and loss

-Youth will have access to counseling services to reunite them with their parents

#### LIFE SKILLS

-Individuals with developmental and physical limitations will have increased employment and educational opportunities

-Seniors and vulnerable adults will be able to remain in their own homes

-Individuals and families will have access to programs to keep them healthy

#### VOLUNTEER AND REFERRAL SERVICES

-Individuals will be able to access resources throughout Cass and Clay Counties

-Individuals will have an opportunity to volunteer throughout Cass and Clay Counties

Volunteers from Cass and Clay counties who serve on the United Way of Cass-Clay Board of Trustees, the Community Investment Committee, and the Community Investment Review Panels oversee the allocations process and recommend levels of funding for our partner agencies and programs.

Name of the organization United Way of Cass-Clay	Employer identification number 41-0810008
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One hundred and seven Community Investment Review Panel Volunteers reviewed applications from agencies seeking funding and participated in site visits and dialogue with directors and program coordinators. Following their reviews, the recommendations were further developed by the volunteer-led Community Investment Committee and final funding recommendations were submitted to and approved by the United Way of Cass-Clay Board of Trustees. Three times per year agencies submit outcome reports to United Way of Cass-Clay staff that outline client progress and demonstrate the lasting change they are creating in the Cass-Clay community.

Form 990, Part III, Line 4b, Program Service Accomplishments:

local children have been enrolled in the program.

Gearing Up for Kindergarten:

Gearing Up for Kindergarten is a school-readiness and parent education program which prepares children and parents for a successful transition into Kindergarten. Of those enrolled in Gearing Up for Kindergarten 67% of children showed significant increases in ability to recognize numbers and count, 59% of children showed an increase in self-esteem.

Keys to Kindergarten:

Keys to Kindergarten provide important school readiness experiences to age eligible, low-income children and their parents in Moorhead and Clay County. Of those enrolled in Keys to Kindergarten, 89% of families reported increased knowledge in their child's school routine, 76% of children entered Kindergarten and met or exceeded literacy proficiency.



Name of the organization United Way of Cass-Clay	Employer identification number 41-0810008
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Children Dental Services:

Because of United Way support, students in Moorhead Public Schools now have access to preventive dental care. The program removes barriers such as transportation and lack of insurance by bringing the dental office directly to children at school. In 2012, 1,267 local children received preventive dental care. Services are focused on children and families with limited or no access to a dental provider. Over 220 uninsured children were served. Nationally, more than 51 million school hours are lost each year due to tooth decay. By providing dental care in school, local students can be more successful in school.

TNT & SENDCAA Mobile Fitness Labs:

TNT Kid's Fitness & SENDCAA began a pilot partnership that sought to implement a child enrichment program through curriculum and staff training in the areas of physical activity and staff development. By bringing mobile fitness labs to multiple Headstart sites, children ages 3-5 had access to structured play and physical activity. From the six month pilot, some exciting outcome measures are:

-60% of Headstart staff are implementing the new physical activity curriculum

-75% of children continue to emulate structured play after the program is over

-Children who went through this new curriculum showed a 10 point increase in literacy growth

-Children who went through this new curriculum showed a 20 point increase in their physical activity

Name of the organization United Way of Cass-Clay	Employer identification number 41-0810008
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North Dakota Early Childhood Rating and Improvement System (ND ECRIS):

Nearly 84% of North Dakota mothers with children ages birth to five work and quality child care is crucial to a child's early education.

The North Dakota Early Childhood Rating & Improvement System is a pilot project which recognizes and improves the quality of early care and education to support children's optimal development and learning. It provides parents with an easy to use tool to assist them in selecting quality early care and education programs for their children.

Share a Story Family Literacy Event:

Each spring, United Way of Cass-Clay collaborates with Prairie Public Broadcasting and the Fargo Park District to coordinate Share a Story, a family literacy event that promotes a love for reading and encourages caregivers to take an active and early part in their children's literacy. On June 9, 2012, over 2,200 children and families attended the event and had the opportunity to meet costumed characters from PBS Kids programs, select a free book to take home, and experience many other activities centered on literacy.

Form 990, Part III, Line 4c, Program Service Accomplishments:

months, Churches United for the Homeless and the YWCA has consistently operated over capacity. In late November, parishes began a conversation with local health officials, agencies and homeless shelters in response to growing concerns that homelessness was on the rise. With shelters at capacity and turning individuals away, there was a concern that one or more individuals may freeze to death this winter. The group responded to this impending crisis with a plan to provide overflow shelter beds at local churches during the coldest months (January, February and

Name of the organization United Way of Cass-Clay	Employer identification number 41-0810008
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March) to avoid someone freezing to death this winter because they did not have a warm place to stay. United Way of Cass-Clay played a critical role by providing financial support so individuals and families would be able to be transported from the shelter to the participating parish. Financial assistance also supported the cost of fuel and a driver for the van. Funding for this request was approved in December of 2011 and began in 2012. The entire project was completed by April 1, 2012.

**Fill the Dome Student-Led Food Drive:**

In the fall of 2012 the 6th Annual Fill the Dome event was coordinated by local high school students with a goal of filling the entire floor of the FargoDome (80,000 sq. ft) with food for local food pantries. When Fill the Dome was complete, the youth had collected over 443,000 meals for individuals and families in Cass and Clay County. United Way of Cass-Clay contributed financially to the project and also provided in-kind support through communication materials and public relations support.

**Summer Backpack Pilot Program:**

During the summer of 2012, John Deere Electronic Solutions piloted the Backpack program in six Fargo elementary schools (Madison, Jefferson, McKinley, Lincoln, Washington, and Horace Mann). The pilot program provided six meals to a student over the weekend for twelve weeks (June 8th-August 24th). This pilot is unique to the Fargo community in that community organizations fulfilled an unmet need of students having access to food over the weekends during the summer. In order to accomplish the pilot, John Deere Electronic Solutions partnered with

Name of the organization United Way of Cass-Clay	Employer identification number 41-0810008
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United Way of Cass-Clay, CHARISM, the Salvation Army and the Boys & Girls Club of the Red River Valley to ensure families had access and opportunities to receive the meals during the summer months. John Deere Electronic Solutions provided both financial resources and volunteers to ensure that up to 500 backpacks of food could be provided to the six pilot schools each week for the entire twelve weeks of the summer pilot. Specifically, the resources needed to implement the summer pilot program at each school were:

- Financial resources for the initial pilot of six schools: \$19,000
- 25 volunteers per week to pack 500 backpacks for 12 weeks

Project Community Connect/Wilder Research Study:

In 2012, the FM Coalition for Homeless Persons coordinated two Project Community Connect events which are designed to connect homeless and imminently homeless persons who face barriers to services including mental health services, medical services, haircuts, dental care, educational opportunities, housing assistance, employment, etc. In addition to connecting persons who are homeless to services, the event helps to better connect service providers to each other and other sectors of society to the problem of homelessness. The event has become a best practices standard around the nation and is a part of the Fargo Ten-Year Plan to End Long-Term Homelessness. United Way of Cass-Clay contributed financially to the event so that the services could be available to homeless and imminently homeless persons in the Cass-Clay community. In October of 2012 the Wilder Survey, conducted by the Wilder Research Group quantified the impact on Fargo-Moorhead of the widespread publicity about North Dakota's economic prosperity, as well as Minot's flooding disaster. It is known from the unofficial July 2011

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point in time count that shelter needs are increasing, even as the service sector works hard to get people housed. The survey also adds to the strong base of data that we have accumulated and begins to yield highly reliable trend information. Survey results were not available at the time of publication.

The Essentials of Nonprofit Administration Training:

United Way of Cass-Clay collaborates with Minnesota State University Moorhead (MSUM) Continuing Studies to coordinate the Essentials of Nonprofit Administration course which is a comprehensive nine-month training program for nonprofit professionals that addresses critical issues faced by nonprofit organizations today. The goal of the program is to increase the long-term success of local non-profit agencies and provide training and capacity-building for local non-profit leaders, staff and board members. United Way of Cass-Clay also provides scholarships for non-profit leaders to attend the training.

Form 990, Part III, Line 4d, Other Program Services:

Childcare Scholarship Pilot:

In calendar year 2012, the United Way of Cass-Clay Board of Trustees approved \$200,000 in an effort to increase the availability of high quality early childhood care (ages birth to five) to low income families. Through the community investment review process, United Way learned that families who have lower income have difficulty paying for the cost of high quality care. Additionally, childcare centers do not receive complete reimbursement for the true cost of providing care, thus they are losing money for providing care to lower income families.

The pilot created an incentive pool for the four high quality childcare

Name of the organization United Way of Cass-Clay	Employer identification number 41-0810008
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centers currently funded by United Way to increase the number of low income families they served. The four centers are:

- 1) YMCA of Cass and Clay Counties
- 2) YWCA A Child's World
- 3) Nokomis Childcare Centers
- 4) SENDCAA Childcare Center

United Way staff worked collaboratively with the four centers to develop criteria and a formula for dividing the available dollars based upon overall capacity and the percentage of low income families that each center serves. In order to accommodate the administrative work of participating in the pilot, as well as provide staff training and professional development, United Way provided each of the organizations a base funding amount of \$25,000. All organizations utilize a common formula to determine the true cost of doing business for their organization; United Way dollars then cover the gap in funding from the amount received from families. Reimbursements are provided on a quarterly basis to each participating provider. All scholarships will be distributed in calendar year 2013.

Form 990, Part VI, Section A, line 1: The organization has an Executive Committee with authority to act on behalf of the governing body between meetings. Any actions taken need to be brought before the board at the next meeting for review and/or ratification. The Executive Committee consists of board officers and the immediate Past Board Chair.

Form 990, Part VI, Section A, line 4: The language in the conflict of interest section of the bylaws was updated during the year.

Name of the organization United Way of Cass-Clay	Employer identification number 41-0810008
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Form 990, Part VI, Section A, line 6: Per the Bylaws, each individual contributor to United Way of Cass-Clay shall thereby become a member of the corporation for the year for which the contribution was given and shall be entitled to attend and vote at all membership meetings during the period. Any organization with a legitimate health, welfare, character-building or educational program or other human service agency, upon expressing a wish for organizational membership and after program and budget evaluation by the United Way, and upon acceptance by the Board of Trustees, shall become an organizational member and will continue so long as it is approved by the Board.

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

Form 990, Part VI, Section B, line 11: The Director of Finance & Administration will review the Form 990 as well as the Finance Committee. Following their review and recommendation for approval to the Board, the Board of Directors will vote and approve the Form 990 at a board meeting.

Form 990, Part VI, Section B, Line 12c: Board members complete conflict disclosures annually and the information is shared with other committees as needed. Board members with a conflict abstain from voting on issues involving the conflict. The President and the board Secretary review the

Name of the organization <b>United Way of Cass-Clay</b>	Employer identification number <b>41-0810008</b>
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disclosures. Committee members and community impact panel members also complete the forms annually.

Form 990, Part VI, Section B, Line 15: The Board of Directors meets to approve the President's salary and benefits. The Board uses information provided by the United Way Worldwide. United Way Worldwide has salary research and recommended guidelines for Director level positions and above. They are based on the size of United Way organizations and the area of the country which they are located in. Written minutes are taken at the board meeting regarding the deliberation of the approval of the President's salary and benefits. The President is not present during these deliberations. This process takes place annually.

Compensation for the Director of Finance and Administration is determined annually by the President based on a review of the Director's performance development plan and comparability with the United Way Worldwide Salary Surveys.

Form 990, Part VI, Section C, Line 19: Governing documents are available upon request. The audited financial statements are on United Way of Cass-Clay's website.



# Application for Extension of Time To File an Exempt Organization Return

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

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

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

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

<b>Type or print</b>	Name of exempt organization or other filer, see instructions. <b>United Way of Cass-Clay</b>	Employer identification number (EIN) or <b>41-0810008</b>
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. <b>219 7th ST S</b>	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>Fargo, ND 58103-1819</b>	

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 (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

**John Machacek**

- The books are in the care of ▶ **219 7th Street S - Fargo, ND 58103-1819**  
Telephone No. ▶ **701-237-5050** FAX No. ▶ **701-237-0982**
- 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 **August 15, 2013**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:  
 ▶  calendar year **2012** or  
 ▶  tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_.

**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

<b>3a</b> 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.	<b>3a</b>	\$	0.
<b>b</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.	<b>3b</b>	\$	0.
<b>c Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>3c</b>	\$	0.

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

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

5/7 Released 5/7 Accepted  
5/8 TT

**MS**  
5/6/13  
EFILE  
FGO  
11811

- 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 due date for filing your return. See instructions.	Name of exempt organization or other filer, see instructions <b>United Way of Cass-Clay</b>	Employer identification number (EIN) or <b>41-0810008</b>
	Number, street, and room or suite no. If a P.O. box, see instructions. <b>219 7th St S</b>	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>Fargo, ND 58103-1819</b>	

Enter the Return code for the return that this application is for (file a separate application for each return) 0 1

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 (sec. 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.**

**Summer Hanson**

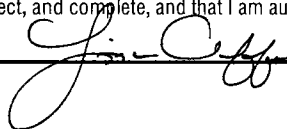
- The books are in the care of **219 7th Street S - Fargo, ND 58103-1819**  
Telephone No. **701-237-5050** FAX No. **701-237-0982**
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit 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.

- I request an additional 3-month extension of time until **November 15, 2013**.
- For calendar year **2012**, or other tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_.
- If the tax year entered in line 5 is for less than 12 months, check reason:  Initial return  Final return  Change in accounting period
- State in detail why you need the extension  
**Additional time is needed to gather necessary information in order to file a complete and accurate return.**

<b>8a</b> 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.	<b>8a</b>	\$	<b>0.</b>
<b>b</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.	<b>8b</b>	\$	<b>0.</b>
<b>c Balance due.</b> Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>8c</b>	\$	<b>0.</b>

**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  Title **CPA** Date **7-31-13**

MB  
11811  
Paper file  
7/30/13  
FGO

*Handwritten initials and date: H 7/31*