

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Form 990

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

2024

Department of the Treasury Internal Revenue Service

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

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

Open to Public Inspection

Form 990 header section containing organization name (United Way of Cass-Clay), EIN (41-0810008), address (4351 23rd Avenue South, Fargo, ND 58104), and principal officer (Sandi Piatz).

Part I Summary

Table with 4 columns: Line number, Description, Prior Year, Current Year. Rows include mission statement, governance metrics, revenue (Total: 5,860,465), expenses (Total: 5,804,515), and net assets (Total: 8,725,332).

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.

Signature block containing signatures and titles for Sandi Piatz (President and CEO), Lisa Chaffee (Preparer), and Eide Bailly LLP (Firm).

May the IRS discuss this return with the preparer shown above? See instructions [X] Yes [] No

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: The mission of the Organization is to inspire and activate our community to improve lives.

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

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

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

4a (Code:) (Expenses \$ 4,715,259. including grants of \$ 3,480,066.) (Revenue \$) At United Way of Cass-Clay, our expertise is cultivating solutions to end poverty. By connecting experts and data, we invest in programs and innovative solutions best positioned to lift families out of poverty.

We know poverty isn't just one thing. Today in our community, families struggle with hunger, housing, childcare, family-sustaining jobs, and more - often all at the same time.

(Continued on Schedule O)

4b (Code:) (Expenses \$ 28,490. including grants of \$) (Revenue \$ 51,516.) 35 Under 35 Leadership Program:

United Way of Cass-Clay's 35 Under 35 Women's Leadership Program's goal is to inspire local women from all backgrounds to make a difference, help them realize their leadership skills and energize their collective power as women in our community. The program includes sessions, led by local leaders, covering topics such as goal setting, communication, personal growth, board leadership, public speaking, conflict management, and other leadership-focused topics.

(Continued on Schedule O)

4c (Code:) (Expenses \$ 52,162. including grants of \$ 39,270.) (Revenue \$) School Supply Drive:

2024 marked the 26th 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 2024, 6,000 local students were equipped with a backpack and set of school supplies thanks to the generosity of our community! Students enrolled in every school district across Cass & Clay Counties received backpacks and more than 700 volunteers helped in collecting supplies,

(Continued on Schedule O)

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

4e Total program service expenses 4,795,911.

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Yes, No. Rows include questions 1 through 21 regarding organizational requirements and reporting.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question, Yes, No. Rows 22-38 detailing various organizational requirements and compliance checks.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with 3 columns: Question, Yes, No. Rows 1a-1c regarding Form 1096, Forms W-2G, and backup withholding rules.

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

Table with columns for question number, question text, and Yes/No columns. Includes questions 2a through 17 regarding employee reporting, tax returns, gross income, foreign accounts, prohibited transactions, and charitable contributions.

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 [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include 1a (12), 1b (12), 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, 9.

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

Table with 3 columns: Question, Yes, No. Rows include 10a, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15a, 15b, 16a, 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.
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
Susan Thompson - 701-237-5050
4351 23rd Avenue South, Fargo, ND 58104

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's **current** key employees, if any. See the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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 the 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/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(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) Karla Isley President & CEO	50.00			X			197,905.	0.	21,312.	
(2) Kaycee Wells - Sr. Director of Brand and Marketing	45.00				X		107,784.	0.	31,616.	
(3) Susan Thompson - Director of Finance & Administration	45.00			X			115,574.	0.	12,650.	
(4) Christie Lewandoski Director of Resource Development	45.00				X		100,066.	0.	17,766.	
(5) Mike Arntson Chair	2.00	X		X			0.	0.	0.	
(6) Ashton Hansen Chair Elect	2.00	X		X			0.	0.	0.	
(7) Eric Christianson Vice Chair	2.00	X		X			0.	0.	0.	
(8) Tiffany Lawrence Past Chair	2.00	X		X			0.	0.	0.	
(9) Stacie Heiden Treasurer	2.00	X		X			0.	0.	0.	
(10) Kimberly Busch Board Member	1.00	X					0.	0.	0.	
(11) Kelly Dawson Board Member	1.00	X					0.	0.	0.	
(12) Randy Gerhold Board Member	1.00	X					0.	0.	0.	
(13) Lynn Johnson Board Member	1.00	X					0.	0.	0.	
(14) Jeff Schatz Board Member (Until Mar)	1.00	X					0.	0.	0.	
(15) Sarah West Board Member (As of Apr)	1.00	X					0.	0.	0.	
(16) Julie Whitney Board Member	1.00	X					0.	0.	0.	
(17) Laetitia Mizero Hellerud Board Member	1.00	X					0.	0.	0.	

Part VIII Statement of Revenue

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

				(A)	(B)	(C)	(D)	
				Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a						
	b Membership dues	1b						
	c Fundraising events	1c	60,868.					
	d Related organizations	1d						
	e Government grants (contributions)	1e						
	f All other contributions, gifts, grants, and similar amounts not included above	1f	5,499,293.					
	g Noncash contributions included in lines 1a-1f	1g	\$ 48,911.					
	h Total. Add lines 1a-1f							5,560,161.
Program Service Revenue	2 a Program Fees	Business Code						
		900099	29,796.					29,796.
	b Program Events	900099	21,720.					21,720.
	c							
	d							
	e							
	f All other program service revenue							
g Total. Add lines 2a-2f			51,516.					
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			132,079.			132,079.	
	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				
	b Less: cost or other basis and sales expenses	7b	332,673.	7,715.				
	c Gain or (loss)	7c	62,267.	-7,715.				
d Net gain or (loss)				54,552.			54,552.	
8 a Gross income from fundraising events (not including \$ 60,868. of contributions reported on line 1c). See Part IV, line 18	8a							
		106,398.						
b Less: direct expenses	8b							
c Net income or (loss) from fundraising events				62,157.			62,157.	
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				5,860,465.	51,516.	0.	248,788.	

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 ...	3,519,336.	3,519,336.		
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	349,444.	210,393.	93,096.	45,955.
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	983,598.	554,959.	104,402.	324,237.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	88,784.	48,289.	12,162.	28,333.
9 Other employee benefits	89,510.	53,222.	9,110.	27,178.
10 Payroll taxes	151,466.	86,877.	21,925.	42,664.
11 Fees for services (nonemployees):				
a Management				
b Legal	80.	45.	12.	23.
c Accounting	29,444.	16,888.	4,262.	8,294.
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	12,460.		12,460.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	3,000.	1,720.	435.	845.
12 Advertising and promotion	28,335.	7,321.	141.	20,873.
13 Office expenses	54,189.	27,809.	5,292.	21,088.
14 Information technology	142,671.	81,833.	20,652.	40,186.
15 Royalties				
16 Occupancy	63,560.	39,492.	8,774.	15,294.
17 Travel	4,395.	1,668.	117.	2,610.
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	57,840.	57,840.		
22 Depreciation, depletion, and amortization	74,539.	49,096.	9,899.	15,544.
23 Insurance	21,200.	12,160.	3,069.	5,971.
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	95,841.			95,841.
b Staff Development	8,718.	5,000.	1,262.	2,456.
c Volunteer Recognition	4,481.	1,324.	80.	3,077.
d Dues	2,342.	1,357.	300.	685.
e All other expenses	19,282.	19,282.		
25 Total functional expenses. Add lines 1 through 24e	5,804,515.	4,795,911.	307,450.	701,154.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing		1	
	2 Savings and temporary cash investments	3,289,909.	2	3,506,163.
	3 Pledges and grants receivable, net	2,403,869.	3	2,129,535.
	4 Accounts receivable, net	24,220.	4	39,530.
	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	18,516.	9	23,508.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 2,384,699.		
	b Less: accumulated depreciation	10b 422,828.		
	11 Investments - publicly traded securities	2,013,070.	10c	1,961,871.
	12 Investments - other securities. See Part IV, line 11	1,307,526.	11	1,497,918.
	13 Investments - program-related. See Part IV, line 11		12	
	14 Intangible assets		13	
	15 Other assets. See Part IV, line 11	11,997.	14	
16 Total assets. Add lines 1 through 15 (must equal line 33)	9,069,107.	15	5,999.	
		16	9,164,524.	
Liabilities	17 Accounts payable and accrued expenses	204,243.	17	162,949.
	18 Grants payable	212,106.	18	174,938.
	19 Deferred revenue	50,320.	19	95,590.
	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	
	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	24,938.	25	5,715.
	26 Total liabilities. Add lines 17 through 25	491,607.	26	439,192.
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	4,615,738.	27	4,915,199.
	28 Net assets with donor restrictions	3,961,762.	28	3,810,133.
	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	8,577,500.	32	8,725,332.
	33 Total liabilities and net assets/fund balances	9,069,107.	33	9,164,524.

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	5,860,465.
2	Total expenses (must equal Part IX, column (A), line 25)	2	5,804,515.
3	Revenue less expenses. Subtract line 2 from line 1	3	55,950.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	8,577,500.
5	Net unrealized gains (losses) on investments	5	91,882.
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	8,725,332.

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
2b	Were the organization's financial statements audited by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
2c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____ If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	X	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F? _____		X
3b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits _____		

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	6122959.	5416511.	5521426.	6040409.	5560161.	28661466.
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	6122959.	5416511.	5521426.	6040409.	5560161.	28661466.
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)						95,670.
6 Public support. Subtract line 5 from line 4.						28565796.

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
7 Amounts from line 4	6122959.	5416511.	5521426.	6040409.	5560161.	28661466.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	55,168.	58,506.	45,406.	101,381.	132,079.	392,540.
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						29054006.
12 Gross receipts from related activities, etc. (see instructions)					12	490,574.
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						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2024 (line 6, column (f), divided by line 11, column (f))	14	98.32	%
15 Public support percentage from 2023 Schedule A, Part II, line 14	15	98.63	%
16a 33 1/3% support test - 2024. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization			<input checked="" type="checkbox"/>
b 33 1/3% support test - 2023. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization			<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2024. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization			<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2023. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization			<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions			<input type="checkbox"/>

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Table with 7 columns: (a) 2020, (b) 2021, (c) 2022, (d) 2023, (e) 2024, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions, merchandise sold or services performed; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total. Add lines 1 through 5; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 8 Public support. (Subtract line 7c from line 6.)

Section B. Total Support

Table with 7 columns: (a) 2020, (b) 2021, (c) 2022, (d) 2023, (e) 2024, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included on 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

Table with 2 columns: Line number, Percentage. Row 15: Public support percentage for 2024 (line 8, column (f), divided by line 13, column (f)) 15 %; Row 16: Public support percentage from 2023 Schedule A, Part III, line 15 16 %

Section D. Computation of Investment Income Percentage

Table with 2 columns: Line number, Percentage. Row 17: Investment income percentage for 2024 (line 10c, column (f), divided by line 13, column (f)) 17 %; Row 18: Investment income percentage from 2023 Schedule A, Part III, line 17 18 %

19a 33 1/3% support tests - 2024. 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 - 2023. 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 on line 12 of 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).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</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 on 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 on 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 on lines 11b and 11c below, the governing body of a supported organization?		
b A family member of a person described on line 11a above?		
c A 35% controlled entity of a person described on line 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.</i>		
11a		
11b		
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? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove 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.</i>		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</i>		
1		
2		

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

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

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

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

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

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 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 (describe in Part VI). 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 2024 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-2024	(iii) Distributable Amount for 2024
1 Distributable amount for 2024 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2024 (reasonable cause required - <i>explain in Part VI</i>). See instructions.			
3 Excess distributions carryover, if any, to 2024			
a From 2019			
b From 2020			
c From 2021			
d From 2022			
e From 2023			
f Total of lines 3a through 3e			
g Applied to under distributions of prior years			
h Applied to 2024 distributable amount			
i Carryover from 2019 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2024 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2024 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2024, 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 2024. 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 2025. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2020			
b Excess from 2021			
c Excess from 2022			
d Excess from 2023			
e Excess from 2024			

Schedule B (Form 990)

(Rev. December 2024) Department of the Treasury Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

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

[X] 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

[X] 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), 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), 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).

Name of organization United Way of Cass-Clay	Employer identification number 41-0810008
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	<hr/> <hr/> <hr/>	\$ <u>128,323.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	<hr/> <hr/> <hr/>	\$ <u>127,971.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization United Way of Cass-Clay	Employer identification number 41-0810008
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Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

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

Name of organization United Way of Cass-Clay	Employer identification number 41-0810008
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Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) \$ _____
Use duplicate copies of Part III if additional space is needed.

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

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

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

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

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

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

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

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

SCHEDULE D
(Form 990)

(Rev. December 2024)

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

**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 on line 2a	2c
d Number of conservation easements included on line 2c acquired after July 25, 2006, 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 2d 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 **d** Loan or exchange program
- b** Scholarly research **e** Other _____
- c** Preservation for future generations
- 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 in 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	129,003.	100,407.	119,738.	106,049.	94,124.
b Contributions	20,000.	15,000.	300.	1,300.	650.
c Net investment earnings, gains, and losses	15,371.	14,386.	-19,631.	12,389.	11,275.
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses	1,146.	790.			
g End of year balance	163,228.	129,003.	100,407.	119,738.	106,049.

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a** Board designated or quasi-endowment 0.0000 %
- b** Permanent endowment 66.2883 %
- c** Term endowment 33.7117 %
- 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:
- | | Yes | No |
|--|----------|----------|
| (i) Unrelated organizations? | X | |
| (ii) Related organizations? | | X |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? <input type="checkbox"/> | | |
- 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		1,567,158.	158,664.	1,408,494.
c Leasehold improvements				
d Equipment		213,313.	108,030.	105,283.
e Other		186,045.	156,134.	29,911.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))				1,961,871.

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, line 12, col. (B))		

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, line 13, col. (B))		

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, line 15, col. (B))	

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) Finance Lease Liability	5,715.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 25, col. (B))	5,715.

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	5,847,772.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
	a Net unrealized gains (losses) on investments	2a	91,882.	
	b Donated services and use of facilities	2b	129,109.	
	c Recoveries of prior year grants	2c		
	d Other (Describe in Part XIII.)	2d	-148,398.	
	e Add lines 2a through 2d	2e		72,593.
3	Subtract line 2e from line 1		3	5,775,179.
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	12,460.	
	b Other (Describe in Part XIII.)	4b	72,826.	
	c Add lines 4a and 4b	4c		85,286.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	5,860,465.

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	5,699,940.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
	a Donated services and use of facilities	2a	129,109.	
	b Prior year adjustments	2b		
	c Other losses	2c		
	d Other (Describe in Part XIII.)	2d	-72,826.	
	e Add lines 2a through 2d	2e		56,283.
3	Subtract line 2e from line 1		3	5,643,657.
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	12,460.	
	b Other (Describe in Part XIII.)	4b	148,398.	
	c Add lines 4a and 4b	4c		160,858.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	5,804,515.

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, 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 -148,398.

Part XI, Line 4b - Other Adjustments:

Special event expense reclassified to revenue on Form 990 -15,300.

Special event expenses in revenue reclassified to expense on Form 990 95,841.

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		Women United Luncheon (event type)	United for Kids Golf Sc (event type)	None (total number)	
Revenue	1	101,971.	65,295.		167,266.
	2	43,768.	17,100.		60,868.
	3	58,203.	48,195.		106,398.
Direct Expenses	4				
	5				
	6	9,041.	9,731.		18,772.
	7	12,893.	4,491.		17,384.
	8				
	9	5,612.	2,473.		8,085.
	10	Direct expense summary. Add lines 4 through 9 in column (d)			
11	Net income summary. Subtract line 10 from line 3, column (d)				62,157.

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				
	2				
Direct Expenses	3				
	4				
	5				
	6	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
	7	Direct expense summary. Add lines 2 through 5 in column (d)			
	8	Net gaming income summary. Subtract line 7 from line 1, column (d)			

9 Enter the state(s) in which the organization conducts gaming activities: _____
 a Is the organization licensed to conduct gaming activities in each of these states? Yes No
 b If "No," explain: _____

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

**SCHEDULE I
(Form 990)**

(Rev. December 2024)

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 instructions and the latest information.

OMB No. 1545-0047

**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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
Afro American Development Association - 1132 28th Ave. S, Suite 104 - Moorhead, MN 56560	47-2210302	501(c)(3)	95,039.	0.			Support Agency Programs
Boys & Girls Clubs of the Red River Valley - 2500 18th St S - Fargo, ND 58103	45-0316132	501(c)(3)	65,692.	0.			Support Agency Programs
CAPLP, Lakes and Prairies Community Action Partnership, Inc. - 715 11th St. N. #402 - Moorhead, MN 56560-2088	41-0905871	501(c)(3)	306,431.	0.			Support Agency Programs
Churches United 1901 1st Ave N Moorhead, MN 56560	41-1594892	501(c)(3)	131,442.	0.			Support Agency Programs
ESHARA 1132 28th Ave. S, Suite 104 Moorhead, MN 56560	87-2256670	501(c)(3)	50,000.	0.			Support Agency Programs
Fargo Public Schools - District 1 700 7th St S Fargo, ND 58103	45-6000294	Other exempt entity	75,000.	0.			Support Agency Programs

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **36.**

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

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

Schedule I (Form 990) (Rev. 12-2024)

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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Fargo Public Schools Fargo Adult Learning Center - 1305 9th Ave S - Fargo, ND 58103	45-6000294	Other exempt ent	75,000.	0.			Support Agency Programs
FirstLink 4357 13th Ave S Ste 107L Fargo, ND 58103	41-0419491	501(c)(3)	71,086.	0.			Support Agency Programs
FM Coalition to End Homelessness 417 Main Ave Ste 208 Fargo, ND 58102	41-2198589	501(c)(3)	40,039.	0.			Support Agency Programs
Folkways 210 Broadway N Fargo, ND 58102	20-0520386	501(c)(3)	10,000.	0.			Support Agency Programs
Friends of the Children Fargo-Moorhead - 200 45th St S, Suite 200 - Fargo, ND 58103	83-4476757	501(c)(3)	60,000.	0.			Support Agency Programs
Great Plains Food Bank 1720 3rd Ave N Fargo, ND 58102	47-2229589	501(c)(3)	158,326.	0.			Support Agency Programs
Immigrant Development Center 810 4th Avenue South #100 Moorhead, MN 56560	20-3368647	501(c)(3)	157,039.	0.			Support Agency Programs
Jasmin Childcare and Preschool 4720 7th Ave S Ste E Fargo, ND 58103	82-3422274	501(c)(3)	65,116.	0.			Support Agency Programs
Jeremiah Program 3104 Fiechtner Dr Fargo, ND 58103	41-1801834	501(c)(3)	51,434.	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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Legal Services of North Dakota 112 North University Ave., Suite 22 Fargo, ND 58102	45-0336235	501(c)(3)	45,617.	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
Moorhead Area Public Schools 2410 14th St S Moorhead, MN 56560	41-6008721	Other exempt ent	100,099.	0.			Support Agency Programs
Nexus-Path Family Healing 1202 Westrac Drive, Suite 400 Fargo, ND 58104	91-2159746	501(c)(3)	72,077.	0.			Support Agency Programs
Presentation Partners in Housing (PPiH) - 1101 32nd Ave. S. - Fargo, ND 58103	53-0196617	501(c)(3)	350,039.	0.			Support Agency Programs
Rape and Abuse Crisis Center 317 8th St N Fargo, ND 58102	41-1310289	501(c)(3)	202,397.	0.			Support Agency Programs
Red River Children's Advocacy Center - 100 South 4th St Ste 302 - Fargo, ND 58103	20-1095721	501(c)(3)	100,632.	0.			Support Agency Programs
Rural Enrichment and Counseling Headquarters (REACH) - 421 5th St - Hawley, MN 56549	41-1716149	501(c)(3)	30,608.	0.			Support Agency Programs
SouthEastern North Dakota Community Action Agency - 3233 S Univ Dr - Fargo, ND 58104-6221	45-6014870	501(c)(3)	230,270.	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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
The Village Family Service Center 2701 12th Ave S Fargo, ND 58103	45-0226423	501(c)(3)	75,293.	0.			Support Agency Programs
Vocational Training Center (VTC) 424 9th Ave. S. Fargo, ND 58103-2898	45-0277254	501(c)(3)	45,065.	0.			Support Agency Programs
West Fargo Public Schools Agency 207 W Main Ave West Fargo, ND 58078	45-6000298	Other exempt ent	75,318.	0.			Support Agency Programs
YMCA of the Northern Sky 400 1st Ave S Fargo, ND 58103	45-0232096	501(c)(3)	250,999.	0.			Support Agency Programs
Youthworks 1330 18th Ave S Fargo, ND 58103-4871	46-0345922	501(c)(3)	116,368.	0.			Support Agency Programs
YWCA Cass Clay 4650 38th Ave S, Suite 110 Fargo, ND 58104	45-0226435	501(c)(3)	269,463.	0.			Support Agency Programs
Greater Twin Cities United Way 404 South Eighth Street Minneapolis, MN 55404-1084	41-1973442	501(c)(3)	19,283.	0.			Support Agency Programs
United Way of West Central Minnesota - PO Box 895 - Willmar, MN 56201	41-0844871	501(c)(3)	11,974.	0.			Support Agency Programs
Missouri Slope Areawide United Way 515 N 4th St Bismarck, ND 58501	45-0387741	501(c)(3)	10,686.	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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Valley of the Sun United Way 3200 E. Camelback Road, Suite 375 Phoenix, AZ 85018-2328	86-0104419	501(c)(3)	9,351.	0.			Support Agency Programs
United Way of Massachusetts Bay and Merrimack Valley - PO Box 412866 - Boston, MA 02241-2866	04-2382233	501(c)(3)	8,600.	0.			Support Agency Programs
United Way of Otter Tail & Wadena Counties - 120 E Washington Ave - Fergus Falls, MN 56537	41-0873718	501(c)(3)	6,564.	0.			Support Agency Programs
United Way of Grand Forks, East Grand Forks & Area - 1013 N 5th St. - Grand Forks, ND 58203	45-0255772	501(c)(3)	6,385.	0.			Support Agency Programs
United Way of Douglas & Pope Counties - 503 Hawthorne St - Alexandria, MN 56308	23-7450908	501(c)(3)	6,345.	0.			Support Agency Programs
Sioux Empire United Way 1000 N West Ave Ste 120 Sioux Falls, SD 57104-1314	46-0233701	501(c)(3)	5,288.	0.			Support Agency Programs
Watertown Area United Way 818 S Broadway Ste 100 Watertown, SD 57201	46-0359557	501(c)(3)	5,189.	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.

United Way utilizes a multi-tiered, volunteer-led process to make funding recommendations in alignment with our goals. Those selected for grants become our Verified Impact Partners - meaning they've stood the test of critical and smart community members, financial reviews, and strategic alignment to our mission and have risen to the top.

Eligible organizations must follow our application process and timeline to be considered for funding.

United Way will announce a Notice of Funding Availability. Interested applicants identify their interest by either filling out an interest form or sending a letter of intent (every grant will require one or the other).

Part IV Supplemental Information

United Way will provide applicants with a link to complete an online Proposal. United Way's volunteer-led Community Impact Committee reviews and scores the Proposals based on eligibility criteria, alignment with United Way's goals and strategies, and their demonstrated ability to measure performance indicators.

United Way informs applicants to either invite them to submit an online Application or let them know they won't move forward in the process and why. United Way's volunteer-led Community Impact Committee and Community Investment Review Panel group reviews Applications and potentially conduct facility tours to gain further information. Applicants are invited to present on their program to United Way and Committee volunteers.

United Way volunteers, using an evaluation rubric, will make funding recommendations.

United Way Board of Trustees review recommendations and finalize the funding decision.

All Verified Impact Partners receiving a grant under one of our Bold Goals, Community Sponsorship, Emerging Initiatives, or other funding opportunity must submit reports to measure and describe the impact and activities. These reports include, but are not limited to, shared performance measures, 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.

Multiple horizontal lines for supplemental information.

**SCHEDULE J
(Form 990)**

(Rev. December 2024)
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

Open to Public
Inspection

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

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

Schedule J (Form 990) (Rev. 12-2024)

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 and/or 1099-NEC 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) Karla Isley President & CEO	(i)	197,905.	0.	0.	19,876.	2,438.	220,219.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2024

Open to Public Inspection

Complete if the organizations answered "Yes" on Form 990, Part IV, line 29 or 30.
Attach to Form 990.

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

Department of the Treasury
Internal Revenue Service

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

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	3	24,631.	Average Selling Pric
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other (Misc food, beve)	X	15	14,359.	FMV
26 Other (School Supplies)	X	1,020	9,921.	Vendor Valuation
27 Other ()				
28 Other ()				

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

	Yes	No
30a During the year, did the organization receive by contribution any property reported on Part I, lines 1 through 28, that it must hold for at least 3 years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?	X	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	X	
b If "Yes," describe in Part II.		
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) 2024

Part II Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Schedule M, Part I, Column (b):

Column (b) is the number of contributions contributed for securities and misc food, beverages and supplies. It lists the number of items contributed for school supplies.

Schedule M, Part I, Line 32b:

The organization uses Roonga for it's online school supply collection drive. Donors pick from a pre-selected list of items and then Roonga delivers the items to our organization at the end of the drive (along with our bulk purchase of any remaining items needed).

**SCHEDULE O
(Form 990)**

(Rev. December 2024)

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 Form 990-EZ.

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

OMB No. 1545-0047

**Open to Public
Inspection**

Name of the organization

United Way of Cass-Clay

Employer identification number

41-0810008

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

Churches United - Supportive Services at Bright Sky Apartments:

On-site Family Case Manager assists tenants in person-centered services to help support and meet the needs of tenants while helping to build independence.

Folkways - SNAP Double Bucks:

A scientifically supported model that advances food security by increasing SNAP utilizers purchasing power and access to nutritious foods at a local farmer's market.

SouthEastern North Dakota Community Action Agency - Supportive Services for Families Experiencing Homelessness:

Offers a full day, year-round child care service for low-income families in the community. Cost is based on a sliding fee scale to assist parents' efforts in pursuing higher education or more valuable employment to gain greater self-sufficiency.

ESHARA - Workforce Development Program:

A workforce development initiative that helps New Americans achieve their full potential and secure living-wage employment.

SouthEastern North Dakota Community Action Agency - Career Coach Program:

Recruits targeted populations to connect to workforce skill training to increase opportunities for living wages and in-demand careers that will provide long-term family sustaining employment.

YWCA Cass Clay - Employment & Education Program:

Improves work readiness and employability through classes such as resume writing and interviewing skills. Teaches money management, credit and debt basics, and offers a comprehensive financial literacy course. Offers access needed training and education, job listings, and helps match employment opportunities to interests.

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 organizational programs ceased to receive funding from United Way during the calendar year 2024:

1. New Life Center Emergency Shelter & Services
2. Great Plains Food Bank - Childhood Hunger Programs and Outreach Services

Name of the organization United Way of Cass-Clay	Employer identification number 41-0810008
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Form 990, Part III, Line 4a, Program Service Accomplishments:

To address these challenges, we focus on these Bold Goals:

- Preventing Hunger & Homelessness
- Preparing Children to Succeed
- Strengthening Families

Bold Goal 1

- Prevent hunger for families and children through system-wide collaborative initiatives.
- Prevent homelessness for families and youth through system-wide collaborative initiatives.

Why we invest:

We believe every family deserves a place to call home and nutritious food to keep them healthy. We collaborate with local experts to address the root causes of homelessness and hunger, striving to prevent families and children from facing these hardships. Additionally, we invest in shelters and food pantries, ensuring comprehensive support for families as they work toward breaking the cycle of poverty.

The Issue:

- 1,050 individuals are homeless; of which 200 are children
- 16,000 individuals experience hunger; of which 6,400 are children

The Results:

- 35,990 families received food assistance (over 3.8M pounds)
- 2,763 individuals prevented from homelessness (of which 85% maintained housing)
- 10,000+ children screened for hunger at a health care visit
- \$1.3M saved through the Housing Navigation Program (7-year cost savings of \$4,250,179)

Bold Goal 2

- Prepare children for kindergarten socially, emotionally, and academically.
- Prepare students to graduate choice ready to continue their education or to enter the workforce.

Why we invest:

We believe kids deserve the opportunity to reach their full potential. We know that children who receive high-quality, early childhood education and start kindergarten prepared are more likely to succeed in school and graduate. This critical milestone sets the foundation for a future filled with opportunities and choices as kids grow into adulthood.

The Issue:

- Only 37% of children under 4 years old are enrolled in early education
- Kids are 3x more likely to experience poverty as adults when in poverty as kids

The Results:

- 739 children enrolled in high-quality, early childhood education
- 1,633 students were connected to a positive adult mentor
- 96% of children entered kindergarten socially, emotionally, and

Name of the organization United Way of Cass-Clay academically ready	Employer identification number 41-0810008
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Bold Goal 3

- Increase employment and income to improve financial stability.
- Increase family and social support to reduce barriers to access social, emotional, and mental health resources.

Why we invest:

We believe every family deserves the opportunity to thrive. Breaking the cycle of poverty is not easy. By improving the health, well-being, and stability of families we help provide the foundation to strengthen and stabilize families creating generational change.

The Issue:

- 75% of children who need mental health support don't have access
- 1 in 9 individuals live in poverty; many who are unemployed or underemployed

The Results:

- 612 individuals secured employment
- 2,500+ families accessed supportive services, and reported an 80.7% increase in well-being
- 99 individuals improved their employability by gaining new credentials, certificates, or degrees

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

- Strengthens leadership skills and confidence of female leaders
- Enhances the impact of women across our workplaces, homes, and community
- Inspires collaboration and unity

Since 2009, 560 local women have participated in the leadership program.

Participants enhance their skills to:

- Connect with a diverse network of dynamic young women and local leaders
- Expand knowledge of the community and opportunities to serve in volunteer 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 dedicated to supporting United Way's work through events benefitting local families and children living in our community. This 15-member group of 35 Under 35 Women's Leadership Program alumni strengthen our community through community service, fundraising, and leadership.

Their work includes planning, fundraising, and implementing of Women UNITED events, which include the United Fore Kids Golf Scramble and the United Way Luncheon & Silent Auction.

Name of the organization United Way of Cass-Clay	Employer identification number 41-0810008
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In addition to their work on events, members serve as advocates for United Way of Cass-Clay, inspiring others to engage and invest in our work, and raising awareness on community issues impacting local families and children.

Lead UNITED (formerly Emerging Leaders Program):

Lead UNITED provides unique volunteer and leadership development experiences that activate and elevate your connections, skills, and our community. Giving at the Community Builder level, provides access to all Lead UNITED events and programming.

How Lead UNITED makes each of us - and our community - stronger:

-Grow professionally and personally with leadership-based programming led by community leaders.

-Help our neighbors most in need and see your generosity at work through hands-on volunteer opportunities.

-Maximize your time and impact by investing in solutions to our community's biggest challenges while growing your network and connections.

-Gain a deeper understanding of critical issues in our local community and how each of us can make a difference.

Form 990, Part III, Line 4c, Program Service Accomplishments:
preparing backpacks, and distributing them to students in our community.

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 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 2024, 5,104 books were distributed to 868 local children.

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

-Since 2014, as part of our work to lift families out of poverty, United Way of Cass-Clay has been investing in local Volunteer Income Tax Assistance (VITA) programs. Services include preparation of state and federal tax forms, quality screening by a reviewer, electronic filing, and availability of low or no-fee reloadable debit card accounts for those without a bank for direct deposit. In addition, screening for eligibility in other programs such as Energy Assistance and Free and Reduced Lunch.

In 2024, 482 individuals received services and had tax returns completed. Overall, federal and state refunds totaled \$945,377 with savings in tax preparation services of \$126,766.

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

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

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

Form 990, Part VI, Section A, line 6:

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

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

The Board of Trustees elects new Board of Trustee members prior to the annual meeting. 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 9 members and up to 12 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 Trustees will vote and approve the Form 990 at a board meeting.

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

Board members complete conflict disclosures annually and the information is shared with other committees as needed. Board members with a conflict abstain from voting on issues involving the conflict. The President reviews the disclosures. Committee members and community impact panel members also complete the forms annually.

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

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

Name of the organization United Way of Cass-Clay	Employer identification number 41-0810008
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request. The audited financial statements are on United Way of Cass-Clay's website.

**Application for Extension of Time To File an Exempt Organization
Return or Excise Taxes Related to Employee Benefit Plans**

Department of the Treasury
Internal Revenue Service

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

Electronic filing (e-file). You can electronically file Form 8868 to request up to a 6-month extension of time to file any of the forms listed below except for Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts. An extension request for Form 8870 must be sent to the IRS in a paper format (see instructions). For more details on the electronic filing of Form 8868, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

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

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.

Part I - Identification

Type or Print <small>File by the due date for filing your return. See instructions.</small>	Name of exempt organization, employer, 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) 01

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 4720 (other than individual)	09
Form 4720 (individual)	03	Form 5227	10
Form 990-PF	04	Form 6069	11
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 8870	12
Form 990-T (trust other than above)	06	Form 5330 (individual)	13
Form 990-T (corporation)	07	Form 5330 (other than individual)	14
Form 1041-A	08	Form 990-T (governmental entities)	15

• After you enter your Return Code, complete either Part II or Part III. Part III, including signature, is applicable only for an extension of time to file Form 5330.

• If this application is for an extension of time to file Form 5330, you must enter the following information.

Plan Name _____
 Plan Number _____
 Plan Year Ending (MM/DD/YYYY) _____

Part II - Automatic Extension of Time To File for Exempt Organizations (see instructions)

The books are in the care of **Susan Thompson**
4351 23rd Avenue South - Fargo, ND 58104

Telephone No. **701-237-5050** Fax No. _____

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four-digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and TINs of all members the extension is for.

1 I request an automatic 6-month extension of time until **November 15**, 20 **25**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
 calendar year 20 **24** or
 tax year beginning _____, 20 _____, and ending _____, 20 _____

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

3a If this application is for Forms 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.

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