

United Way of Cass-Clay
2018 Form 990
December 31, 2018
Public Disclosure Copy

**STATEMENT THAT THIS IS A TAX RETURN
NOT A FINANCIAL STATEMENT**

The accompanying federal income tax return does **NOT** constitute a financial statement. We have not audited, reviewed or compiled the accompanying income tax return and, accordingly, do not express an opinion or any other form of assurance on it.

An income tax return is not intended to constitute financial statements prepared in accordance with generally accepted accounting principles. Accordingly, it does not necessarily include all financial information or disclosures required by generally accepted accounting principles. If the omitted financial information or disclosures were included with the tax return, they might influence the users' conclusions about the taxpayer's financial position, results of operations and cash flows. Accordingly, this income tax return is not designed to be used in lieu of financial statements.

RECORD RETENTION

Copies of your tax returns are enclosed for your files. It is your responsibility to retain copies of your tax information. We recommend the following guidelines:

- Tax returns – keep indefinitely.
- Supporting documentation – keep for 8 years.
- Records supporting your tax basis in personal, investment and business assets and gift documentation – keep indefinitely.

Please note: Eide Bailly retains copies of tax returns, workpapers and other tax information for a period of eight years. After that, we dispose of all records. If you have questions regarding retention of tax records, please contact us.

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

2018

Department of the Treasury
Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

A For the 2018 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		D Employer identification number 41-0810008
	Doing business as		E Telephone number 701-237-5050
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	
	219 7th St S		G Gross receipts \$ 6,222,720.
	City or town, state or province, country, and ZIP or foreign postal code Fargo, ND 58103		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
F Name and address of principal officer: Kristi Huber same as C above		H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No	
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		If "No," attach a list. (see instructions)	
J Website: www.unitedwaycassclay.org		H(c) Group exemption number ▶	
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

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: We improve lives by activating resources to solve complex community issues and create lasting		
	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	17
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	17
	5 Total number of individuals employed in calendar year 2018 (Part V, line 2a)	5	14
	6 Total number of volunteers (estimate if necessary)	6	3437
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b Net unrelated business taxable income from Form 990-T, line 38	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	5,547,910.	5,754,940.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	17,500.	35,710.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	60,393.	89,498.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	22,992.	21,936.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	5,648,795.	5,902,084.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	4,076,047.	4,058,790.
	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)	927,957.	1,077,938.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 513,911.	0.	0.
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	547,165.	591,509.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	5,551,169.	5,728,237.
19 Revenue less expenses. Subtract line 18 from line 12	97,626.	173,847.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	6,077,755.	6,088,499.
	22 Net assets or fund balances. Subtract line 21 from line 20	392,617.	355,464.
		5,685,138.	5,733,035.

Part II Signature Block

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

Sign Here	Signature of officer	Date			
	Kristi Huber, President & CEO Type or print name and title	6/27/19			
Paid Preparer Use Only	Print/Type preparer's name LISA CHAFFEE, CPA	Preparer's signature LISA CHAFFEE, CPA	Date 06/25/19	Check if self-employed <input type="checkbox"/>	PTIN P00193453
	Firm's name ▶ EIDE BAILLY LLP	Firm's EIN ▶ 45-0250958	Phone no. 701-239-8500		
Firm's address ▶ 4310 17TH AVE S PO BOX 2545 FARGO, ND 58108-2545					

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: We improve lives by activating resources to solve complex community issues and create lasting social change.

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? [] Yes [X] No

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

4a (Code:) (Expenses \$ 4,670,976. including grants of \$ 3,785,957.) (Revenue \$ 4,660.) Bold Community Goals: United Way makes investments in measureable progress toward increasing access and reducing barriers for underserved, at-risk and vulnerable individuals to achieve 4 BOLD Community Goals: 1. Reduce Hunger & Homelessness 2. Prepare Children to Succeed 3. Help People be Independent 4. Lift People out of Poverty

Under BOLD Goal #1, Reduce Hunger & Homelessness, we know serving homeless and hungry individuals and families does not happen in silos but rather on a continuum of care. There are often multiple entry

4b (Code:) (Expenses \$ 36,469. including grants of \$ 25,812.) (Revenue \$ 31,050.) Leadership Programs: 35 Under 35 Leadership Program The purpose of the United Way 35 Under 35 Women's Leadership Program is to: *Mobilize the caring power of women *Energize and inspire women to make a difference *Deepen leadership opportunities in the Cass-Clay community for young women

Since 2009, 350 local women have participated in the leadership program. The 10th annual program began in January 2018 and participants met monthly for 6 months to focus on various issues pertinent to young leaders. Each session is led and presented by local leaders and

4c (Code:) (Expenses \$ 262,557. including grants of \$ 247,021.) (Revenue \$) Community Investment: United Way hosts three major community volunteer events and programs each year: School Supply Drive, Day of Caring and Imagination Library.

School Supply Drive 2018 marked the 20th year of the annual School Supply Drive, which provides students in need with a new backpack filled with supplies so they can start the school year confident, ready to learn and prepared to succeed. 6,097 local kindergarten through 12th grade students were equipped with backpacks filled with school supplies. These students were from over

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

4e Total program service expenses 4,970,002.

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>	1 X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	2 X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>	3	X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	4	X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>	5	X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>	6	X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7	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>	8	X
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>	9	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>	10 X	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	11a X	
b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>	11b	X
c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>	11c	X
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>	11d	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>	11e	X
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	11f 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>	12a 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>	12b	X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	13	X
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>	14b	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>	15	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>	16	X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>	17	X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	18 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>	19	X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a	X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	
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>	21 X	

Part IV Checklist of Required Schedules (continued)

	Yes	No
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?	X	

Note. All Form 990 filers are required to complete Schedule O

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

	Yes	No
1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance *(continued)*

		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
	2a 14		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	X	
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
b	If "Yes," enter the name of the foreign country: See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	X	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
d	If "Yes," indicate the number of Forms 8282 filed during the year		
	7d		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the sponsoring organization make any taxable distributions under section 4966?		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state?	13a	
Note. See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	
c	Enter the amount of reserves on hand	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?	15	X
If "Yes," see instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16	X
If "Yes," complete Form 4720, Schedule O.			

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
	1a 17		
b	Enter the number of voting members included in line 1a, above, who are independent		
	1b 17		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		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	
b	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.)

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
10b			
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	X	
12c		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
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		
16b			

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed **MN**
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A 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.
 Own website Another's website Upon request Other (explain in Schedule O)
- 19** Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, 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) Denise Kolpack - Chair (Jan-March)/Board Member(March-Dec)	1.00	X		X				0.	0.	0.
(2) Susan Jarvis - Chair Elect (Jan-March)/Chair (March-Dec)	2.00	X		X				0.	0.	0.
(3) Matt Leiseth -Vice Chair (Jan-March)/Chair Elect(March-Dec)	2.00	X		X				0.	0.	0.
(4) Lisa Borgen - Board Member (Jan-March)/Vice Chair (March-Dec)	2.00	X		X				0.	0.	0.
(5) Jay Lies Treasurer	2.00	X		X				0.	0.	0.
(6) Anne Blackhurst Board Member (Jan-March)	1.00	X						0.	0.	0.
(7) Camille Grade Board Member - Governance Chair	1.00	X						0.	0.	0.
(8) Chris Lerum Board Member	1.00	X						0.	0.	0.
(9) Dan Dougherty Board Member	1.00	X						0.	0.	0.
(10) Danielle Paulus Board Member	1.00	X						0.	0.	0.
(11) Erik Hatch Board Member (March-Dec)	1.00	X						0.	0.	0.
(12) Faith Nunjuri Board Member (March-Dec)	1.00	X						0.	0.	0.
(13) Jeff Schatz Board Member (March-Dec)	1.00	X						0.	0.	0.
(14) Joanna Slominski Board Member	1.00	X						0.	0.	0.
(15) Joel Vettel Board Member (Jan-March)	1.00	X						0.	0.	0.
(16) John Biwer Board Member	1.00	X						0.	0.	0.
(17) Kim Pladson 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 Nisbet Board Member (March-Dec)	1.00	X						0.	0.	0.
(19) Mary Jo Hotzler Board Member - Women United Chair	1.00	X						0.	0.	0.
(20) Paul Laney Board Member (Jan-March)	1.00	X						0.	0.	0.
(21) Kristi Huber President & CEO	50.00			X				128,072.	0.	18,695.
(22) Summer Hanson Director of Finance & Administration	35.00			X				75,328.	0.	11,011.
1b Sub-total								203,400.	0.	29,706.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								203,400.	0.	29,706.

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	37,127.				
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above	1f	5,717,813.				
	g Noncash contributions included in lines 1a-1f: \$		29,064.				
	h Total. Add lines 1a-1f		5,754,940.				
Program Service Revenue	2 a Program Fees	Business Code 900099	35,710.	35,710.			
	b						
	c						
	d						
	e						
	f All other program service revenue						
	g Total. Add lines 2a-2f		35,710.				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		29,381.			29,381.	
	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	(ii) Other	327,508.			
		b Less: cost or other basis and sales expenses		267,391.			
		c Gain or (loss)		60,117.			
		d Net gain or (loss)		60,117.			60,117.
	8 a Gross income from fundraising events (not including \$ 37,127. of contributions reported on line 1c). See Part IV, line 18	a	75,181.				
		b Less: direct expenses	b	53,245.			
		c Net income or (loss) from fundraising events		21,936.			21,936.
	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			5,902,084.	35,710.	0.	111,434.	

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

<i>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</i>	(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	4,058,790.	4,058,790.		
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	235,644.	107,752.	79,050.	48,842.
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	634,456.	366,107.	80,026.	188,323.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	43,203.	25,516.	4,425.	13,262.
9 Other employee benefits	76,464.	43,082.	11,454.	21,928.
10 Payroll taxes	88,171.	48,324.	15,585.	24,262.
11 Fees for services (non-employees):				
a Management				
b Legal	40.	21.	2.	17.
c Accounting	14,974.	7,728.	888.	6,358.
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	6,664.		6,664.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	36,647.	18,914.	2,172.	15,561.
12 Advertising and promotion	42,907.	608.	113.	42,186.
13 Office expenses	69,289.	29,738.	6,885.	32,666.
14 Information technology	74,099.	40,611.	13,098.	20,390.
15 Royalties				
16 Occupancy	29,866.	16,369.	5,279.	8,218.
17 Travel	6,778.	3,124.	42.	3,612.
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	60,150.	60,150.		
22 Depreciation, depletion, and amortization	40,893.	22,412.	7,228.	11,253.
23 Insurance	10,241.	5,613.	1,810.	2,818.
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/Facilities	109,261.	56,423.	194.	52,644.
b Staff Development	44,407.	24,338.	7,850.	12,219.
c Dues	11,500.	3,489.	1,112.	6,899.
d Volunteer Recognition	4,729.	1,829.	447.	2,453.
e All other expenses	29,064.	29,064.		
25 Total functional expenses. Add lines 1 through 24e	5,728,237.	4,970,002.	244,324.	513,911.
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 <input type="checkbox"/> 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	1,835,154.	2	2,067,663.
	3 Pledges and grants receivable, net	3,001,748.	3	2,847,786.
	4 Accounts receivable, net	15,250.	4	9,100.
	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	6,897.	9	5,313.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 824,379.		
	b Less: accumulated depreciation	10b 523,710.	326,757.	10c 300,669.
	11 Investments - publicly traded securities	891,949.	11	857,968.
	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)	6,077,755.	16	6,088,499.	
Liabilities	17 Accounts payable and accrued expenses	40,126.	17	52,297.
	18 Grants payable	315,991.	18	273,667.
	19 Deferred revenue	36,500.	19	29,500.
	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	392,617.	26	355,464.
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	1,788,706.	27	1,845,139.
	28 Temporarily restricted net assets	3,827,901.	28	3,817,805.
	29 Permanently restricted net assets	68,531.	29	70,091.
	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	5,685,138.	33	5,733,035.
	34 Total liabilities and net assets/fund balances	6,077,755.	34	6,088,499.

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	5,902,084.
2	Total expenses (must equal Part IX, column (A), line 25)	2	5,728,237.
3	Revenue less expenses. Subtract line 2 from line 1	3	173,847.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	5,685,138.
5	Net unrealized gains (losses) on investments	5	-125,950.
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	5,733,035.

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 _____		

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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	5473919.	5235228.	5559806.	5547910.	5754940.	27571803.
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	5473919.	5235228.	5559806.	5547910.	5754940.	27571803.
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)						
6 Public support. Subtract line 5 from line 4.						27571803.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7 Amounts from line 4	5473919.	5235228.	5559806.	5547910.	5754940.	27571803.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	15,448.	19,722.	17,507.	19,738.	29,381.	101,796.
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						27673599.
12 Gross receipts from related activities, etc. (see instructions)					12	496,588.
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 2018 (line 6, column (f) divided by line 11, column (f))	14	99.63 %
15 Public support percentage from 2017 Schedule A, Part II, line 14	15	99.30 %
16a 33 1/3% support test - 2018. 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 - 2017. 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 - 2018. 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 - 2017. 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 10 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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(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 2018 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2017 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2018 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2017 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2018. 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 - 2017. 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 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d 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 12a or 12b 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 (as 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? <i>If "Yes" to a, b, or c, provide detail in Part VI.</i>		

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? <i>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.</i>		
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? <i>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.</i>		

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)? <i>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).</i>		

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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
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? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

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? <i>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.</i>			
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? <i>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.</i>			
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? <i>Provide details in Part VI.</i>			
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>			

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 (explain in Part VI.) **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).		

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 2018 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-2018	(iii) Distributable Amount for 2018
1 Distributable amount for 2018 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2018 (reasonable cause required- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2018			
a From 2013			
b From 2014			
c From 2015			
d From 2016			
e From 2017			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2018 distributable amount			
i Carryover from 2013 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2018 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2018 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2018, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI . See instructions.			
6 Remaining underdistributions for 2018. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI . See instructions.			
7 Excess distributions carryover to 2019. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2014			
b Excess from 2015			
c Excess from 2016			
d Excess from 2017			
e Excess from 2018			

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.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2018

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 (entering "N/A" in column (b) instead of the contributor name and address), 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. Don't 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 isn't covered by the General Rule and/or the Special Rules doesn't 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 doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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/>	\$ 206,205.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	<hr/> <hr/> <hr/>	\$ 160,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<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
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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	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(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.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2018

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 7/25/06, 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	80,881.	70,150.	63,690.	60,036.	57,762.
b Contributions	1,560.	1,160.	3,681.	3,654.	2,274.
c Net investment earnings, gains, and losses	-4,590.	9,571.	2,779.	-931.	-39.
d Grants or scholarships					
e Other expenditures for facilities and programs				-931.	-39.
f Administrative expenses					
g End of year balance	77,851.	80,881.	70,150.	63,690.	60,036.

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 90.03 %
- c Temporarily restricted endowment 9.97 %

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		555,353.	303,464.	251,889.
c Leasehold improvements				
d Equipment		110,293.	91,696.	18,597.
e Other		138,733.	128,550.	10,183.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				300,669.

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	5,557,494.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	-125,950.	
b	Donated services and use of facilities	2b	82,000.	
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d	-241,576.	
e	Add lines 2a through 2d	2e		-285,526.
3	Subtract line 2e from line 1		3	5,843,020.
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	59,064.	
c	Add lines 4a and 4b	4c		59,064.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)		5	5,902,084.

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	5,509,597.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a	82,000.	
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d	-59,064.	
e	Add lines 2a through 2d	2e		22,936.
3	Subtract line 2e from line 1		3	5,486,661.
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	241,576.	
c	Add lines 4a and 4b	4c		241,576.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)		5	5,728,237.

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 2015.

Part XI, Line 2d - Other Adjustments:

Grants Reclassified from Revenues on Form 990	-234,912.
Investment Fees Reclassed from Revenue on Form 990	-6,664.
Total to Schedule D, Part XI, Line 2d	-241,576.

Part XI, Line 4b - Other Adjustments:

Special Events Expenses Reclassed from Expenses on Form 990	-53,244.
Special Events Revenue Reclassed from Expenses on Form 990	112,308.
Total to Schedule D, Part XI, Line 4b	59,064.

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))
		Women United Golf	Women United Luncheon	None	
		(event type)	(event type)	(total number)	
Revenue	1 Gross receipts	39,579.	72,729.		112,308.
	2 Less: Contributions	22,258.	14,869.		37,127.
	3 Gross income (line 1 minus line 2)	17,321.	57,860.		75,181.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs	4,098.	15,000.		19,098.
	7 Food and beverages	2,598.	13,581.		16,179.
	8 Entertainment		15,000.		15,000.
	9 Other direct expenses	1,379.	1,589.		2,968.
	10 Direct expense summary. Add lines 4 through 9 in column (d)				53,245.
11 Net income summary. Subtract line 10 from line 3, column (d)				21,936.	

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))
		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: _____

**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.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2018

**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 noncash assistance	(h) Purpose of grant or assistance
Afro American Development Association - 1132 28th Ave S, Ste 6 - Moorhead, MN 56560	47-2210302	501(c)(3)	6,408.	0.			Support Agency Programs
American Red Cross, Dakotas Region 2602 12th St N Fargo, ND 58102	45-0280066	501(c)(3)	62,368.	0.			Support Agency Programs
Barnesville Area Helpers 124 2nd Ave SE Barnesville, MN 56414	41-1979323	501(c)(3)	11,471.	0.			Support Agency Programs
Boy Scouts of America, Northern Lights Council - 4200 19th Ave SW - Fargo, ND 58103	45-0226415	501(c)(3)	13,999.	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)	22,598.	0.			Support Agency Programs
Cass County Social Services 1010 2nd Ave S Fargo, ND 58103	45-6002205	Cass County	10,000.	0.			Support Agency Programs

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **52.**

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) (2018)

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
Catholic Charities North Dakota 5201 Bishops Blvd Ste B Fargo, ND 58104-7605	45-0226416	501(c)(3)	24,802.	0.			Support Agency Programs
CHARISM 122 1/2 N Broadway Fargo, ND 58102	45-0435273	501(c)(3)	104,402.	0.			Support Agency Programs
Churches United for the Homeless 1901 1st Ave N Moorhead, MN 56560	41-1594892	501(c)(3)	85,710.	0.			Support Agency Programs
Community of Care 41 Langer Ave S Casselton, ND 58012	26-1488596	501(c)(3)	28,084.	0.			Support Agency Programs
Emergency Food Pantry 1104 4th Ave N Fargo, ND 58102	51-0138107	501(c)(3)	10,000.	0.			Support Agency Programs
Fargo Cass Public Health 1240 25th St S Fargo, ND 58103	45-6002069	Fargo Cass	120,528.	0.			Support Agency Programs
Fargo Public Schools- Fargo Adult Learning Center - 1305 9th Ave S - Fargo, ND 58103	45-6000294	Fargo Public Sch	50,315.	0.			Support Agency Programs
FirstLink 4357 13th Ave SW Ste 107L Fargo, ND 58103	41-0419491	501(c)(3)	70,570.	0.			Support Agency Programs
FM Coalition to End Homelessness 417 Main Ave Ste 206 Fargo, ND 58103	41-2198589	501(c)(3)	30,000.	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
FM Dorothy Day House of Hospitality - 714 8th St S - Moorhead, MN 56560	41-1452555	501(c)(3)	62,124.	0.			Support Agency Programs
Fraser, Ltd. 2902 University Dr S Ste 2 Fargo, ND 58103	45-0226418	501(c)(3)	30,333.	0.			Support Agency Programs
Great Plains Food Bank 1720 3rd Ave N Fargo, ND 58102	47-2229589	501(c)(3)	101,812.	0.			Support Agency Programs
Healthcare Equipment Recycling Organization (HERO) - 5012 53rd St S Ste C - Fargo, ND 58104	45-0457109	501(c)(3)	10,087.	0.			Support Agency Programs
Hospice of the Red River Valley 1701 38th St S Ste 101 Fargo, ND 58103-4499	45-0349152	501(c)(3)	20,988.	0.			Support Agency Programs
Lakes and Prairies Community Action Partnership, Inc. (CAPLP) - 715 11th St N Ste 402 - Moorhead, MN 56560	41-0905871	501(c)(3)	159,187.	0.			Support Agency Programs
Legal Services of Northwest Minnesota - 1015 7th Ave N - Dilworth, MN 56560	41-1291705	501(c)(3)	30,000.	0.			Support Agency Programs
Lutheran Social Service of Minnesota - 715 11th St N Ste 401C - Moorhead, MN 56560	41-0872993	501(c)(3)	55,751.	0.			Support Agency Programs
Lutheran Social Services of North Dakota - 3911 20th Ave S - Fargo, ND 58103	45-0226421	501(c)(3)	98,105.	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
Moorhead Area Public Schools 2410 14th St S Moorhead, MN 56560	41-6008721	Moorhead Schools	107,742.	0.			Support Agency Programs
Fargo Union Mission, Inc. New Life Center - 1902 3rd Ave N - Fargo, ND 58102	45-0228056	501(c)(3)	133,830.	0.			Support Agency Programs
North Dakota Autism Center, Inc. 647 13th Ave E Ste A West Fargo, ND 58078	20-8129476	501(c)(3)	21,007.	0.			Support Agency Programs
Rape & Abuse Crisis Center 317 8th St N Fargo, ND 58102	41-1310289	501(c)(3)	232,208.	0.			Support Agency Programs
Rebuilding Together Fargo-Moorhead Area - 700 Main Ave Ste 10 - Fargo, ND 58103	27-4415410	501(c)(3)	27,519.	0.			Support Agency Programs
Red River Children's Advocacy Center - 100 S 4th St Ste 302 - Fargo, ND 58103	20-1095721	501(c)(3)	46,311.	0.			Support Agency Programs
Red River Human Services Foundation - 2506 35th Ave S Ste A - Fargo, ND 58104	45-0353814	501(c)(3)	47,562.	0.			Support Agency Programs
Rural Enrichment and Counseling Headquarters (REACH) - 421 5th St - Hawley, MN 56549	41-1716149	501(c)(3)	31,086.	0.			Support Agency Programs
The Salvation Army 304 Roberts St Fargo, ND 58102	41-0698597	501(c)(3)	35,846.	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
Sexual Abuse Treatment Program (SATP) - 2624 9th Ave SW - Fargo, ND 58103-2350	41-1310289	501(c)(3)	26,181.	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)	215,915.	0.			Support Agency Programs
Solutions Behavioral Healthcare Professionals, Inc. - 891 Belsly Blvd - Moorhead, MN 56560	41-1949975	501(c)(3)	174,000.	0.			Support Agency Programs
South Central Adult Services 624 Main Ave Ste 5 Fargo, ND 58103	45-0373281	501(c)(3)	17,306.	0.			Support Agency Programs
South East Education Cooperative (SEEC) - 1305 9th Ave S - Fargo, ND 58103	47-5548763	501(c)(3)	90,000.	0.			Support Agency Programs
SouthEastern North Dakota Community Action Agency - 3233 S Univ Dr - Fargo, ND 58104-6221	45-6014870	501(c)(3)	38,798.	0.			Support Agency Programs
TNT Kid's Fitness & Gymnastics Academy - 2800 Main Ave - Fargo, ND 58103	20-3459549	501(c)(3)	42,958.	0.			Support Agency Programs
The Village Family Service Center 1201 25th St S Fargo, ND 58106-9859	45-0226423	501(c)(3)	389,675.	0.			Support Agency Programs
Vocational Training Center 424 9th Ave S Fargo, ND 58103-2898	45-0277254	501(c)(3)	15,453.	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
YMCA of Cass and Clay Counties 400 1st Ave S Fargo, ND 58103	45-0232096	501(c)(3)	285,573.	0.			Support Agency Programs
Youthworks 317 S University Dr Fargo, ND 58103	46-0345922	501(c)(3)	101,454.	0.			Support Agency Programs
YWCA Cass Clay 3100 12th Ave N Fargo, ND 58102	45-0226435	501(c)(3)	300,694.	0.			Support Agency Programs
United Way of Richland-Wilkin 802 Dakota Ave Wahpeton, ND 58075	45-0335679	501(c)(3)	6,189.	0.			Support Agency Programs
United Way of Northeastern SD 13th 2nd Ave SE Ste 1 Aberdeen, SD 57401	23-7086355	501(c)(3)	7,145.	0.			Support Agency Programs
United Way of Dickinson PO Box 501 Dickinson, ND 58602-0501	45-0345635	501(c)(3)	7,190.	0.			Support Agency Programs
Brookings Area United Way PO Box 750 Brookings, SD 57006-0750	23-7151498	501(c)(3)	7,856.	0.			Support Agency Programs
Souris Valley United Way 1941 4th St SW Minot, ND 58701	45-0308679	501(c)(3)	10,294.	0.			Support Agency Programs
Sioux Empire United Way 1000 NW Ave Ste 120 Sioux Falls, SD 57104-1332	46-0233701	501(c)(3)	11,671.	0.			Support Agency Programs

Schedule I (Form 990)

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 noncash 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:

In addition to our dedicated staff positions, volunteers play an important role in ensuring dollars entrusted to United Way are leveraged to their maximum capacity by evaluating programs' client outcomes, alignment with the United Way strategy, and the overall impact on the community.

Once a Notice of Funds Available has been published for an applicable grant cycle, all submitted Letters of Intent (LOIs) are reviewed by the volunteer Community Investment Committee (CIC). Along with reviewing each submitted

Part IV Supplemental Information

LOI, the CIC will conduct on-site visits with each organization. Following this review, the CIC will invite applicants to submit a full Request for Proposal (RFP) based on eligibility criteria, alignment with United Way's goals and strategies, and their demonstrated ability to measure performance indicators.

Once applicants have submitted the RFP, United Way will organize volunteers to conduct a panel review where volunteers review proposals, tour applicants' facilities, and gain further information and perspective on the specific programming. These volunteers will make an initial funding recommendation based on their review of the proposals utilizing an evaluation rubric to guide scoring of RFPs and the conducted site visits. Following the panel reviews of all submitted RFPs, the CIC will convene to review all individual panel recommendations and make a final funding recommendation to the Board of Trustees.

The process concludes with the Board of Trustees, who makes final funding decisions.

Additionally, each of our funded community partners must submit impact reporting at least twice a year. These reports include, but are not limited to, shared performance measures, program outcome reports, client demographics, and impact stories.

United Way staff review and aggregate submitted shared performance measures which are presented to the Board of Trustees for review and shared with the community through our Annual Report.

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2018

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

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

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications	X		2,609.	Selling Price
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded				
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory	X	8	6,415.	Selling Price
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other (School Suppli)	X	372	20,040.	Selling Price
26 Other ()				
27 Other ()				
28 Other ()				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement **29** **0**

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?	X	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		X
b If "Yes," describe in Part II.		
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

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

Schedule M (Form 990) 2018

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.

▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2018

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:

social change.

Form 990, Part III, Line 2, New Program Services:

When faced with a long-term, critical workforce shortage, a unified community effort is the best strategy. Since 2015, United Way has partnered with local organizations to collaboratively tackle our workforce challenge. In 2018, United Way launched the UNITED for Workforce Development Pathways.

There is tremendous potential for individuals currently living in poverty to be a part of solving our workforce shortage in our local community. This new initiative will work to unite our community to see the potential of underemployed and unemployed individuals to positively impact their own lives and meet our community's growing workforce demands.

The goals of UNITED for Workforce Development Pathways Initiative are:

GOAL 1: ESTABLISH and INCREASE collaboration and partnership among workforce development agencies, educational institutions, and community based organizations to leverage resources and align services to help new Americans and low-income individuals enter the workforce and elevate their employment and career opportunities

GOAL 2: IDENTIFY and REMOVE the gaps and barriers that currently exist for new Americans and low-income individuals to enter the workforce and

Name of the organization

United Way of Cass-Clay

Employer identification number

41-0810008

attain and retain family sustaining employment

GOAL 3: POSITION underemployed and unemployed workers on a path to long-term family-sustaining employment and career success

GOAL 4: INCREASE

*Access to educational services such as training classes, skill training, GED classes, and ELL classes

*Access to supportive services such as housing, transportation, and child care

*The number of eligible workers to enter the workforce to meet and respond to the local workforce shortage

One way of doing this is by investing in a Workforce Development Case Manager. United Way has collaborated with CAPLP (Lakes and Prairies Community Action Partnership, Inc.) and Minnesota State Community and Technical College (MState) to provide training, education and support to low-income families to meet the skills gap and to address the three key components of a two-generation model: education, economic support and social capital.

The Workforce Development Case Manager assists low-income individuals with the skills and support necessary to obtain and maintain living-wage employment in the highest-demand career areas in our region.

Through this continued partnership the workforce development case manager will continue to provide support to clients in these MState

Name of the organization

United Way of Cass-Clay

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41-0810008

training programs: welding and certified nursing assistant (CNA).

In 2018, 19 individuals earned a certificate in CNA or welding and 71% of individuals obtained living-wage employment within 3 months of completing the program.

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

points into the supportive services system, with the ultimate goal for each individual and family to obtain and maintain stable affordable housing and become food secure. United Way sees an opportunity to reduce hunger and homelessness by improving systems and strengthening partnerships, ultimately leading to homelessness and hunger being rare, brief and non-reoccurring.

How we did this:

-Collaborated with community partners to work together to look at long-term solutions for hunger insecurity in our community

-Developed and invested in Housing First and provided Housing Navigators to increase access and remove barriers to stable housing for individuals facing homelessness

Resulting in:

-2,312 children received food on weekends and during summer when school was not in session

-83% of teachers surveyed said students are ready to participate and learn at school Monday mornings because of receiving food on Friday through school based programs

-232 people attain stable housing while in housing programs

Name of the organization

United Way of Cass-Clay

Employer identification number

41-0810008

-94% of individuals were able to maintain stable housing for 6 month while in programming

-65% of clients self-reported a reduction in overall usage of costly social services

Under BOLD Goal #2, Prepare Children to Succeed, we seek to make investments toward measureable progress to prepare children to enter school ready to succeed and ensure students are successful as they progress through school and upon graduation are "choice ready" for postsecondary or workforce. United Way continues to place a high emphasis on partnerships and programs that can demonstrate a higher level of quality in programming, as quality programming ensures that children and families are exposed to positive nurturing experiences and can demonstrate effectiveness with outcomes. United Way recognizes that quality programming can occur in multiple settings and will continue to foster and invest partnerships between school districts and community-based providers to expand early learning opportunities.

How we did this:

-Increased number of children enrolled in quality pre-K programming by 25% throughout the metro from the 2016-17 to the 2017-18 school year, with 459 children enrolled throughout 2017-18 school year

-Collaborated with community-based afterschool programs in 9 schools throughout the metro and provided literacy supports in 27 schools in the metro and rural Cass County

Resulting in:

-95% of children enrolled in Pre-K programs demonstrated growth on

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

age-appropriate skills preparing them socially, emotionally and academically for Kindergarten

-93% of children spent time with a positive role model

-458 Kindergarten-3rd Graders received literacy support through ND Reading Corps

-80% of those who completed the program improved on reading skills

Under BOLD Goal #3, Help People be Independent, we seek to make investments toward measureable progress to increase access and reduce barriers to health and behavioral resources in health care and community settings and increase access and reduce barriers to social and vocational opportunities. We know that what makes us healthy is more than just clinical care, genes and biology. 80% of what makes an individual healthy is: Living and working conditions; Income, education level, access to social support, exposure to crime and violence and health behaviors; and availability of safe and affordable housing, quality jobs, transportation options, and opportunities for recreation.

How we did this:

-Collaborated with community-based nonprofit service providers, school districts and corporate partners to provide school-based behavioral and mental health supports in 7 schools

-Provided comprehensive wraparound services to seniors so they can stay independent and in their own homes

Resulting in:

-266 students were referred or received mental health support while at school during the 2017-18 school year

Name of the organization

United Way of Cass-Clay

Employer identification number

41-0810008

-608 seniors received services to help keep them independent or delay the need for assisted living

Under BOLD Goal #4, Lift People out of Poverty, we seek to make investments toward measureable progress to support families by increasing access to quality, affordable childcare and workforce development programs, ultimately increasing wages to a self-sustaining level. United Way sees opportunity in aligning and coordinating efforts to increase access and remove barriers to services. By providing coordinated access to services, more individuals will have access to services that will assist them in becoming self-sufficient. This will reduce unnecessary duplication of services provided by multiple programs and ensure that individuals are connected with the right services at the right time and in the right location.

How we did this:

-Expanded from 1 Workforce Case Manager to 6 Workforce Case Managers to provide low-income individuals with skills and supportive services necessary to obtain and maintain living-wage employment in the highest-demand career areas

-Invested in child care scholarships that provide opportunities for children of low-income working families to access quality early childhood education

Resulting in:

-19 individuals earned a certificate in CNA or welding

-71% of individuals obtained living-wage employment within 3 months of completing the program

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

-4/5 children who received scholarship are developmentally on track socially and emotional

-117 children from low-income working families accessed quality child care because of child care scholarships, average of 77 per month

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

includes training and discussion as well as goal-setting, communication, personal growth, board leadership, public speaking, conflict management, and several additional leadership topics.

Employers of United Way 35 Under 35 Women's Leadership Program

participants benefit greatly from the experience as participants are able to:

*Connect with a diverse network of dynamic young women and local leaders

*Expand knowledge of the community and opportunities to serve in leadership positions

*Gain confidence and skills to lead in current and future positions at their companies/organizations

Emerging Leaders Program

Emerging Leaders is a network of community-minded professionals who are looking to make connections with purpose while creating real and lasting change in our community. This is an opportunity for leaders to position themselves to take action and learn how to effectively give back their time, talents and resources to make the greatest impact in our community.

Through events, Emerging Leaders have the ability to connect and build skills with local professionals who have the same interest to improve

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our community through United Way's BOLD Goals. They also have the opportunity to roll up their sleeves and volunteer with other Emerging Leaders by sharing their knowledge and skills with the community.

In 2018, there were 631 members of the Emerging Leaders program representing 119 businesses.

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

70 local schools and more than 500 volunteers helped in collecting supplies, preparing backpacks, and distributing them to students in our community.

Day of Caring

Every year, local seniors request the community's help to prepare for winter by completing tasks from raking and mowing to basic cleaning and organizing. They enjoy an afternoon of companionship as well as assistance from the caring United Way volunteers.

2018 marked the 27th annual Day of Caring volunteer event in our community. More than 1,900 individuals volunteered their time to help more than 500 senior citizens in their homes.

Imagination Library

2018 marked the 15th year of United Way's local partnership with this national program. United Way partners with the Dolly Parton Foundation to provide children ages birth through 5 with a free book in the mail each month to help spark a love for reading. Our partnership provides children in Cass and Clay counties the possibility to build a home

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library of 60 books before they enter kindergarten.

Because parents are a child's first teacher, Imagination Library gives them a fun and easy way to get involved with their child's early education. Studies show that 97 percent of parents surveyed reported that the program has encouraged them to read more to and with their children.

In 2018, 101,591 books were distributed to 8,016 local children monthly.

Additionally, United Way is proud to sponsor the following community events and programs:

*VITA: Since 2014, United Way has invested \$10,000 annually to two Volunteer Income Tax Assistance (VITA) programs. It's more than providing people with education and resources about financial stability; it's giving them support and encouragement and creating connections in our community. In 2018, 1,381 individuals were served by 43 volunteers and received a total of \$2,447,903 in both state and federal tax refunds.

*Hunger and Health Summit: Eighty-one attendees joined in for the first Hunger and Health Summit held in Cass and Clay counties. This summit highlighted the history of the community's Hunger Coalition, current data and research, innovative and collaborative projects, and what next steps could be taken by individuals and agencies to better work together to end hunger in our community. In addition to staff from food pantries and feeding programs, a number of community leaders, elected officials and staff from both Heidi Heitkamp's office and John

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Hoeven's office attended the event. United Way held a role in the planning and facilitation of this summit along with co-sponsoring the lunch provided to the participants.

*A Place at the Table: A Cass/Clay Hunger Coalition-sponsored screening of the documentary "A Place at the Table" drew 165 attendees to the Fargo Theatre. Sixty attendees participated in a post-documentary panel discussion on hunger in our community. The film provided a compelling portrayal of hunger in America, and the post-film panel provided a place for people to ask questions about what hunger is like in our community, including multiple panelists with lived experience. United Way was proud to support an event that helped the community understand the realities of hunger in our community.

*Fargo UNITED: Nearly 7,000 youth in our community were impacted by this project, which shared the main messages to students that they have an ability to impact their own schools and love is always stronger than hate. After each event, the students had an opportunity to engage, take photos, and exchange hugs and handshakes with the performers and police officers. The purpose of the events is to create unity within our local schools. United Way was proud to support and invest in this project, which helps prepare children to succeed in our community.

*Fill the Dome: Over 50 area schools and 20 businesses were able to team up for the nation's largest food drive to benefit food pantries locally and throughout the state of North Dakota. This event raised nearly \$30,000 and 193,300 pounds of food or 283,000 meal equivalents, and United Way was proud to support and invest in this this youth-led event focusing on reducing hunger in our community

*FM Coalition to End Homelessness Conference: Seventy local homeless service providers received quality training opportunities to build and

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improve their services. This not only impacts the homeless community by giving them access to quality services, but the wider Fargo-Moorhead community by taking strides in preventing and ending homelessness. Key areas of the conference included advocacy, leadership, collaboration, evidence-based best practices, ethics and program support. United Way was proud to support and invest in this professional development opportunity to reduce homelessness in our community.

Form 990, Part VI, Section A, line 1:

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

Form 990, Part VI, Section A, line 4:

The following amendments were made to the Bylaws during 2018:

Article IV: Board of Trustees, Section 1: Composition:

The amended version of Article IV, Section 1: Composition includes language which explicitly states a minimum number of board members for the organization. The amended sentence reads "The size of the Board shall consist of a minimum of 12 members and up to 16 members from the Cass/Clay area" instead of just stating the maximum number of board members.

Article IV, Section 2: Election:

Article IV, Section 2 now states that "The Board shall be elected from nominees presented by the Governance Committee, and additional nominees

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willing and able to serve may be presented by petition signed by twenty-five (25) verifiable members, provided such petition is received in the office of the President & CEO no later than December 31st for consideration for the following year." Previously petitions had to be received not less than 14 days prior to the date of the annual meeting.

Article XI:

Articles XI was amended to state: "Alterations, amendments, or repeals, in whole or in part, of the by-laws may be made by a majority of the Board of Trustees at any regular meeting. A notice in writing of the proposed action will be given to each Trustee at least 10 days before such meeting."

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,

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provided such petition is received in the office of the President not less than 14 days prior to the date of the Annual Meeting. The size of the Board shall consist of a minimum of 12 members and up to 16 members from the Cass/Clay area. In addition, the Campaign Chair shall serve on the Board for the year they lead the campaign.

Form 990, Part VI, Section B, line 11b:

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

Form 990, Part VI, Section B, Line 12c:

Board members complete conflict disclosures annually and the information is shared with other committees as needed. Board members with a conflict abstain from voting on issues involving the conflict. The President 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

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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.

Form 990, Page 6, Part VI, Line 4

Bylaw Amended: Article IV: Board of Trustees, Section 1: Composition

The amended version of Article IV, Section 1: Composition includes language which explicitly states a minimum number of board members for the organization. The amended sentence reads "The size of the Board shall consist of a minimum of 12 members and up to 16 members from the Cass/Clay area" instead of just stating the maximum number of board members. Effective May 2018.

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

Department of the Treasury
Internal Revenue Service

▶ **File a separate application for each return.**
▶ **Go to www.irs.gov/Form8868 for the latest information.**

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request 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/e-file-providers/e-file-for-charities-and-non-profits.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (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) 0 | 1

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 6-month extension of time until **November 15, 2019**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
▶ calendar year **2018** 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.