

United Way of Cass-Clay

2020 Form 990

December 31, 2020

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.

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

OMB No. 1545-0047

► **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.

Type or print File by the due date for filing your return. See instructions.	Name of exempt organization or other filer, see instructions. United Way of Cass-Clay	Taxpayer identification number (TIN) 41-0810008
	Number, street, and room or suite no. If a P.O. box, see instructions. 4351 23rd Avenue South	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. Fargo, ND 58104	

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

0	1
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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 ► **4351 23rd Avenue South - Fargo, ND 58104**
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 TINs of all members the extension is for.

- 1 I request an automatic 6-month extension of time until **November 15, 2021**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
► ☒ calendar year **2020** 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.

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

2020

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.

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

A For the 2020 calendar year, or tax year beginning		and ending	
B Check if applicable: <input checked="" 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 4351 23rd Avenue South		
	City or town, state or province, country, and ZIP or foreign postal code Fargo, ND 58104		
	F Name and address of principal officer: Summer Hanson same as C above		G Gross receipts \$ 7,066,746.
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		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
J Website: ▶ www.unitedwaycassclay.org		H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No	
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		H(c) Group exemption number ▶	
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)	17	
	4	Number of independent voting members of the governing body (Part VI, line 1b)	17	
	5	Total number of individuals employed in calendar year 2020 (Part V, line 2a)	19	
	6	Total number of volunteers (estimate if necessary)	1201	
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	0.	
	7b	Net unrelated business taxable income from Form 990-T, Part I, line 11	0.	
Revenue	8	Contributions and grants (Part VIII, line 1h)	7,027,506.	6,122,959.
	9	Program service revenue (Part VIII, line 2g)	25,250.	8,750.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	69,735.	382,742.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	44,122.	15,827.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	7,166,613.	6,530,278.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	3,998,015.	3,917,265.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	1,133,072.	1,331,458.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	16b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 502,404.		
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	570,558.	469,981.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	5,701,645.	5,718,704.
	19	Revenue less expenses. Subtract line 18 from line 12	1,464,968.	811,574.
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	7,769,160.	9,425,602.
	21	Total liabilities (Part X, line 26)	430,423.	1,183,488.
	22	Net assets or fund balances. Subtract line 21 from line 20	7,338,737.	8,242,114.

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		6-23-21
	▶ Summer Hanson, Director of Finance & Admin.		Date	
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed PTIN
	Lisa Chaffee, CPA	Lisa Chaffee, CPA	06/23/21	P00193453
	Firm's name ▶ Eide Bailly LLP	Firm's EIN ▶ 45-0250958		
	Firm's address ▶ 1730 Burnt Boat Loop, Ste. 100 Bismarck, ND 58503-0886	Phone no. 701-255-1091		

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

☒**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?☒ Yes ☐ No

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

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

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

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.**4a** (Code:) (Expenses \$ 4,757,915. including grants of \$ 3,716,218.) (Revenue \$)

We focus on four strategic areas that are the biggest challenges for our local community. We believe that when we work together, we can solve these complex issues and create lasting social change that leads to a better tomorrow for all of us. Together, we can solve complex community issues, like homelessness, hunger, closing the skills gap, and helping children be ready to learn.

The work we do together toward our Bold Goals results in fewer children having to experience homelessness, more students feeling confident and prepared to succeed in school and being ready for our workforce, increased quality of life and independence for senior citizens, and opportunities for more parents to get the job skills and support they

4b (Code:) (Expenses \$ 3,806. including grants of \$) (Revenue \$ 8,750.)**35 Under 35 Leadership Program**

United Way of Cass-Clay's 35 Under 35 Women's Leadership Program's mission is to inspire local women to make a difference, help them realize their leadership skills and energize their collective power as women in our community. Since 2009, 420 local women have participated in the leadership program. Participants meet monthly to focus on various issues pertinent to young leaders. Each session is led and presented by local leaders and includes training and discussion as well as goal-setting, communication, personal growth, board leadership, public speaking, conflict management, and several additional leadership topics.

4c (Code:) (Expenses \$ 211,053. including grants of \$ 201,047.) (Revenue \$)**School Supply Drive**

2020 marked the 22nd 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.

In 2020, 6,040 local students were equipped with a backpack and set of school supplies during a tougher than normal school year. Students enrolled in every school district across Cass & Clay Counties received backpacks and more than 700 volunteers helped in collecting supplies, preparing backpacks, and distributing them to students in our community.

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

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

4e Total program service expenses 4,972,774.

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 donor-restricted endowments or in 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>	22	X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23	X
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, 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>	24a	X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	
25a Section 501(c)(3), 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>	25a	X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b	X
26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>	26	X
27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27	X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>	28a	X
b A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>	28b	X
c A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>	28c	X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29	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>	30	X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31	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>	32	X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33	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>	34	X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	X
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b	
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>	36	X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37	X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O	38	X

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck 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	1a	8
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	X

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 19		
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b If "Yes," enter the name of the foreign country			
See instructions for filing requirements for 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?	5a		X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
c If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		X
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7 Organizations that may receive deductible contributions under section 170(c).			
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	X	
b If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	X	
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		X
d If "Yes," indicate the number of Forms 8282 filed during the year	7d		
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9 Sponsoring organizations maintaining donor advised funds.			
a Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10 Section 501(c)(7) organizations. Enter:			
a Initiation fees and capital contributions included on Part VIII, line 12	10a		
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b		
11 Section 501(c)(12) organizations. Enter:			
a Gross income from members or shareholders	11a		
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b		
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b		
13 Section 501(c)(29) qualified nonprofit health insurance issuers.			
a Is the organization licensed to issue qualified health plans in more than one state?	13a		
Note: See the instructions for additional information the organization must report on Schedule O.			
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b		
c Enter the amount of reserves on hand	13c		
14a Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on 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 on 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

	1a	1b	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 on Schedule O.	17			
b Enter the number of voting members included on line 1a, above, who are independent		17		
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?			2	X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?			3	X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?			4	X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?			5	X
6 Did the organization have members or stockholders?			6	X
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?			7a	X
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?			7b	X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a The governing body?			8a	X
b Each committee with authority to act on behalf of the governing body?			8b	X
9 Is there any officer, director, 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 on Schedule O			9	X

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

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

19 Describe on 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
4351 23rd Avenue South, Fargo, ND 58104

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent ContractorsCheck 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.
- See instructions for the order in which to list the persons above.

☐ 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) Kristi Huber President & CEO	50.00			X				137,656.	0.	20,506.
(2) Summer Hanson Director of Finance & Administration	35.00			X				71,679.	0.	7,146.
(3) Lisa Borgen -Chair Elect (Jan-Mar)/Chair(Apr-Dec)	2.00	X		X				0.	0.	0.
(4) Jeff Schatz -Vice Chair (Jan-Mar)/Chair Elect(Apr-Dec)	2.00	X		X				0.	0.	0.
(5) Kelly Dawson -Board Member (Jan-Mar)/Vice Chair (Apr-Dec)	2.00	X		X				0.	0.	0.
(6) Jay Lies Treasurer	2.00	X		X				0.	0.	0.
(7) Camille Grade Board Member -Governance Chair	1.00	X						0.	0.	0.
(8) Dan Dougherty Board Member - CICI Chair	1.00	X						0.	0.	0.
(9) Danielle Paulus Board Member	1.00	X						0.	0.	0.
(10) Erik Hatch Board Member	1.00	X						0.	0.	0.
(11) Faith Nunjuri Board Member	1.00	X						0.	0.	0.
(12) Joanna Slominski Board Member	1.00	X						0.	0.	0.
(13) Mark Nisbet Board Member	1.00	X						0.	0.	0.
(14) Matt Leiseth -Chair (Jan-Mar)/Board Member(Apr-Dec)	1.00	X						0.	0.	0.
(15) Denise Kolpack Board Member (Jan-Mar)	1.00	X						0.	0.	0.
(16) Ken Paulus Board Member (Jan-Mar)	1.00	X						0.	0.	0.
(17) Kim Pladson Board Member (Jan-Mar)	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) Mary Jo Hotzler -Board Member -Women United Chair (Jan-Mar)	1.00	X						0.	0.	0.
(19) Susan Jarvis Board Member (Jan-Mar)	1.00	X						0.	0.	0.
(20) Chris Barta Board Member (Apr-Dec)	1.00	X						0.	0.	0.
(21) Lori Schwartz Board Member (Apr-Dec)	1.00	X						0.	0.	0.
(22) Stacie Heiden Board Member (Apr-Dec)	1.00	X						0.	0.	0.
(23) Lynn Johnson Board Member (Apr-Dec)	1.00	X						0.	0.	0.
(24) Tiffany Lawrence Board Member (Apr-Dec)	1.00	X						0.	0.	0.
1b Subtotal								209,335.	0.	27,652.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								209,335.	0.	27,652.

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**

3 Did the organization list any **former** officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual

	Yes	No
3		X
4	X	
5		X

4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual

5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person

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 RevenueCheck 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	15,980.				
	d Related organizations	1d					
	e Government grants (contributions)	1e	217,177.				
	f All other contributions, gifts, grants, and similar amounts not included above ...	1f	5,889,802.				
	g Noncash contributions included in lines 1a-1f	1g	\$ 20,751.				
	h Total. Add lines 1a-1f						
Program Service Revenue	2 a Program Fees	Business Code	900099	8,750.	8,750.		
	b						
	c						
	d						
	e						
	f All other program service revenue						
	g Total. Add lines 2a-2f				8,750.		
	Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			55,168.		
4 Income from investment of tax-exempt bond proceeds							
5 Royalties							
6 a Gross rents		6a	(i) Real (ii) Personal				
b Less: rental expenses ...		6b					
c Rental income or (loss)		6c					
d Net rental income or (loss)							
7 a Gross amount from sales of assets other than inventory		7a	(i) Securities (ii) Other	304,431. 553,575.			
b Less: cost or other basis and sales expenses		7b		274,475. 255,957.			
c Gain or (loss)		7c		29,956. 297,618.			
d Net gain or (loss)				327,574.			327,574.
8 a Gross income from fundraising events (not including \$ 15,980. of contributions reported on line 1c). See Part IV, line 18		8a		21,863.			
b Less: direct expenses		8b		6,036.			
c Net income or (loss) from fundraising events				15,827.			15,827.
9 a Gross income from gaming activities. See Part IV, line 19		9a					
b Less: direct expenses	9b						
c Net income or (loss) from gaming activities							
10 a Gross sales of inventory, less returns and allowances	10a						
b Less: cost of goods sold	10b						
c Net income or (loss) from sales of inventory							
Miscellaneous Revenue	11 a	Business Code					
	b						
	c						
	d All other revenue						
	e Total. Add lines 11a-11d						
	12 Total revenue. See instructions				6,530,278.	8,750.	0.

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...	3,917,265.	3,917,265.		
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	239,635.	115,780.	71,989.	51,866.
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	820,558.	498,576.	90,721.	231,261.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	54,253.	33,671.	4,914.	15,668.
9 Other employee benefits	103,875.	61,009.	14,996.	27,870.
10 Payroll taxes	113,137.	65,843.	16,959.	30,335.
11 Fees for services (nonemployees):				
a Management				
b Legal	1,104.	756.	125.	223.
c Accounting	16,331.	11,189.	1,844.	3,298.
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	7,954.		7,954.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch. O.)	11,106.	7,609.	1,254.	2,243.
12 Advertising and promotion	32,847.	3,895.	89.	28,863.
13 Office expenses	81,138.	34,603.	7,800.	38,735.
14 Information technology	74,044.	43,092.	11,099.	19,853.
15 Royalties				
16 Occupancy	41,413.	24,101.	6,208.	11,104.
17 Travel	2,989.	1,291.	33.	1,665.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings				
20 Interest	816.		816.	
21 Payments to affiliates	75,544.	75,544.		
22 Depreciation, depletion, and amortization	21,013.	12,229.	3,150.	5,634.
23 Insurance	8,448.	4,917.	1,266.	2,265.
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a Event/Facilities	53,067.	31,159.	313.	21,595.
b Staff Development	9,168.	5,336.	1,374.	2,458.
c Dues/Subscriptions	7,366.	1,348.	345.	5,673.
d Volunteer Recognition	4,882.	2,810.	277.	1,795.
e All other expenses	20,751.	20,751.		
25 Total functional expenses. Add lines 1 through 24e	5,718,704.	4,972,774.	243,526.	502,404.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

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

Part X Balance SheetCheck 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	2,661,413.	2	2,857,221.
	3 Pledges and grants receivable, net	3,693,886.	3	3,274,036.
	4 Accounts receivable, net	22,805.	4	93.
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	10,544.	9	11,249.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 2,269,860.		
	b Less: accumulated depreciation	10b 163,633.	10c	2,106,227.
	11 Investments - publicly traded securities	1,031,089.	11	1,176,776.
	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 33)	7,769,160.	16	9,425,602.	
Liabilities	17 Accounts payable and accrued expenses	46,371.	17	46,546.
	18 Grants payable	359,552.	18	302,964.
	19 Deferred revenue	24,500.	19	30,250.
	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 any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	495,420.
	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	0.	25	308,308.
	26 Total liabilities. Add lines 17 through 25	430,423.	26	1,183,488.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	2,220,428.	27	4,227,991.
	28 Net assets with donor restrictions	5,118,309.	28	4,014,123.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	7,338,737.	32	8,242,114.
	33 Total liabilities and net assets/fund balances	7,769,160.	33	9,425,602.

Part XI Reconciliation of Net AssetsCheck 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	6,530,278.
2	Total expenses (must equal Part IX, column (A), line 25)	2	5,718,704.
3	Revenue less expenses. Subtract line 2 from line 1	3	811,574.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	7,338,737.
5	Net unrealized gains (losses) on investments	5	91,803.
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 on Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	8,242,114.

Part XII Financial Statements and ReportingCheck 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	2a	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	2b	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 on Schedule O.	2c	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? _____	3a	X
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits _____	3b	

Form 990 (2020)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2020

Open to Public
Inspection

Name of the organization

United Way of Cass-Clay

Employer identification number

41-0810008

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

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ).)
- 3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: _____
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 ☐ An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
- 10 ☐ An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
- a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
- b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
- c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
- d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
- e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.

f Enter the number of supported organizations

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

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	5559806.	5547910.	5754940.	7027506.	6122959.	30013121.
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	5559806.	5547910.	5754940.	7027506.	6122959.	30013121.
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)						149,550.
6 Public support. Subtract line 5 from line 4.						29863571.

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7 Amounts from line 4	5559806.	5547910.	5754940.	7027506.	6122959.	30013121.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	17,507.	19,738.	29,381.	52,581.	55,168.	174,375.
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						30187496.
12 Gross receipts from related activities, etc. (see instructions)					12	461,843.
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2020 (line 6, column (f), divided by line 11, column (f))	14	98.93 %
15 Public support percentage from 2019 Schedule A, Part II, line 14	15	99.27 %
16a 33 1/3% support test - 2020. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		
b 33 1/3% support test - 2019. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		
17a 10% -facts-and-circumstances test - 2020. 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		
b 10% -facts-and-circumstances test - 2019. 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		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		

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

(Complete only if you checked the box on line 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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(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 5 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 2020 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2019 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2020 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2019 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2020. 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 - 2019. 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 box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, 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 lines 3b and 3c 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 box 12a or 12b in Part I, answer lines 4b and 4c 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 lines 5b and 5c 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 line 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 lines 11b and 11c below, the governing body of a supported organization?		
11a		
b A family member of a person described in line 11a above?		
11b		
c A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI .		
11c		

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

	Yes	No
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 governmental entity (see instructions).		
2 Activities Test. Answer lines 2a and 2b below.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.		
2a		
b Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.		
2b		
3 Parent of Supported Organizations. Answer lines 3a and 3b 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? If "Yes" or "No" provide details in Part VI .		
3a		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.		
3b		

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

- 1** ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (*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 (<i>explain in detail in Part VI</i>):			
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 0.015 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 0.035.	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 0.85 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	1	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	3	
4 Amounts paid to acquire exempt-use assets	4	
5 Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i>)	5	
6 Other distributions (<i>describe in Part VI</i>). See instructions.	6	
7 Total annual distributions. Add lines 1 through 6.	7	
8 Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions.	8	
9 Distributable amount for 2020 from Section C, line 6	9	
10 Line 8 amount divided by line 9 amount	10	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2020	(iii) Distributable Amount for 2020
1 Distributable amount for 2020 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2020 (reasonable cause required - <i>explain in Part VI</i>). See instructions.			
3 Excess distributions carryover, if any, to 2020			
a From 2015			
b From 2016			
c From 2017			
d From 2018			
e From 2019			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2020 distributable amount			
i Carryover from 2015 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2020 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2020 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
6 Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7 Excess distributions carryover to 2021. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2016			
b Excess from 2017			
c Excess from 2018			
d Excess from 2019			
e Excess from 2020			

Part VI**Supplemental Information.**

Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

Schedule B

(Form 990, 990-EZ,
or 990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

- ▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2020

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

Employer identification number

United Way of Cass-Clay

41-0810008

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		\$ 144,844.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2		\$ 122,785.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3		\$ 217,177.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Employer identification number

41-0810008

Part II

[illegible]

Name of organization

Employer identification number

United Way of Cass-Clay

41-0810008

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	

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

2020**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 (for example, 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 FASB 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 FASB 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 FASB 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 make 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 program
 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	94,124.	77,851.	80,881.	70,150.	63,690.
b Contributions	650.	860.	1,560.	1,160.	3,681.
c Net investment earnings, gains, and losses	11,275.	15,413.	-4,590.	9,571.	2,779.
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	106,049.	94,124.	77,851.	80,881.	70,150.

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

- a Board designated or quasi-endowment ☒ .0000 %
 b Permanent endowment ☒ 67.5200 %
 c Term endowment ☒ 32.4800 %

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		418,183.		418,183.
b Buildings		1,519,197.	2,569.	1,516,628.
c Leasehold improvements				
d Equipment		193,747.	25,798.	167,949.
e Other		138,733.	135,266.	3,467.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				2,106,227.

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) Construction Payable	308,308.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	308,308.

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 FASB 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	6,390,287.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	91,803.
b	Donated services and use of facilities	2b	47,218.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	-247,205.
e	Add lines 2a through 2d	2e	-108,184.
3	Subtract line 2e from line 1	3	6,498,471.
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	31,807.
c	Add lines 4a and 4b	4c	31,807.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	6,530,278.

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	5,486,910.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	47,218.
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	-31,807.
e	Add lines 2a through 2d	2e	15,411.
3	Subtract line 2e from line 1	3	5,471,499.
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	247,205.
c	Add lines 4a and 4b	4c	247,205.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	5,718,704.

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 believes that it has appropriate support for any tax positions taken affecting its annual filing requirements, and as such,

Part XIII Supplemental Information (continued)

does not have any uncertain tax positions that are material to the financial statements. The Organization would recognize future accrued interest and penalties related to unrecognized tax benefits and liabilities in income tax expense if such interest and penalties are incurred.

Part XI, Line 2d - Other Adjustments:

Grants Reclassified from Revenues on Form 990	-239,251.
Investment Fees Reclassed from Revenue on Form 990	-7,954.
Total to Schedule D, Part XI, Line 2d	-247,205.

Part XI, Line 4b - Other Adjustments:

Special Events Expenses Reclassed from Expenses on Form 990	-6,036.
Special Events Revenue Reclassed from Expenses on Form 990	37,843.
Total to Schedule D, Part XI, Line 4b	31,807.

Part XII, Line 2d - Other Adjustments:

Special Events Expenses Reclassed from Expenses on Form 990	6,036.
Special Events Revenues Reclassed from Expenses on Form 990	-37,843.
Total to Schedule D, Part XII, Line 2d	-31,807.

Part XII, Line 4b - Other Adjustments:

Grants Reclassified from Revenues on Form 990	239,251.
Investment Fees Reclassed from Revenue on Form 990	7,954.
Total to Schedule D, Part XII, Line 4b	247,205.

Department of the Treasury
Internal Revenue Service

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

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

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization

United Way of Cass-Clay

Employer identification number	
--------------------------------	--

41-0810008

Part I

Fundraising Activities.

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

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

- a** ☐ Mail solicitations

- e ☐ Solicitation of non-government grants

- b** ☐ Internet and email solicitations

- f** ☐ Solicitation of government grants

- c** ☐ Phone solicitations

- g** ☐ Special fundraising events

- d** ☐ In-person solicitations

- 2 a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?

☐ Yes☐ No

- b** If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

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

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

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

		(a) Event #1 Women United Golf	(b) Event #2	(c) Other events None	(d) Total events (add col. (a) through col. (c))
		(event type)	(event type)	(total number)	
Revenue	1 Gross receipts	37,843.			37,843.
	2 Less: Contributions	15,980.			15,980.
	3 Gross income (line 1 minus line 2)	21,863.			21,863.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs	3,772.			3,772.
	7 Food and beverages	1,360.			1,360.
	8 Entertainment				
	9 Other direct expenses	904.			904.
	10 Direct expense summary. Add lines 4 through 9 in column (d)				6,036.
11 Net income summary. Subtract line 10 from line 3, column (d)				15,827.	

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

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

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

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

b If "No," explain: _____

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

b If "Yes," explain: _____

- 11** Does the organization conduct gaming activities with nonmembers? ☐ Yes ☐ No
- 12** Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? ☐ Yes ☐ No
- 13** Indicate the percentage of gaming activity conducted in:
- | | | |
|--------------------------------------|------------|---|
| a The organization's facility | 13a | % |
| b An outside facility | 13b | % |
- 14** Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ► _____

Address ► _____

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

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

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

Name ► _____

Address ► _____

- 16** Gaming manager information:

Name ► _____

Gaming manager compensation ► \$ _____

Description of services provided ► _____

☐ Director/officer☐ Employee☐ Independent contractor

- 17** Mandatory distributions:

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

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

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

Part IV	Supplemental Information <i>(continued)</i>
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SCHEDULE I
(Form 990)

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" 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

2020

**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 - PO Box 1226 - Moorhead, MN 56561	47-2210302	501(c)(3)	101,634.	0.			Support Agency Programs
American Red Cross, Dakotas Region 2602 12th St N Fargo, ND 58102	45-0280066	501(c)(3)	60,362.	0.			Support Agency Programs
Boy Scouts of America, Northern Lights Council - 4200 19th Ave SW - Fargo, ND 58103	45-0226415	501(c)(3)	8,223.	0.			Support Agency Programs
Boys & Girls Club of the Red River Valley - 2500 18th St S - Fargo, ND 58103	45-0316132	501(c)(3)	40,578.	0.			Support Agency Programs
Catholic Charities North Dakota 5201 Bishops Blvd Ste B Fargo, ND 58104-7605	45-0226416	501(c)(3)	21,127.	0.			Support Agency Programs
CHARISM 122 1/2 North Broadway Fargo, ND 58102	45-0435273	501(c)(3)	35,415.	0.			Support Agency Programs

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ **45.**

3 Enter total number of other organizations listed in the line 1 table ▶ **4.**

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

Schedule I (Form 990) 2020

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Churches United for the Homeless 1901 1st Ave N Moorhead, MN 56560	41-1594892	501(c)(3)	145,384.	0.			Support Agency Programs
Clay County Public Health Agency 715 11th St N Ste 303 Moorhead, MN 56560	41-6005775	Government	30,099.	0.			Support Agency Programs
Community of Care 41 Langer Ave S Casselton, ND 58012	26-1488596	501(c)(3)	28,000.	0.			Support Agency Programs
Emergency Food Pantry 1101 4th Avenue North Fargo, ND 58102	51-0138107	501(c)(3)	10,490.	0.			Support Agency Programs
Fargo Cass Public Health 1240 25th St S Fargo, ND 58103	45-6002069	Government	136,197.	0.			Support Agency Programs
Fargo Public Schools- Fargo Adult Learning Center - 1305 9th Ave S - Fargo, ND 58103	45-6000294	Other Exempt Ent	50,493.	0.			Support Agency Programs
Fargo Union Mission, Inc. New Life Center - 1902 3rd Ave N - Fargo, ND 58102	45-0228056	501(c)(3)	129,770.	0.			Support Agency Programs
FirstLink 4357 13th Ave SW Ste 107L Fargo, ND 58103	41-0419491	501(c)(3)	70,428.	0.			Support Agency Programs
FM Coalition to End Homelessness 417 Main Ave Ste 208 Fargo, ND 58102	41-2198589	501(c)(3)	30,197.	0.			Support Agency Programs

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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
Fraser, Ltd. 2902 University Drive South Ste 2 Fargo, ND 58103	45-0226418	501(c)(3)	33,223.	0.			Support Agency Programs
Great Plains Food Bank 1720 3rd Ave N Fargo, ND 58102	47-2229589	501(c)(3)	86,803.	0.			Support Agency Programs
Hospice of the Red River Valley 1701 38th Street S Ste 101 Fargo, ND 58103-4499	45-0349152	501(c)(3)	6,183.	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)	190,691.	0.			Support Agency Programs
Legal Services of Northwest Minnesota - 1015 7th Ave N - Moorhead, MN 56560	41-1291705	501(c)(3)	30,000.	0.			Support Agency Programs
Lutheran Social Service of Minnesota - 3101 S Frontage Rd Ste 100 - Moorhead, MN 56560	41-0872993	501(c)(3)	25,378.	0.			Support Agency Programs
Lutheran Social Services of North Dakota - 3911 20th Ave S - Fargo, ND 58103	45-0226421	501(c)(3)	70,181.	0.			Support Agency Programs
Moorhead Area Public Schools 2410 14th St S Ste 1 Moorhead, MN 56560	41-6008721	Other Exempt Ent	100,000.	0.			Support Agency Programs
Northern Cass Public School District Agency - 16021 18th St SE - Hunter, ND 58048	91-1762623	Other Exempt Ent	50,000.	0.			Support Agency Programs

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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
Rape & Abuse Crisis Center 317 8th St N Fargo, ND 58102	41-1310289	501(c)(3)	216,870.	0.			Support Agency Programs
Rebuilding Together Fargo-Moorhead Area - 700 Main Ave Ste 10 - Fargo, ND 58103	27-4415410	501(c)(3)	25,247.	0.			Support Agency Programs
Red River Children's Advocacy Center - 100 South 4th St Ste 302 - Fargo, ND 58103	20-1095721	501(c)(3)	101,720.	0.			Support Agency Programs
Red River Human Services Foundation - 2506 35th Ave S Ste A - Fargo, ND 58104-8897	45-0353814	501(c)(3)	26,553.	0.			Support Agency Programs
Rural Enrichment and Counseling Headquarters (REACH) - 421 5th St - Hawley, MN 56549	41-1716149	501(c)(3)	31,000.	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)	286,339.	0.			Support Agency Programs
Solutions Behavioral Healthcare Professionals, Inc. - 891 Belsly Blvd - Moorhead, MN 56560	41-1949975	501(c)(3)	65,000.	0.			Support Agency Programs
South Central Adult Services 624 Main Ave Ste 5 Fargo, ND 58103	45-0373281	501(c)(3)	20,000.	0.			Support Agency Programs
South East Education Cooperative (SEEC) - 1305 9th Ave S - Fargo, ND 58103	47-5548763	501(c)(3)	80,000.	0.			Support Agency Programs

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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
SouthEastern North Dakota Community Action Agency - 3233 S Univ Dr - Fargo, ND 58104-6221	45-6014870	501(c)(3)	86,957.	0.			Support Agency Programs
The Salvation Army 304 Roberts St Fargo, ND 58102	41-0698597	501(c)(3)	34,221.	0.			Support Agency Programs
The Village Family Service Center 1201 25th St S Fargo, ND 58106-9859	45-0226423	501(c)(3)	145,753.	0.			Support Agency Programs
TNT Kid's Fitness & Gymnastics Academy - 2800 Main Ave - Fargo, ND 58103	20-3459549	501(c)(3)	31,249.	0.			Support Agency Programs
Vocational Training Center 2532 University Drive S Fargo, ND 58103	45-0277254	501(c)(3)	76,519.	0.			Support Agency Programs
West Fargo Public Schools Agency 207 W Main Ave West Fargo, ND 58078	45-6000298	Other Exempt Ent	125,000.	0.			Support Agency Programs
YMCA of Cass and Clay Counties 400 1st Ave S Fargo, ND 58103	45-0232096	501(c)(3)	374,028.	0.			Support Agency Programs
Youthworks 1330 18th Ave S Fargo, ND 58103-4871	46-0345922	501(c)(3)	65,382.	0.			Support Agency Programs
YWCA Cass Clay 4650 38th Ave S, Suite 110 Fargo, ND 58104	45-0226435	501(c)(3)	262,290.	0.			Support Agency Programs

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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
Greater Twin Cities United Way 404 S 8th St Minneapolis, MN 55404	41-1973442	501(c)(3)	19,211.	0.			Support Agency Programs
Missouri Slope Areawide United Way 515 N 4th St. Bismarck, ND 58501	45-0387741	501(c)(3)	25,448.	0.			Support Agency Programs
Richland Wilkin Community Foundation - 225 5th St N - Breckenridge, MN 56520	45-0335679	501(c)(3)	5,520.	0.			Support Agency Programs
Sioux Empire United Way 1000 NW Ave Ste 120 Sioux Falls, SD 57104-1332	46-0233701	501(c)(3)	11,479.	0.			Support Agency Programs
United Way Of Douglas & Pope Counties - PO Box 1148 - Alexandria, MN 56308	23-7450908	501(c)(3)	5,212.	0.			Support Agency Programs
United Way of Northeastern SD 13th 2nd Ave SE Ste 1 Aberdeen, SD 57401	23-7086355	501(c)(3)	7,870.	0.			Support Agency Programs
United Way of the Black Hills 621 6th St Ste 100 Rapid City, SD 57701	46-0259754	501(c)(3)	5,550.	0.			Support Agency Programs

Part III

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of 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 J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

- For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
- ▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 23.**
- ▶ **Attach to Form 990.**
- ▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

OMB No. 1545-0047

2020

Open to Public
Inspection

Name of the organization

United Way of Cass-Clay

Employer identification number

41-0810008

Part I Questions Regarding Compensation

	Yes	No
1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.		
<input type="checkbox"/> First-class or charter travel		
<input type="checkbox"/> Travel for companions		
<input type="checkbox"/> Tax indemnification and gross-up payments		
<input type="checkbox"/> Discretionary spending account		
<input type="checkbox"/> Housing allowance or residence for personal use		
<input type="checkbox"/> Payments for business use of personal residence		
<input type="checkbox"/> Health or social club dues or initiation fees		
<input type="checkbox"/> Personal services (such as maid, chauffeur, chef)		
b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b	
2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2	
3 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.		
<input type="checkbox"/> Compensation committee		
<input type="checkbox"/> Independent compensation consultant		
<input type="checkbox"/> Form 990 of other organizations		
<input type="checkbox"/> Written employment contract		
<input checked="" type="checkbox"/> Compensation survey or study		
<input checked="" type="checkbox"/> Approval by the board or compensation committee		
4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:		
a Receive a severance payment or change-of-control payment?	4a	X
b Participate in or receive payment from a supplemental nonqualified retirement plan?	4b	X
c Participate in or receive payment from an equity-based compensation arrangement?	4c	X
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.		
Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.		
5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:		
a The organization?	5a	X
b Any related organization?	5b	X
If "Yes" on line 5a or 5b, describe in Part III.		
6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:		
a The organization?	6a	X
b Any related organization?	6b	X
If "Yes" on line 6a or 6b, describe in Part III.		
7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III	7	X
8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8	X
9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9	

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

Schedule J (Form 990) 2020

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) Kristi Huber President & CEO	(i)	137,296.	0.	360.	13,730.	8,151.	159,537.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
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	(i)							
	(ii)							

Part III	Supplemental Information
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Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

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

2020

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:

Nationally recognized research points to the long-term benefits and return on investment (ROI) from providing high-quality early childhood education to low-income children. The benefits not only improve kindergarten readiness levels but improve third-grade reading levels and high school graduation rates and dramatically increase the lifetime earning potential for students who benefit from quality early childhood experiences. We recognize that students and families must be supported as they progress through school from cradle to career. Evidence clearly demonstrates childhood success can only occur if a solid foundation has been built; school readiness is predictive of early grade proficiency, which is in turn predictive of graduation. Thus, the ultimate goal of childhood success is to ensure that children are developmentally and academically prepared for secondary education. For youth ages 10-21, this requires achieving key milestones along the way: successful experiences in and transitions from elementary to middle and high school; on-time secondary school graduation; and completion of some form of postsecondary education, credentialing, or training. Without question, it takes entire communities working together more collaboratively than ever before to co-create community-based, comprehensive solutions that support children and students along the education continuum from birth through elementary school, high school and career readiness. Families, schools, early care providers,

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government, service providers, business leaders and the community all have roles to play.

In 2020, United Way partnered directly with four school districts to expand on-site behavioral health services for children grades K-12. These services remove the barrier of transportation for families in both urban and rural settings and allow the school districts to develop community-based partnerships that meet their unique needs. In 2020, new partnerships were formed with:

- i. Northern Cass Public Schools, Rural Cass Mental Health Services
- ii. Central Cass Public Schools, Rural Cass Mental Health Services
- iii. Kindred Public Schools, Rural Cass Mental Health Services
- iv. West Fargo Public Schools, MTSS-B Services | Middle & High School Mental Health Services

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

As stewards of public investments and trust, United Way utilizes a multi-tiered volunteer vetting process to make investment decisions and monitor impact results of all programs which receive these investments (funding). Programs which do not align with United Way's goals and strategies or do not meet outcome measurements may not receive future funding. In some instances, organizations cease operations due to factors outside of United Way's control. When this occurs, United Way stops funding for that organization at the point they have ceased operations. This process ensures United Way is accountable for the investments entrusted to it by the public.

Each of the following organization/program ceased to receive funding from United Way during the calendar year 2020:

Name of the organization

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i. CHARISM-Check & Connect and Youth Higher Achievement Program

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

need to land a job to support themselves and their families. When we make progress on our Bold Goals together, families are lifted out of poverty and future generations are changed:

1. Reduce Hunger & Homelessness

2. Prepare Children to Succeed

3. Help People be Independent

4. Lift People out of Poverty

Bold Goal 1

- Reducing hunger and food insecurity of families and individuals in need.

- Reducing long-term, chronic homelessness / housing the hardest to house.

Why we invest: United Way sees an opportunity to reduce hunger and homelessness by improving systems and strengthening partnerships to allow individuals to access stable housing and food that ultimately lead to hunger and homelessness being rare, brief and nonrecurring.

There is a strong focus on the housing first philosophy, a proven method of ending all types of homelessness, which offers individuals and families experiencing homelessness immediate access to permanent affordable or supportive housing with a low threshold for entry.

The Issue:

- Estimated 1,022 individuals are experiencing homelessness on any

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given night in our community.

- Last year, of those experiencing homelessness in our community, 23% where children.

- Of those experiencing hunger in our community, 37% are children.

The Action:

- Continued to build on increased collaboration of community partners as part of the Cass Clay Hunger Coalition, all working together to support equitable access to food, while addressing the root causes of hunger - with lead role on steering committee.

- Increased the number of individuals who are able to attain stable housing by 92% in the past 5 years

The Results:

- 3,665 children received food on the weekends and during the summer when school was not in session.

- 95% of individuals were able to maintain stable housing for 12 months while in programing.

Spotlight:

The Housing Navigation Program, a community-based, solution-focused strategy, assists chronically homeless individuals with complex and frequently co-occurring issues to access and maintain stable housing.

In 2020, 48 active Housing Navigation Program participants served by Presentation Partners in Housing were able to attain housing, with 100% of clients being able to maintain stable housing for at least six months. In addition, these program participants reduced the usage of

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costly community services such as detox admissions, ambulance transports, jail time, emergency room visits, and emergency shelter stays after attaining housing. Over the past four years of this program, there has been a combined cost savings estimated at \$1,576,212 for our local community.

Goal 2

- Children enter school ready to succeed.
- Students are successful as they progress through school and upon graduation are ready for post-secondary or workforce.

Why we invest: Nationally recognized research points to the long-term benefits and return on investment (ROI) from providing high-quality early childhood education to low-income children. The benefits not only improve kindergarten readiness levels but improve third-grade reading levels and high school graduation rates and dramatically increase the lifetime earning potential for students who benefit from quality early childhood experiences. We recognize that students and families must be supported as they progress through school from cradle to career.

The Issue:

- In Cass and Clay Counties, only 37% of children ages 3 and 4 are enrolled in early childhood education.
- 63% of high school students in Cass County reported their mental health was not good.

The Action:

- Increased the number of children enrolled in quality pre-k

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programming by 14% over the past 5 years.

- Collaborated with community-based nonprofit service providers and school districts to provide to monitor emerging needs of children, students, and their families as our community response to COVID.

The Results:

- 94% of children enrolled in pre-k programs and quality, affordable child care demonstrated age-appropriate skill preparing them socially, emotionally, and academically for kindergarten.

- 2,367 students received support and participated in out of school time programming through our community-based partners

Spotlight:

In response to the growing behavioral and mental health needs of students, we've partnered with Central Cass, Kindred, Northern Cass, and West Fargo Public Schools to increase access and remove barriers for students. This past school year, 186 students received mental health services on-site at their schools. Of those served:

- 99% continued to the next grade level

- 83% decreased absenteeism or maintained attendance of at least 90% of school days

- 77% reduced behavioral referrals in school

Bold Goal 3

- Increase access and reduce barriers to health and behavioral resources.

- Increase access and reduce barriers to social and vocational opportunities.

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Why we invest: We know that what makes us healthy is more than just clinical care, genes and biology. Eighty percent of what makes an individual healthy is where one lives, works and plays. There is an increased need for mental and behavioral health services in our community. This need intensifies when paired with the many barriers faced by individuals and families who are economically disadvantaged and underserved.

The Issue:

- Low-income individuals are nearly 2 times more likely to have depression.
- 1 in 4 (26%) families are housing cost burdened (spend over 30% of monthly income on housing costs, this jumps to 41% of all renters are housing cost burdened)

The Action:

- Continued to support individuals to be able to maintain appropriate level of independent living throughout Cass and Clay counties.
- Continued trauma informed care and coordination for those who have experienced abuse or trauma.

The Results:

- 890 individuals were able to maintain appropriate level of independent living.
- 4,420 individuals received trauma-informed care and services.

Spotlight:

Adverse Childhood Experiences (ACEs) are more common than we think.

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The CDC reports 61% of adults surveyed reported having experienced at least one type of ACEs, and nearly 1 in 6 reported they had experienced four or more types of ACEs. We know ACEs can have lasting, negative effects on health, well-being, and opportunity. We use a targeted approach by partnering with community-based nonprofits to provide trauma-informed care and services for those who have experienced abuse and trauma in order to help them heal and to be independent.

94% of clients served trauma-informed mental health services were able to significantly improved mental health or trauma stress symptoms because of these services.

Goal 4

- Individuals living with low-income enter the workforce and elevate their employment and career opportunities.
- Support families by increasing access to quality, affordable child care.

Why we invest: The two-generation model is a way to provide opportunities for low-income families to obtain living-wage employment and improve educational opportunities for their young children. There is substantial evidence that supports the success of the two-generation model both in outcomes for children and parents. Research has demonstrated that educational attainment and poverty are strongly correlated, and this approach grows the workforce by providing training, education and support to low-income families to meet the skills gap.

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The Issue:

- 1 in 7 children under the age of 5 live in poverty.
- 1 in 9 people live in poverty in our community
- There are over 19,000 available jobs in and around the Fargo

Industrial Park

- Living in poverty (living on less than \$26,200 a year for a family of 4) is one of the single greatest threats to a child's development.

Form 990, Part III, Line 4a continued...The Action:

- Over the past 4 years, expanded partnerships to increase workforce development programming and supportive services for almost 1,000 low-income and new American individuals giving them the opportunity to obtain and maintain living-wage employment in our community.
- Successfully implemented on-demand public transportation service called TapRide to provide reliable transportation services to employees in the Fargo Industrial Park
 - o This will now be a permanent line and will continue to serve employees working in the Fargo Industrial Park

The Results:

- 68% of individuals obtained living-wage employment, the remaining 32% are actively working with Workforce Development Case Managers to gain skills and employment
- 8,799 completed rides were provided to individuals who now have reliable transportation to and from work in the Fargo Industrial Park

Spotlight:

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In 2020, United Way entered into a unique partnership with Chisom Housing Group. Chisom Housing Group is a national nonprofit organization that is dedicated to preserving affordable housing and providing supportive services to their residents by connecting with local nonprofit resources. They aim to support and assist individuals with affordable housing work towards financial independence. Our collaborative partnership allowed us to focus on education, financial literacy, workforce development, reducing food insecurity, and promotion of community connections.

Chisom's portfolio includes The Arbors at McCormick Park, affordable housing located in Fargo. Through our collaborative partnership we were able to align service and provide direct supportive services to the residents of The Arbors at McCormick Park. Our Workforce Case Managers are able to hold English Language Learner classes, computer trainings, tenant education classes and case management utilizing the on-site community center, alleviating barriers such as transportation for the Arbors residents attending the classes. Workforce Case Managers were able to provide direct supportive services and training leading to individuals to become self-sufficient. These coordinated efforts resulted in 10% of residents receiving direct supportive services in 2020, some leading to become Certified Nursing Assistant, joining the health field to fight COVID-19.

COVID Response

In response to the global Coronavirus pandemic, United Way of Cass-Clay launched the "Coronavirus Response Fund." This fund was set up to help families hit hardest by the pandemic. Our entire community is facing an

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uncertain and stressful time. This intensifies for families who were living on the edge of poverty prior to the current situation. There are over 9,400 families living on the edge of poverty in our community. That is 1 in 6 of total families in our community. We know families lacking a financial safety net are often disproportionately impacted by crisis situations. Especially now, United Way is committed to ensuring everyone has a safe, stable place to lay their head at night. We believe that housing is the foundation on which better lives are built, and that now, more than ever, we have an opportunity to prevent families from experiencing homelessness by providing the right help at the right time.

Collectively we raised and invested over \$126,916 for the Coronavirus Response Fund. These funds allowed our community partners to fully implement a robust system to prevent and divert families from being homeless, leveraging over \$1 million in state and federal aid directed towards families and preventing homelessness. The Homeless Prevention and Diversion Program was able to hire dedicated staff, earlier than originally planned, who directly ensured 79 families were prevented from becoming homeless and had access to basic needs and food. This is the power of United Way.

Emerging Initiatives

The way to end homelessness is to prevent it from happening, if possible. By focusing on a prevention and diversion response, we believe we can reduce the number of individuals becoming homeless and respond quickly when someone does, knowing the number one predictor of homelessness is if a person has experienced homelessness in the past.

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As a community, we are responding to homelessness as a unified and effective system. We have brought in a national expert to help us in implementing this initiative. National studies show similar systems have been able to successfully divert 30-50% of shelter seekers and upwards of 80% for families seeking shelter.

Locally, we have been leading the efforts, along with the FM Coalition to End Homelessness, the City of Fargo and Presentation Partners in Housing to plan and implement a robust system of prevention and diversion for families and individuals experiencing or at-risk of becoming homeless.

United Way partnered with the F/M Coalition to End Homelessness and Presentation Partners in Housing and contracted with OrgCode to build a more robust system that will focus on preventing and diverting families with children and youth from entering the homeless system.

As experts in the field, OrgCode excels at helping agencies convert theory and training, evidence and promising policies into operational realities that are person-centered, recovery-oriented, and housing focused. Using technical expertise, their mission is to ensure that activities, service orientation and participant engagement efforts capitalize on problem solving, conflict resolution and their social networks to help avoid shelter stays or prolonged exposure to literal homelessness.

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

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

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

participants benefit greatly from the experience. 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

-Become re-energized, motivated and equipped to sharpen their skill set

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

Women UNITED Leadership Team

The Women UNITED Leadership Team is a powerful network of women who strengthen our community through an investment of:

-Community service

-Fundraising

-Leadership

The United Way Women UNITED Leadership Team is comprised of sixteen members living and or working in Cass-Clay counties, to create a diverse group of women with varying leadership capabilities, careers and backgrounds. The Women's UNITED Leadership Team is dedicated to supporting United Way's work across our Bold Goals, with all fundraising from Women UNITED events benefitting local families and children living in Cass or Clay Counties.

Emerging Leaders Program

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Emerging Leaders is a network of community-minded professionals who are working together to give, connect, build skills and volunteer to lead the change for a better tomorrow for our community. Over 900 members strong, Emerging Leaders have access to professional development events where local people can come together and grow as leaders to affect change for decades to come.

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

Home For Good

Every day, United Way helps individuals and families stop the cycle of homelessness. This year we invited the community to help welcome families home - for good.

Through the support of community donations, 120 Home for Good baskets were provided to individuals and families in our community who were once homeless, but with the help of our community partners had the opportunity to obtain stable housing.

As people transition out of homelessness, they are often starting over, and many are moving into their new home with little to no personal or household items. United Way Home for Good baskets are designed to provide basic household necessities and the essential supplies needed to help them be successful.

Imagination Library

United Way has enjoyed supporting Dolly Parton's Imagination Library for over 15 years. Starting in January of 2020 United Way is no longer

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accepting new registrations for the program but will continue to honor and maintain all prior registrations. Those enrolled in the program receive a free book in the mail each month to help spark a love for reading.

In 2020, 79,385 books were distributed to approximately 6,615 local children monthly.

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

-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 2020, 968 individuals received services and had tax returns completed by 41 Volunteers. Overall, federal and state refunds totaled \$2,078,625.

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 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

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contribution was given and shall be entitled to attend and vote at all membership meetings during the period. Any organization with a legitimate health, welfare, character-building or educational program or other human service agency, upon expressing a wish for organizational membership and after program and budget evaluation by the United Way, and upon acceptance by the Board of Trustees, shall become an organizational member and will continue so long as it is approved by the Board.

Form 990, Part VI, Section A, line 7a:

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

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abstain from voting on issues involving the conflict. The President reviews the disclosures. Committee members and community impact panel members also complete the forms annually.

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

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

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

Form 990, Part VI, Section C, Line 19:

Governing documents and the conflict of interest policy are available upon request. The audited financial statements are on United Way of Cass-Clay's website.

TAX RETURN FILING INSTRUCTIONS

MINNESOTA ANNUAL REPORT

FOR THE YEAR ENDING

December 31, 2020

Prepared For:

United Way of Cass-Clay
4351 23rd Avenue South
Fargo, ND 58104

Prepared By:

Eide Bailly LLP
1730 Burnt Boat Loop, Ste. 100
Bismarck, ND 58503-0886

Amount of Tax:

Balance due of \$25

Make Check Payable To:

State of Minnesota

Mail Tax Return To:

Minnesota Attorney Generals Office
Charities Division
445 Minnesota Street, Suite 1200
St. Paul, MN 55101-2130

Return Must Be Mailed On Or Before:

November 15, 2021

Special Instructions:

The report should be signed and dated by an authorized individual(s).

Include the organization's Federal Employer Identification Number and 2020 Annual Report on the check or money order.

Mail To:

Minnesota Attorney General's Office
Charities Division
445 Minnesota Street, Suite 1200
St. Paul, MN 55101-2130

STATE OF MINNESOTA
CHARITABLE ORGANIZATION
ANNUAL REPORT FORM

C2**Website Address:**

www.ag.state.mn.us/charity

(Pursuant to Minn. Stat. ch. 309)

SECTION A: Organization Information

Legal Name of Organization United Way of Cass-Clay

Federal EIN: 41-0810008

Fiscal Year-End: 12312020

mm/dd/yyyy

Did the organization's fiscal year-end change? ☐ Yes ☒ No

Mailing Address: <u>Summer Hanson</u> Contact Person <u>4351 23rd Avenue South</u> Street Address <u>Fargo, ND 58104</u> City, State, and ZIP Code <u>701-237-5050</u> Phone Number <u>shanson@unitedwaycassclay.org</u> Email Address	Physical Address: <u>Summer Hanson</u> Contact Person <u>4351 23rd Avenue South</u> Street Address <u>Fargo, ND 58104</u> City, State, and ZIP Code <u>701-237-5050</u> Phone Number <u>shanson@unitedwaycassclay.org</u> Email Address
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1. Organization's website: www.unitedwaycassclay.org

2. List all of the organization's alternate and former names (attach list if more space is needed).

☐ Alternate ☐ Former
☐ Alternate ☐ Former

3. List all names under which the organization solicits contributions (attach list if more space is needed).

United Way of Cass-Clay

4. Is the organization incorporated pursuant to Minn. Stat. ch. 317A? ☐ Yes ☒ No

5. Total amount of contributions the organization received from Minnesota donors: \$ 606,336.

6. Has the organization's tax-exempt status with the IRS changed?

☐ Yes ☒ No If yes, attach explanation.

7. Has the organization significantly changed its purpose(s) or program(s)?

☐ Yes ☒ No If yes, attach explanation.

CHARITABLE ORGANIZATION ANNUAL REPORT FORM
(Continued)

8. Has the organization been denied the right to solicit contributions by any court or government agency?

☐ Yes ☒ No If yes, attach explanation.

9. Does the organization use the services of a professional fundraiser (outside solicitor or consultant) to solicit contributions in Minnesota? ☐ Yes ☒ No

If yes, provide the following information for each (attach list if more space is needed):

Name of Professional Fundraiser

Compensation

Street Address

City, State, and ZIP Code

10. Is the organization a food shelf? ☐ Yes ☒ No

If yes, is the organization required to file an audit? ☐ Yes, audit attached ☐ No

Note: An organization that has total revenue of more than \$750,000 is required to file an audit prepared in accordance with generally accepted accounting principles by an independent CPA or LPA. The value of donated food to a nonprofit food shelf may be excluded from the total revenue if the food is donated for subsequent distribution at no charge and is not resold.

11. Do any directors, officers, or employees of the organization or its related organization(s) receive total compensation* of more than \$100,000? ☒ Yes ☐ No

If yes, provide the following information for the five highest paid individuals:

Name and title	Compensation*	Other compensation
Kristi Huber President & CEO	137,656.	20,506.

*Compensation is defined as the total amount reported on Form W-2 (Box 5) or Form 1099-MISC (Box 7) issued by the organization and its related organizations to the individual. See Minn. Stat. § 309.53, subd. 3(i) and Minn. Stat. § 317A.011 for definitions.

CHARITABLE ORGANIZATION ANNUAL REPORT FORM (Continued)

SECTION B: Financial Information

This section must be completed by organizations that file an IRS Form 990-EZ, 990-PF, or 990-N.

Organizations that file an IRS Form 990 may skip Section B and go directly to Section C.

INCOME

1.	Contributions Received	\$		1
2.	Government Grants	\$		2
3.	Program Service Revenue	\$		3
4.	Other Revenue	\$		4
5.	TOTAL INCOME	\$		5

EXPENSES

6.	Program Expenses	\$		6
7.	Management & General Expenses	\$		7
8.	Fund-raising Expenses	\$		8
9.	TOTAL EXPENSES	\$		9
10.	EXCESS or DEFICIT	\$		10

(Line 5 minus Line 9)

ASSETS

11.	Cash	\$		11
12.	Land, Buildings & Equipment	\$		12
13.	Other Assets	\$		13
14.	TOTAL ASSETS	\$		14

LIABILITIES

15.	Accounts Payable	\$		15
16.	Grants Payable	\$		16
17.	Other Liabilities	\$		17
18.	TOTAL LIABILITIES	\$		18

FUND BALANCE/NET WORTH

		\$		
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(Line 14 minus Line 18)

CHARITABLE ORGANIZATION ANNUAL REPORT FORM
(Continued)

Section B (continued): Statement of Functional Expenses

This expense statement must be prepared in accordance with generally accepted accounting principles. Each column must be completed, and Columns B, C, and D must equal Column A. The amount on Line 25, Column A must match Line 17 of IRS Form 990-EZ or Line 26 of IRS Form 990-PF.

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1. Grants and other assistance to governments and organizations in the U.S.				
2. Grants and other assistance to individuals in the U.S.				
3. Grants and other assistance to governments, organizations, and individuals outside the U.S.				
4. Benefits paid to or for members				
5. Compensation of current officers, directors, trustees, and key employees				
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				
8. Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9. Other employee benefits				
10. Payroll taxes				
11. Fees for services (non-employees):				
a. Management				
b. Legal				
c. Accounting				
d. Lobbying				
e. Professional fundraising services				
f. Investment management fees				
g. Other				
12. Advertising and promotion				
13. Office expenses				
14. Information technology				
15. Royalties				
16. Occupancy				
17. Travel				
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				
22. Depreciation, depletion, and amortization				
23. Insurance				
24. Other expenses. Itemize expenses not covered above. Expenses labeled miscellaneous may not exceed 5% of total expenses (Line 25).				
a.				
b.				
c.				
d.				
25. Total functional expenses. Add lines 1 through 24d				
26. Joint costs. Check here <input type="checkbox"/> if following SOP 98-2. Complete this line only if the organization reported in Column B joint costs from a combined educational campaign and fundraising solicitation				

CHARITABLE ORGANIZATION ANNUAL REPORT FORM
(Continued)

Section C: Board of Directors Signatures and Acknowledgment

The form must be executed pursuant to a resolution of the board of directors, trustees, or managing group and must be signed by two officers of the organization. See Minn. Stat. § 309.52, subd. 3.

We, the undersigned, state and acknowledge that we are duly constituted officers of this organization, being the

_____ (Title) and _____ (Title) respectively, and

that we execute this document on behalf of the organization pursuant to the resolution of the

_____ (Board of Directors, Trustees, or Managing Group) adopted on the _____

day of _____, 20 __, approving the contents of the document, and do hereby certify that the

_____ (Board of Directors, Trustees, or Managing Group) has assumed, and will continue

to assume, responsibility for determining matters of policy, and have supervised, and will continue to supervise, the operations and finances of the

organization. We further state that the information supplied is true, correct and complete to the best of our knowledge.

Summer Hanson

Name (Print)

Signature

Director of Finance & Admin.

Title

Date

Name (Print)

Signature

Title

Date