

United Way of Cass-Clay
Return of Organization Exempt from Income Tax Form
Public Disclosure Copy For 990
December 31, 2015

Form **990**

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

2015
Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.
▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

A For the 2015 calendar year, or tax year beginning and ending

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization United Way of Cass-Clay Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite 219 7th St S City or town, state or province, country, and ZIP or foreign postal code Fargo, ND 58103 F Name and address of principal officer: Kristi Huber same as C above	D Employer identification number 41-0810008 E Telephone number 701-237-5050 G Gross receipts \$ 5,492,741. H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) H(c) Group exemption number ▶
I Tax-exempt status: <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		
J Website: ▶ www.unitedwaycassclay.org		
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		
L Year of formation: 1958		M State of legal domicile: ND

Part I Summary

1	Briefly describe the organization's mission or most significant activities: <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)	3		16
4	Number of independent voting members of the governing body (Part VI, line 1b)	4		16
5	Total number of individuals employed in calendar year 2015 (Part V, line 2a)	5		18
6	Total number of volunteers (estimate if necessary)	6		2360
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a		0.
7b	Net unrelated business taxable income from Form 990-T, line 34	7b		0.
8	Contributions and grants (Part VIII, line 1h)	Prior Year		Current Year
9	Program service revenue (Part VIII, line 2g)	5,473,919.		5,235,228.
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	17,500.		19,475.
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	8,985.		14,204.
12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	32,906.		22,269.
13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	5,533,310.		5,291,176.
14	Benefits paid to or for members (Part IX, column (A), line 4)	4,882,112.		4,088,414.
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.		0.
16a	Professional fundraising fees (Part IX, column (A), line 11e)	742,575.		823,656.
16b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 384,920.	0.		0.
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	411,885.		480,668.
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	6,036,572.		5,392,738.
19	Revenue less expenses. Subtract line 18 from line 12	-503,262.		-101,562.
20	Total assets (Part X, line 16)	Beginning of Current Year		End of Year
21	Total liabilities (Part X, line 26)	6,269,060.		5,724,989.
22	Net assets or fund balances. Subtract line 21 from line 20	763,571.		342,711.
22		5,505,489.		5,382,278.

Part II Signature Block

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

Sign Here	Signature of officer Kristi Huber, President Type or print name and title	Date
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Paid Preparer Use Only	Print/Type preparer's name LISA CHAFFEE, CPA	Preparer's signature LISA CHAFFEE, CPA	Date 06/28/16	Check if self-employed <input type="checkbox"/>	PTIN 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 or note to any line 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? [X] Yes [] No

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

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

4a (Code:) (Expenses \$ 4,173,715. including grants of \$ 3,488,681.) (Revenue \$ 19,475.) Agency and Program Community Investments:

UNITED for Education Through this partnership, we invest in opportunities for children to attend high quality early childhood education experiences that ensure they are prepared for their first day of kindergarten. We invest in school and after school programs that create safe, engaging places for struggling or at-risk children to learn. Finally, we invest in parents to teach them the skills they need to help their children and families succeed. Specifically, United Way invested in programs in three impact areas of Education:

4b (Code:) (Expenses \$ 229,463. including grants of \$ 229,463.) (Revenue \$ 0.) 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 2015, on average over 9,000 books were mailed per month and 108,347 books were mailed to the homes of children ages 0-5 throughout Cass and Clay counties. United Way of

4c (Code:) (Expenses \$ 120,414. including grants of \$ 120,414.) (Revenue \$ 0.) Community Grants

UNITED for Jefferson Neighborhood In response to a high number of referrals to Cass County Social Services stemming from the Jefferson Neighborhood, a group of community leaders asked United Way to convene a group of nonprofit professionals working with individuals and families in this neighborhood. The Jefferson Neighborhood is located in Fargo and refers to the area of Main Avenue (North) to 13th Avenue South (South) and University Drive (East) to 25th Street South (West). United Way continues to engage, convene and lead more than 20 organizations from the nonprofit, government and public sectors to collaboratively identify the needs of families in the neighborhood and opportunities to collectively meet

4d Other program services (Describe in Schedule O.) (Expenses \$ 249,856. including grants of \$ 249,856.) (Revenue \$ 0.)

4e Total program service expenses 4,773,448.

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 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <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 other assistance to or for any foreign organization? <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 other assistance to or for foreign individuals? <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

Part IV Checklist of Required Schedules (continued)

	Yes	No
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?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government 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 or other assistance to or for domestic individuals 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 25a</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 Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. 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 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <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 Section 501(c)(3) organizations. 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?		
Note. 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 or note to any line in this Part V

Input box for Schedule O

Table with columns for question numbers (1a-14b), Yes/No checkboxes, and numerical input fields. Contains questions about Form 1096, Form W-2G, Form W-3, Form 990-T, Form 8886-T, Form 8282, Form 8899, Form 1098-C, Form 4947(a)(1), and Form 720.

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 or note to any line in this Part VI [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year (16); 1b Enter the number of voting members included in line 1a, above, who are independent (16); 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? (X); 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? (X); 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? (X); 5 Did the organization become aware during the year of a significant diversion of the organization's assets? (X); 6 Did the organization have members or stockholders? (X); 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? (X); 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? (X); 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? (X); b Each committee with authority to act on behalf of the governing body? (X); 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O (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 Did the organization have local chapters, branches, or affiliates? (X); 10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? (X); 11b Describe in Schedule O the process, if any, used by the organization to review this Form 990.; 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 (X); 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? (X); 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done (X); 13 Did the organization have a written whistleblower policy? (X); 14 Did the organization have a written document retention and destruction policy? (X); 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official (X); b Other officers or key employees of the organization (X); If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).; 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? (X); 16b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

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, address, and telephone number of the person who possesses the organization's books and records: 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 or note to any line 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			
(1) Louise Dardis Chair	2.00	X		X				0.	0.	0.
(2) Chris Lerum Chair Elect	2.00	X		X				0.	0.	0.
(3) Denise Kolpack Vice Chair	2.00	X		X				0.	0.	0.
(4) Michelle Killoran Treasurer	2.00	X		X				0.	0.	0.
(5) Tom Budan Board Member	1.00	X						0.	0.	0.
(6) Rock Messerschmidt Board Member	1.00	X						0.	0.	0.
(7) Erin Prochnow Board Member	1.00	X						0.	0.	0.
(8) Anne Blackhurst (March-Dec) Board Member	1.00	X						0.	0.	0.
(9) Camille Grade (March-Dec) Board Member	1.00	X						0.	0.	0.
(10) Lisa Borgen (March-Dec) Board Member	1.00	X						0.	0.	0.
(11) Mary Jo Hotzler Board Member	1.00	X						0.	0.	0.
(12) John Biwer (March-Dec) Board Member	1.00	X						0.	0.	0.
(13) Susan Jarvis Board Member-Womens Leadership Chair	2.00	X						0.	0.	0.
(14) Joel Vettel Board Member-Governance Chair	2.00	X						0.	0.	0.
(15) Paul Laney Board Member	1.00	X						0.	0.	0.
(16) Matt Leiseth (March-Dec) Board Member	1.00	X						0.	0.	0.
(17) David Berg (Jan-March) Board Member	1.00	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (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			
(18) Mark Jensen (Jan-March) Board Member	1.00	X						0.	0.	0.
(19) Craig Lemieux (Jan-March) Board Member	1.00	X						0.	0.	0.
(20) Todd Olson (Jan-March) Board Member	1.00	X						0.	0.	0.
(21) Evelyn Quigley (Jan-March) Board Member	1.00	X						0.	0.	0.
(22) Sherri J. Thomsen President	50.00			X				102,709.	0.	20,781.
(23) Summer Hanson Director of Finance & Administration	50.00			X				78,097.	0.	13,348.
1b Sub-total								180,806.	0.	34,129.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								180,806.	0.	34,129.

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 **1**

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c 24,197.				
	d Related organizations	1d				
	e Government grants (contributions)	1e				
	f All other contributions, gifts, grants, and similar amounts not included above	1f 5,211,031.				
	g Noncash contributions included in lines 1a-1f: \$	12,946.				
	h Total. Add lines 1a-1f	▶ 5,235,228.				
Program Service Revenue	2 a Program Fees	Business Code 900099	19,475.	19,475.		
	b					
	c					
	d					
	e					
	f All other program service revenue					
	g Total. Add lines 2a-2f	▶ 19,475.				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)	▶ 19,722.			19,722.	
	4 Income from investment of tax-exempt bond proceeds	▶				
	5 Royalties	▶				
	6 a Gross rents	(i) Real				
		(ii) Personal				
		b Less: rental expenses				
		c Rental income or (loss)				
	d Net rental income or (loss)	▶				
	7 a Gross amount from sales of assets other than inventory	(i) Securities	138,934.			
		(ii) Other				
		b Less: cost or other basis and sales expenses	144,452.			
		c Gain or (loss)	-5,518.			
	d Net gain or (loss)	▶ -5,518.			-5,518.	
	8 a Gross income from fundraising events (not including \$ 24,197. of contributions reported on line 1c). See Part IV, line 18	a 79,382.				
		b Less: direct expenses	b 57,113.			
c Net income or (loss) from fundraising events		▶ 22,269.			22,269.	
9 a Gross income from gaming activities. See Part IV, line 19	a					
	b Less: direct expenses	b				
	c Net income or (loss) from gaming activities	▶				
10 a Gross sales of inventory, less returns and allowances	a					
	b Less: cost of goods sold	b				
	c Net income or (loss) from sales of inventory	▶				
Miscellaneous Revenue		Business Code				
11	a					
	b					
	c					
	d All other revenue					
	e Total. Add lines 11a-11d	▶				
12 Total revenue. See instructions.	▶ 5,291,176.	19,475.	0.	36,473.		

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 or note to any line in this Part IX

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	4,088,414.	4,088,414.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	211,954.	111,509.	77,867.	22,578.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	482,014.	271,541.	83,030.	127,443.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	25,465.	14,346.	4,386.	6,733.
9 Other employee benefits	56,102.	31,605.	9,664.	14,833.
10 Payroll taxes	48,121.	27,109.	8,289.	12,723.
11 Fees for services (non-employees):				
a Management				
b Legal	1,357.	764.	234.	359.
c Accounting	11,100.	6,253.	1,912.	2,935.
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	4,477.	2,522.	771.	1,184.
12 Advertising and promotion	36,793.	2,115.	43.	34,635.
13 Office expenses	60,147.	25,942.	6,043.	28,162.
14 Information technology	51,340.	28,922.	8,844.	13,574.
15 Royalties				
16 Occupancy	29,675.	16,717.	5,112.	7,846.
17 Travel	5,331.	1,950.	37.	3,344.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates	53,666.	30,233.	9,244.	14,189.
22 Depreciation, depletion, and amortization	44,823.	25,251.	7,721.	11,851.
23 Insurance	9,190.	5,177.	1,583.	2,430.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a Event Expenses	115,945.	52,270.	321.	63,354.
b Staff Development & Rec	48,162.	27,132.	8,296.	12,734.
c Dues, Subscriptions & R	5,679.	3,362.	914.	1,403.
d Volunteer Recognition	2,983.	314.	59.	2,610.
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	5,392,738.	4,773,448.	234,370.	384,920.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here if following SOP 98-2 (ASC 958-720)

Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing		1	
	2 Savings and temporary cash investments	1,934,982.	2	1,585,546.
	3 Pledges and grants receivable, net	3,194,888.	3	2,989,397.
	4 Accounts receivable, net	4,500.	4	10,000.
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	20,246.	9	13,299.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 830,974.		
	b Less: accumulated depreciation	10b 448,972.	360,948.	10c 382,002.
	11 Investments - publicly traded securities	753,496.	11	744,745.
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11		15	
16 Total assets. Add lines 1 through 15 (must equal line 34)	6,269,060.	16	5,724,989.	
Liabilities	17 Accounts payable and accrued expenses	61,721.	17	24,395.
	18 Grants payable	668,600.	18	264,216.
	19 Deferred revenue	33,250.	19	54,100.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25	763,571.	26	342,711.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	1,626,372.	27	1,464,063.
	28 Temporarily restricted net assets	3,819,081.	28	3,854,525.
	29 Permanently restricted net assets	60,036.	29	63,690.
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	5,505,489.	33	5,382,278.
	34 Total liabilities and net assets/fund balances	6,269,060.	34	5,724,989.

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	5,291,176.
2	Total expenses (must equal Part IX, column (A), line 25)	2	5,392,738.
3	Revenue less expenses. Subtract line 2 from line 1	3	-101,562.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	5,505,489.
5	Net unrealized gains (losses) on investments	5	-21,649.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	5,382,278.

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line 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
b	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	
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____ 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
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits _____		

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.

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2015

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 (Form 990 or 990-EZ).)
- 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 in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations
 - g 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 (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	5405419.	5236837.	5407295.	5473919.	5235228.	26758698.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	5405419.	5236837.	5407295.	5473919.	5235228.	26758698.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						80,603.
6 Public support. Subtract line 5 from line 4.						26678095.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
7 Amounts from line 4	5405419.	5236837.	5407295.	5473919.	5235228.	26758698.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	17,450.	22,504.	17,168.	15,448.	19,722.	92,292.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						26850990.
12 Gross receipts from related activities, etc. (see instructions)					12	368,911.
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f))	14	99.36 %
15 Public support percentage from 2014 Schedule A, Part II, line 14	15	99.66 %
16a 33 1/3% support test - 2015. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input checked="" type="checkbox"/>	
b 33 1/3% support test - 2014. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
17a 10% -facts-and-circumstances test - 2015. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
b 10% -facts-and-circumstances test - 2014. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	<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) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2015 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2014 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2015 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2014 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2015. 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 - 2014. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV Supporting Organizations

(Complete only if you checked a box in line 11 on Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No" describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 11a or 11b in Part I, answer (b) and (c) below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations *(continued)*

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
b A family member of a person described in (a) above?		
c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI .		
11a		
11b		
11c		

Section B. Type I Supporting Organizations

	Yes	No
1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.		
1		
2		

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).		
1		

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).		
3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.		
1		
2		
3		

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):			
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).			
2 Activities Test. Answer (a) and (b) below.		Yes	No
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.			
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.			
3 Parent of Supported Organizations. Answer (a) and (b) below.			
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI .			
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.			
2a			
2b			
3a			
3b			

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

- 1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970. **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions).		

Schedule A (Form 990 or 990-EZ) 2015

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2015 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015
1 Distributable amount for 2015 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2015 (reasonable cause required-see instructions)			
3 Excess distributions carryover, if any, to 2015:			
a			
b			
c			
d From 2013			
e From 2014			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2015 distributable amount			
i Carryover from 2010 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2015 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2015 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2015, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions).			
6 Remaining underdistributions for 2015. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions).			
7 Excess distributions carryover to 2016. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a			
b			
c Excess from 2013			
d Excess from 2014			
e Excess from 2015			

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.
▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2015

Name of the organization

United Way of Cass-Clay

Employer identification number

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, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

For an organization described in section 501(c)(3) 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), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions 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 an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled 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 totaling \$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 its Form 990-PF, Part I, line 2, 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) (2015)

Name of organization United Way of Cass-Clay	Employer identification number 41-0810008
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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/>	\$ <u>126,096.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

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 United Way of Cass-Clay	Employer identification number 41-0810008
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Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. 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 info. 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

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

▶ Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2015

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" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of 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" on 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 a 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, handling of violations, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, 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" on 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) Revenue included on 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 Revenue included on 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" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

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

b If "Yes," explain the arrangement in Part XIII and complete the following table:

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

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No

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

Part V Endowment Funds. Complete if the organization answered "Yes" on 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	60,036.	57,762.	52,573.	48,039.	41,774.
b Contributions	3,654.	2,274.	5,189.	4,534.	6,265.
c Net investment earnings, gains, and losses	-931.	-39.	60.	96.	110.
d Grants or scholarships					
e Other expenditures for facilities and programs	-931.	-39.	60.	96.	110.
f Administrative expenses					
g End of year balance	63,690.	60,036.	57,762.	52,573.	48,039.

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

- a Board designated or quasi-endowment .00 %
- b Permanent endowment 100.00 %
- c Temporarily restricted endowment .00 %

The percentages on 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" on line 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.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. 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		543,829.	250,741.	293,088.
c Leasehold improvements				
d Equipment		137,662.	126,394.	11,268.
e Other		129,483.	71,837.	57,646.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				382,002.

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. 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)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

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

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

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

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	

2. Liability for uncertain tax positions. 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.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements		1	4,849,448.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	-21,649.	
b	Donated services and use of facilities	2b	64,687.	
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d	-310,571.	
e	Add lines 2a through 2d	2e		-267,533.
3	Subtract line 2e from line 1		3	5,116,981.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b	174,195.	
c	Add lines 4a and 4b	4c		174,195.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	5,291,176.

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements		1	4,972,659.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a	64,687.	
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d	-174,195.	
e	Add lines 2a through 2d	2e		-109,508.
3	Subtract line 2e from line 1		3	5,082,167.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b	310,571.	
c	Add lines 4a and 4b	4c		310,571.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	5,392,738.

Part XIII Supplemental Information.

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 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

Part XIII Supplemental Information (continued)

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. The Organization's Form 990 and other income tax filings required by state, local or non-U.S. tax authorities are no longer subject to examination for years before 2012.

Part XI, Line 2d - Other Adjustments:

Grants reclassified with expenses	-310,571.
-----------------------------------	-----------

Part XI, Line 4b - Other Adjustments:

Special events expenses reclassified from expenses on Form 990	-57,113.
Special events revenues reclassified from expenses on Form 990	103,579.
Interest revenue reclassified from expenses on Form 990	2.
Contribution revenue reclassified from expenses on Form 990	127,727.
Total to Schedule D, Part XI, Line 4b	174,195.

Part XIII Supplemental Information *(continued)*

Part XII, Line 2d - Other Adjustments:

Special events expenses reclassified to revenues on Form 990	57,113.
Special events revenues reclassified to revenues on Form 990	-103,579.
Interest revenue reclassified from expenses on Form 990	-2.
Contribution revenue reclassified from expenses on Form 990	-127,727.
Total to Schedule D, Part XII, Line 2d	-174,195.

Part XII, Line 4b - Other Adjustments:

Grants reclassified from revenues	310,571.
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SCHEDULE G
(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities
Complete if the organization answered "Yes" on 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.
▶ Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2015

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
United Way of Cass-Clay

Employer identification number
41-0810008

Part I Fundraising Activities. Complete if the organization answered "Yes" on 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			
Total	▶					

- 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" on 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 Luncheon (event type)	1 (total number)		
Revenue	1	Gross receipts	26,509.	65,994.	11,076.	103,579.
	2	Less: Contributions	8,928.	15,269.		24,197.
	3	Gross income (line 1 minus line 2)	17,581.	50,725.	11,076.	79,382.
Direct Expenses	4	Cash prizes				
	5	Noncash prizes				
	6	Rent/facility costs	4,032.	12,000.		16,032.
	7	Food and beverages	2,041.	11,137.		13,178.
	8	Entertainment		14,500.		14,500.
	9	Other direct expenses	186.	4,146.	9,071.	13,403.
	10	Direct expense summary. Add lines 4 through 9 in column (d)				57,113.
11	Net income summary. Subtract line 10 from line 3, column (d)				22,269.	

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

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1	Gross revenue			
Direct Expenses	2	Cash prizes			
	3	Noncash prizes			
	4	Rent/facility costs			
	5	Other direct expenses			
	6	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
	7	Direct expense summary. Add lines 2 through 5 in column (d)			
	8	Net gaming income summary. Subtract line 7 from line 1, column (d)			

9 Enter the state(s) in which the organization conducts gaming activities: _____
 a Is the organization licensed to conduct 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 conduct 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 conducted in:
- | | | |
|-------------------------------|------------|---|
| a The organization's facility | 13a | % |
| b An outside facility | 13b | % |

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

Name ▶ _____

Address ▶ _____

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

Name ▶ _____

Address ▶ _____

16 Gaming manager information:

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

Director/officer Employee Independent contractor

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

Part IV **Supplemental Information.** 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 provide any additional information (see instructions).

**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" on Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990.

▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2015

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
American Red Cross, Dakotas Region 2602 12th St N Fargo, ND 58102	45-0280066	501(c)(3)	74,664.	0.			Support Agency Programs
Barnesville Area Helpers 124 2nd Ave SE Barnesville, MN 56514	41-1979323	501(c)(3)	23,737.	0.			Support Agency Programs
Boy Scouts of America, Northern Lights Council - 4200 19th Ave S - Fargo, ND 58103	45-0226415	501(c)(3)	73,910.	0.			Support Agency Programs
Boys & Girls Club of the Red River Valley/Youth Commission - 2500 18th St S - Fargo, ND 58103	45-0316132	501(c)(3)	29,466.	0.			Support Agency Programs
Catholic Charities North Dakota 5201 Bishops Blvd Ste B Fargo, ND 58104-7605	45-0226416	501(c)(3)	45,921.	0.			Support Agency Programs
CHARISM 2601 12th Ave Ste A Fargo, ND 58103-2313	45-0435273	501(c)(3)	72,756.	0.			Support Agency Programs

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) (2015)

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
Churches United for the Homeless 1901 1st Ave N Moorhead, MN 56560	41-1594892	501(c)(3)	125,379.	0.			Support Agency Programs
Community of Care 11 Langer Ave N Casselton, ND 58012	26-1488596	501(c)(3)	27,387.	0.			Support Agency Programs
Creative Care for Reaching Independence, Inc. (CCRI) - 2903 15th St S - Moorhead, MN 56560	41-1294489	501(c)(3)	18,052.	0.			Support Agency Programs
Fargo Cass Public Health 1240 25th St S Fargo, ND 58103	45-6002069	Government	80,120.	0.			Support Agency Programs
Fargo Public Schools- Fargo Adult Learning Center - 1305 9th Ave S - Fargo, ND 58103	45-6000294	Government	51,714.	0.			Support Agency Programs
FirstLink 4357 13th Ave SW Ste 107L Fargo, ND 58104	41-0419491	501(c)(3)	173,031.	0.			Support Agency Programs
FM Coalition for Homeless Persons 1202 Westrac Drive Fargo, ND 58103	41-2198589	501(c)(3)	35,125.	0.			Support Agency Programs
FM Dorothy Day House of Hospitality - 714 8th St S - Moorhead, MN 56560	41-1452555	501(c)(3)	85,392.	0.			Support Agency Programs
Fraser, Ltd. 2902 University Drive South Fargo, ND 58103	45-0226418	501(c)(3)	44,782.	0.			Support Agency Programs

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
Girl Scouts-Dakota Horizons 1002 43rd St S Fargo, ND 58103	46-0250744	501(c)(3)	34,320.	0.			Support Agency Programs
Guardian, Fiduciary and Advocacy Services (GFA) - 112 N University Dr Ste 260 - Fargo, ND 58102	27-1349470	501(c)(3)	16,638.	0.			Support Agency Programs
Healthcare Equipment Recycling Organization (HERO) - 5012 53rd St S Ste C - Fargo, ND 58104	45-0457109	501(c)(3)	11,950.	0.			Support Agency Programs
Lake Agassiz Habitat for Humanity 210 11th St N Moorhead, MN 56561	41-1690131	501(c)(3)	16,220.	0.			Support Agency Programs
Lakes and Prairies Community Action Partnership, Inc. - 715 11th St N Ste 402 - Moorhead, MN 56560	41-0905871	501(c)(3)	122,540.	0.			Support Agency Programs
Legal Services of Northwest Minnesota - 1015 7th Ave N - Moorhead, MN 56561	41-1291705	501(c)(3)	31,929.	0.			Support Agency Programs
Lutheran Social Service of Minnesota - 715 11th St N Ste 401C - Moorhead, MN 56560	41-0872993	501(c)(3)	38,009.	0.			Support Agency Programs
Lutheran Social Services of North Dakota - 3911 20th Ave S - Fargo, ND 58103	45-0226421	501(c)(3)	209,558.	0.			Support Agency Programs
Moorhead Area Public Schools 2410 14th St S Moorhead, MN 56560	41-6008721	Government	118,240.	0.			Support Agency Programs

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
NDSU Upward Bound PO Box 6050 Dept 5270 Fargo, ND 58108	45-6002439	Government	16,337.	0.			Support Agency Programs
New Life Center 1902 3rd Ave N Fargo, ND 58102	45-0228056	501(c)(3)	142,925.	0.			Support Agency Programs
North Dakota Autism Center 647 13th Ave E Ste A West Fargo, ND 58078	20-8129476	501(c)(3)	26,674.	0.			Support Agency Programs
Rape & Abuse Crisis Center 317 8th St N Fargo, ND 58102	41-1310289	501(c)(3)	267,189.	0.			Support Agency Programs
Rebuilding Together, Inc. 700 Main Ave Ste 10 Fargo, ND 58103	27-4415410	501(c)(3)	23,495.	0.			Support Agency Programs
Red River Children's Advocacy Center - 100 South 4th St Ste 302 - Fargo, ND 58103	20-1095721	501(c)(3)	37,654.	0.			Support Agency Programs
Red River Human Services Foundation - 1104 2nd Ave South Suite 100 - Fargo, ND 58103	45-0353814	501(c)(3)	48,067.	0.			Support Agency Programs
Red River Valley Dental Access Project - 715 11th St N Suite 305 - Moorhead, MN 56560	91-2094334	501(c)(3)	11,192.	0.			Support Agency Programs
Rural Enrichment and Counseling Headquarters (REACH) - 421 5th St - Hawley, MN 56549	41-1716149	501(c)(3)	34,031.	0.			Support Agency Programs

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)	98,266.	0.			Support Agency Programs
Sexual Abuse Treatment Program (SATP) - 2624 9th Ave SW - Fargo, ND 58103-2350	41-1310289	501(c)(3)	21,919.	0.			Support Agency Programs
Sisters of the Presentation of the Blessed Virgin Mary - 1101 32nd Ave S - Fargo, ND 58103	53-0196617	501(c)(3)	19,195.	0.			Support Agency Programs
Solutions Behavioral Healthcare Professionals, Inc. - 891 Belsley Blvd - Moorhead, MN 56560	41-1949975	501(c)(3)	137,211.	0.			Support Agency Programs
South Central Adult Services 505 N Bdwy Ste 208 Fargo, ND 58102	45-0373281	501(c)(3)	17,726.	0.			Support Agency Programs
South East Education Cooperative (SEEC) - 1305 9th Ave S - Fargo, ND 58103	45-6000294	Government	92,495.	0.			Support Agency Programs
SouthEastern North Dakota Community Action Agency - 3233 S Univ Dr - Fargo, ND 58104-6221	45-6014870	501(c)(3)	88,953.	0.			Support Agency Programs
TNT Kid's Fitness & Gymnastics Academy - 2800 Main Ave - Fargo, ND 58103	20-3459549	501(c)(3)	62,314.	0.			Support Agency Programs
Village Family Service Center 1201 25th St S Fargo, ND 58106-9859	45-0226423	501(c)(3)	690,852.	0.			Support Agency Programs

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
Vocational Training Center 424 9th Ave S Fargo, ND 58103-2898	45-0277254	501(c)(3)	18,785.	0.			Support Agency Programs
YMCA of Cass and Clay Counties 400 1st Ave S Fargo, ND 58103	45-0232096	501(c)(3)	124,998.	0.			Support Agency Programs
Youthworks 317 S Univ Dr Fargo, ND 58103	46-0345922	501(c)(3)	74,222.	0.			Support Agency Programs
YWCA Cass Clay 3100 12th Ave N Fargo, ND 58102	45-0226435	501(c)(3)	334,117.	0.			Support Agency Programs
Greater Twin Cities United Way 404 S 8th St Minneapolis, MN 55404-1084	41-1973442	501(c)(3)	6,040.	0.			Support Agency Programs
United Way Of Grand Forks East Grand Forks - 1407 24th Ave S Ste 400 - Grand Forks, ND 58201	45-0255772	501(c)(3)	7,339.	0.			Support Agency Programs
United Way Of Becker County PO Box 348 Detroit Lakes, MN 56502	23-7225418	501(c)(3)	7,876.	0.			Support Agency Programs
United Way of Northeastern SD 12 4th Ave SE Aberdeen, SD 57401	23-7086355	501(c)(3)	9,114.	0.			Support Agency Programs
United Way of Richland-Wilkin 802 Dakota Ave Wahpeton, ND 58075	45-0335679	501(c)(3)	9,933.	0.			Support Agency Programs

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
Capital Area United Way, Inc. 1801 E Wells Ave Ste 2 Pierre , SD 57501	72-0447100	501(c)(3)	10,425.	0.			Support Agency Programs
United Way Of Ottertail County 120 E Washington Ave Fergus Falls, MN 56537	41-0873718	501(c)(3)	15,437.	0.			Support Agency Programs
Sioux Empire United Way 1000 NW Ave Ste 120 Sioux Falls, SD 57104-1332	46-0233701	501(c)(3)	19,489.	0.			Support Agency Programs
United Way of the Black Hills 621 6th St N Ste 100 Rapid City, SD 57701-2745	46-0259754	501(c)(3)	20,932.	0.			Support Agency Programs
Missouri Slope Areawide United Way 1223 S 12th St Ste 2 Bismarck, ND 58504	45-0387741	501(c)(3)	21,766.	0.			Support Agency Programs

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on 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. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

Part I, Line 2:

All programs in the area of Basic Needs are reviewed by community investment review panel volunteers. These volunteers are investors with United Way. They review applications, financial information, demographics, and outcome information submitted by the program. Volunteers also conduct in person site visits and then make funding recommendations based on their review of the application information and site visits. Final funding decisions are made by the all-volunteer Board of Trustees. Programs funded through the Education, Income Stability and Health initiatives have been or

Part IV Supplemental Information

will be reviewed by smaller councils of volunteers. These smaller councils are comprised of area experts who have a deep understanding of their respective area (ex. Education) and have close ties with area professionals-their expertise assists United Way in making strategic funding recommendations that will lead to lasting change in their respective areas.

All recipients of the United Way funds (grants) must report outcome measurement strategies at regular intervals throughout the year. The number of outcomes, the reporting period, and benchmarks for measurement are agreed upon by the receiver of the grant and United Way. United Way staff monitors all outcome measurement reports and submits regular reports to the Board of Trustees for review. Organizations receiving United Way funds must also provide up to date financial information (audit information, IRS Form 990, organizational budget, program budget) yearly.

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.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2015

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 2, New Program Services:

Income Stability

In the first quarter of 2015, United Way of Cass-Clay launched a new initiative in INCOME STABILITY. This initiative focused heavily on affordable and supportive housing; the goal being to ensure individuals and families could access permanent housing more rapidly, and stay stably housed for longer periods of time. Through the grant review process a need for community based housing navigators came to the forefront. In an effort to support this pilot, the UWCC Board of Trustees has approved an annual investment of up to \$175,000 to support newly created Housing Navigator positions, as part of Coordinated Assessment and Referral Evaluation System (CARES).

UWCC convened a Design Team of dedicated professionals with a wealth of experience and knowledge spanning nearly 200 years from multiple areas of homeless services. The Design Team assessed and developed a project plan according to needs based on demographic and geographic populations. Valuing a high level of collaboration and transparency, the Design Team distributed meeting notes and solicited feedback via survey from collaborative stakeholders throughout the process. Team members also made themselves available for individually answering

Name of the organization

United Way of Cass-Clay

Employer identification number

41-0810008

questions and receiving feedback between meetings. This process has resulted in a pilot where three new client centered Housing Navigators will work to create holistic links between existing resources and case management, thus closing gaps and removing or lowering barriers in order to achieve housing stability. The aim of this project is to create a new culture of service delivery and increase collaboration and partnerships among homeless service providers.

Form 990, Part III, Line 3, Changes in Program Services:

In the 3rd quarter of 2015, UWCC received notice that a community partner in the area of education would be ceasing services due to a lack of clientele. The program, SPARCS, was operated by Catholic Charities ND, which provided closed group therapy sessions for youth that had experienced chronic stress or trauma in their past.

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

1. Early Childhood Education
2. Out of School Time Programming
3. Parent/Guardian Education

All funded programs work towards common goals using shared outcome and indicators, providing the ability to speak about the impact collectively. Taken together, United Way's funding strategy is focused, innovative and research driven. This collaborative effort is now entering its third year; United Way is now receiving aggregate data from our partners that will allow us to set benchmarks and scale interventions that are showing positive outcomes. A complete list of community partners for the UNITED for Education collaborative can be

Name of the organization

United Way of Cass-Clay

Employer identification number

41-0810008

found at www.unitedwaycassclay.org

UNITED for Health

Through this partnership, we invest in opportunities for children and families to have access to behavioral health services. Strong communities are built on healthy families. Our investments improve the health of our community by helping children and adults learn healthy behaviors that will help them to lead productive lives. These investments focus primarily on behavioral and mental health. We also provide limited funding of programs focused on physical health. These strategies are based in prevention and work to boost the effectiveness of our other investments in Education and Income Stability. These services are crucial to family stability and play an integral role to a child's success in a school environment.

All funded programs work towards common goals using shared outcome and indicators, providing the ability to speak about the impact collectively. Taken together, United Way's funding strategy is focused, innovative and research driven. This collaborative effort is now entering its third year; United Way is now receiving aggregate data from our partners that will allow us to set benchmarks and scale interventions that are showing positive outcomes. A complete list of community partners for the UNITED for Health collaborative can be found at www.unitedwaycassclay.org

Basic Needs

In 2015, United Way of Cass-Clay also invested in nonprofit programs providing specific program services in four impact areas of Basic

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

1. Food Security: Ensuring individuals and families in need have access to feeding programs
2. Sheltering: Providing immediate refuge for individuals and families who are homeless
3. Safety: Ensuring children and families have access to protective services
4. Vulnerable Individuals: Providing opportunities for individuals of all abilities to lead productive lives

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 investment process and recommend levels of funding for our community partners. Ninety five 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. A complete list of community partners receiving funding through the Basic Needs funding category can be found at www.unitedwaycassclay.org

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

Name of the organization United Way of Cass-Clay	Employer identification number 41-0810008
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Cass-Clay was the first organization to partner with Imagination Library in North Dakota and has since given out over ONE MILLION books to children in Cass and Clay Counties. Since 2003, it has grown to 55 affiliates in North Dakota and 38 in Minnesota.

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. In June of 2015, over 1,300 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:

those needs. Through a series of facilitated meetings and planning sessions, they collaboratively identified four common goals:

1. PREPARE children entering kindergarten for academic success
2. CREATE safe, stable, and affordable housing options
3. SUPPORT culturally appropriate programming for residents
4. IMPROVE neighborhood

To support the goals, United Way has invested in several core strategies including:

- Parent engagement and literacy programs for targeted families

Name of the organization United Way of Cass-Clay	Employer identification number 41-0810008
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- Child care scholarships for income-eligible families to receive quality early childhood education
- Programs designed to increase attendance for identified students
- School-based mentor programs for students in need

As part of United Way's dedication to investing in educational opportunities for students in the Jefferson Neighborhood, we are partnering with a nonprofit organization to implement a research based attendance improvement program called "Check & Connect." From 2014 to 2015, this program continues showing great improvement for many participating students' attendance outcomes. Results from the program show:

2014

- 67% drop in excused absences
- 73% drop in unexcused absences
- 78% drop in tardies
- 54% drop in behavior reports

2015

- 45% drop in excused absences
- 63% drop in unexcused absences
- 32% drop in tardies
- 14% drop in behavior reports

Interestingly to note: Results from 2014 demonstrated that there were larger decreases in measurements; While the data may seem to reflect that the program is not having as great of impact as in the previous

Name of the organization

United Way of Cass-Clay

Employer identification number

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year; the reader must note that the same children are still receiving services, and that many had very few or no absences or tardy reports. Most notably, almost half of the children served had zero negative behavior reports for the entire 2015 school year, demonstrating that continued support is truly making a difference in the lives of the children at Jefferson Elementary.

It is important to note that because of the positive impact of the program, Check & Connect was expanded in 2015 to the middle school serving the Jefferson Neighborhood.

School Supply Drive

The United Way School Supply Drive provides students in need with a new backpack and grade-appropriate supplies so they can start school in the fall confident, ready to learn and prepared to succeed. In 2015, we partnered with hundreds of businesses and individuals and engaged more than 450 volunteers to pack and distribute 5,260 backpacks filled with school supplies. Results from the effort are:

- Children represented 66 schools in Cass County, ND and Clay County, MN
- 75% reported being eligible for free/reduced lunch (This is the measure used by schools to determine poverty)

YMCA Homeless Summer Programming

During the summer of 2015, Churches United for the Homeless had a large number of homeless youth residing at the shelter. In response to the need for summer programming to provide opportunities for youth to be

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engaged throughout the summer, the YMCA of Cass and Clay Counties partnered with Moorhead Public Schools and the Boys & Girls Club of the Red River Valley to provide summer recreational activities and transportation to youth residing at the shelter. Programming included: swimming passes, sports, camp outings, etc.

Summer Backpack Pilot Program

During the summer of 2015, John Deere Electronic Solutions partnered with United Way of Cass-Clay and the Great Plains Food Bank to continue the Backpack program for students at elementary schools in Fargo, ND. The program provided six meals to a student over the weekend for twelve weeks (June-August). This is unique to the Fargo community in that community organizations continued to fulfill an unmet need of students having access to food over the weekends during the summer. In order to accomplish the pilot, John Deere Electronic Solutions partnered with United Way of Cass-Clay, CHARISM, the Salvation Army and the Boys & Girls Club of the Red River Valley to ensure families had access and opportunities to receive the meals during the summer months. In addition to providing backpacks of food at community organizations, mobile feeding sites were implemented at neighborhood parks. Backpacks and meals were provided to students at these mobile feeding sites. John Deere Electronic Solutions provided \$25,000 in financial resources and volunteers to ensure that up to 500 backpacks of food could be provided to the schools each week for the entire twelve weeks of the summer program.

Project Community Connect

In 2015, the FM Coalition for Homeless Persons coordinated two Project

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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.

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

Childcare Scholarship Program

In calendar year 2015, the United Way of Cass-Clay Board of Trustees approved \$250,000 in an effort to increase the availability of high quality early childhood care (ages birth to five) to low income families. 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 programs provides an incentive pool for the four high quality childcare centers currently funded by United Way to increase the number of low income families they served. The four centers are:

1) YMCA of Cass and Clay Counties

2) YWCA A Child's World

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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.

Data tracked and measured among low-income students from fall, winter and spring clearly demonstrate they are making demonstrable growth in four developmental areas, most notable in literacy development:

- The number of students who were below developmental growth dropped by 23% from fall to spring
- The number of children who exceeded growth expectations doubled from 11% to 21% from fall to spring.

Expenses \$ 249,856. including grants of \$ 249,856. Revenue \$ 0.

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

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ratification. The Executive Committee consists of board officers and the immediate Past Board Chair.

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.

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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 reviews the disclosures. Committee members and community impact panel members also complete the forms annually.

Form 990, Part VI, Section B, Line 15:

The Executive Committee meets to approve the President's salary and benefits. The Executive Committee 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 Executive Committee 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 and the conflict of interest policy 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

Department of the Treasury
Internal Revenue Service

▶ **File a separate application for each return.**
▶ **Information about Form 8868 and its instructions is at www.irs.gov/form8868.**

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

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

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

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

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete

Part I only

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

Enter filer's identifying number

Type or print	Name of exempt organization or other filer, see instructions. United Way of Cass-Clay	Employer identification number (EIN) or 41-0810008
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. 219 7th St S	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. Fargo, ND 58103	

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

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 (other than individual)	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

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.

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until **August 15, 2016**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
▶ calendar year **2015** 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

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

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