

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

OMB No. 1545-0047

2019
Open to Public Inspection

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

A For the 2019 calendar year, or tax year beginning , and ending

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization SIoux EMPIRE UNITED WAY, INC.		D Employer identification number 46-0233701
	Doing business as		E Telephone number 605-336-2095
	Number and street (or P.O. box if mail is not delivered to street address) 1000 N WEST AVENUE	Room/suite	G Gross receipts\$ 10,955,243
	City or town, state or province, country, and ZIP or foreign postal code SIoux FALLS SD 57104-1314		
F Name and address of principal officer: JAY POWELL			H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
J Website: WWW.SIOUXEMPIREUNITEDWAY.ORG			
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other			L Year of formation:
			M State of legal domicile:

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: TO LEAD, SUSTAIN AND NURTURE A UNIFIED, EFFECTIVE RESPONSE TO COMMUNITY NEEDS.			
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.			
	3	Number of voting members of the governing body (Part VI, line 1a)	30	
	4	Number of independent voting members of the governing body (Part VI, line 1b)	29	
	5	Total number of individuals employed in calendar year 2019 (Part V, line 2a)	10	
	6	Total number of volunteers (estimate if necessary)	764	
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	0	
7b	Net unrelated business taxable income from Form 990-T, line 39	0		
Revenue			Prior Year	Current Year
	8	Contributions and grants (Part VIII, line 1h)	9,851,510	10,793,275
	9	Program service revenue (Part VIII, line 2g)		0
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	84,079	161,968
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0
12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	9,935,589	10,955,243	
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)		7,822,450	7,841,650
	14 Benefits paid to or for members (Part IX, column (A), line 4)			0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		807,489	814,984
	16a Professional fundraising fees (Part IX, column (A), line 11e)			0
	b Total fundraising expenses (Part IX, column (D), line 25) 534,167			
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		797,658	820,943
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		9,427,597	9,477,577
19 Revenue less expenses. Subtract line 18 from line 12		507,992	1,477,666	
Net Assets or Fund Balances			Beginning of Current Year	End of Year
	20	Total assets (Part X, line 16)	11,082,266	13,069,661
	21	Total liabilities (Part X, line 26)	234,246	520,025
22 Net assets or fund balances. Subtract line 21 from line 20		10,848,020	12,549,636	

Part II Signature Block

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

Sign Here	Signature of officer JAY POWELL	Date PRESIDENT
	Type or print name and title	

Paid Preparer Use Only	Print/Type preparer's name TRENT R. PRINS	Preparer's signature TRENT R. PRINS	Date 10/28/20	Check <input type="checkbox"/> if self-employed PTIN P00851377
	Firm's name WOLTMAN GROUP, PC		Firm's EIN 46-0398923	
	Firm's address 7001 S LYNCREST PLACE SUITE 200 SIoux FALLS, SD 57108-2599		Phone no. 605-361-1200	

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

TO LEAD, SUSTAIN AND NURTURE A UNIFIED, EFFECTIVE RESPONSE TO COMMUNITY NEEDS.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

[] Yes [X] No

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

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?

[] Yes [X] No

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

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 147,660 including grants of\$) (Revenue \$) SEE SCHEDULE O

4b (Code:) (Expenses \$ 169,291 including grants of\$) (Revenue \$) SEE SCHEDULE O

4c (Code:) (Expenses \$ 8,250,723 including grants of\$ 7,841,650) (Revenue \$) SEE SCHEDULE O

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

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

4e Total program service expenses ▶ 8,567,674

Part IV Checklist of Required Schedules

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)?	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
b	Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>		X
c	Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>		X
e	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> (see instructions)		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	

Part IV Checklist of Required Schedules *(continued)*

		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions):		
a	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>		X
b	A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>		X
c	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>	X	
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O.	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

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

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

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

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		
	1a 30		
b	Enter the number of voting members included on line 1a, above, who are independent		
	1b 29		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?	X	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	X	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O.		X

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

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

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed ► **NONE**
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records ►

HEATHER VIERGUTZ-MCDONALD

1000 N WEST AVENUE #120

SIOUX FALLS

SD 57104-1314 605-336-2095

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

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

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

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

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

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

(A) Name and title	(B) Average hours per week per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) JAY POWELL PRESIDENT	40.00 0.00	X		X				195,000	0	19,626
(2) HEATHER VIERGUTZ-MCDONALD FINANCE DIR	40.00 0.00			X				58,040	0	10,785
(3) BEN ARNDT MEMBER	1.00 0.00	X						0	0	0
(4) MILES BEACOM CAMPAIGN DIV CHAIR	1.00 0.00	X						0	0	0
(5) ELIZABETH CARLSON MEMBER	1.00 0.00	X						0	0	0
(6) DANIEL DOYLE MEMBER	1.00 0.00	X						0	0	0
(7) DR. MIKE FRANKMAN MEMBER	1.00 0.00	X						0	0	0
(8) MARIE FREDRICKSON FIRST VICE-CHAIR	1.00 0.00	X		X				0	0	0
(9) CLARA HART MEMBER	1.00 0.00	X						0	0	0
(10) COREY HEATEN MEMBER	1.00 0.00	X						0	0	0
(11) KELLY HEFTI MEMBER	1.00 0.00	X						0	0	0

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

(A) Name and title	(B) Average hours per week per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(12) DR. DANIEL HEINEMANN	1.00									
CHAIR	0.00	X		X			0	0	0	
(13) JAY HUIZENGA	1.00									
MEMBER	0.00	X					0	0	0	
(14) JAMES PAYER II	1.00									
MEMBER	0.00	X					0	0	0	
(15) JIM JARDING, JR.	1.00									
MEMBER	0.00	X					0	0	0	
(16) BRENDA KIBBE	1.00									
TREASURER	0.00	X		X			0	0	0	
(17) TIM KINTNER	1.00									
MEMBER	0.00	X					0	0	0	
(18) RANDY KNECHT	1.00									
MEMBER	0.00	X					0	0	0	
(19) KATE KOTZEA	1.00									
MARKETING DIV CHAIR	0.00	X					0	0	0	
1b Subtotal							253,040		30,411	
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)							253,040		30,411	

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **1**

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

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation

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

Part VIII Statement of Revenue

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c				
	d Related organizations	1d				
	e Government grants (contributions)	1e				
	f All other contributions, gifts, grants, and similar amounts not included above	1f 10,793,275				
	g Noncash contributions included in lines 1a-1f	1g \$				
	h Total. Add lines 1a-1f		10,793,275			
Program Service Revenue	2a	Business Code				
	b					
	c					
	d					
	e					
	f All other program service revenue					
	g Total. Add lines 2a-2f					
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		161,968		161,968	
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
	6a Gross rents	(i) Real				
		(ii) Personal				
		6a				
	b Less: rental expenses	6b				
	c Rental inc. or (loss)	6c				
	d Net rental income or (loss)					
	7a Gross amount from sales of assets other than inventory	(i) Securities				
		(ii) Other				
		7a				
	b Less: cost or other basis and sales exps.	7b				
	c Gain or (loss)	7c				
d Net gain or (loss)						
8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	8a					
	b Less: direct expenses	8b				
	c Net income or (loss) from fundraising events					
9a Gross income from gaming activities. See Part IV, line 19	9a					
	b Less: direct expenses	9b				
	c Net income or (loss) from gaming activities					
10a 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	11a	Business Code				
	b					
	c					
	d All other revenue					
	e Total. Add lines 11a-11d					
12 Total revenue. See instructions		10,955,243	0	0	161,968	

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	7,841,650	7,841,650		
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	281,723	44,064	203,346	34,313
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	414,119	176,968	48,312	188,839
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	40,593	16,872	4,820	18,901
9 Other employee benefits	35,188	12,843	9,845	12,500
10 Payroll taxes	43,361	14,175	14,879	14,307
11 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting	16,749		15,760	989
d Lobbying				
e Professional fundraising services. See Part IV, line 7				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)				
12 Advertising and promotion	101,432	10,228		91,204
13 Office expenses	35,044	2,668	2,957	29,419
14 Information technology				
15 Royalties				
16 Occupancy	72,179	18,769	33,910	19,500
17 Travel	11,750	3,806	3,044	4,900
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	352	1,524	-1,873	701
20 Interest				
21 Payments to affiliates	98,643			98,643
22 Depreciation, depletion, and amortization	12,720	4,140	4,398	4,182
23 Insurance	2,984	1,093	829	1,062
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 IMAGINATION LIBRARY	270,999	270,999		
b CHALLENGE DAY	69,558	69,558		
c CONNECTING KIDS	52,054	52,054		
d EQUIPMENT LEASES & MAINTENANCE	21,201	7,280	7,975	5,946
e All other expenses	55,278	18,983	27,534	8,761
25 Total functional expenses. Add lines 1 through 24e	9,477,577	8,567,674	375,736	534,167
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	130,523	1	434,346
	2 Savings and temporary cash investments	1,755,692	2	1,633,817
	3 Pledges and grants receivable, net	6,563,463	3	6,933,174
	4 Accounts receivable, net		4	
	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		9	8,500
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 192,258		
	b Less: accumulated depreciation	10b 150,614	36,893	10c 41,644
	11 Investments—publicly traded securities	2,595,695	11	4,018,180
	12 Investments—other securities. See Part IV, line 11		12	
	13 Investments—program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11		15	
16 Total assets. Add lines 1 through 15 (must equal line 33)		11,082,266	16	13,069,661
Liabilities	17 Accounts payable and accrued expenses	234,141	17	201,941
	18 Grants payable	105	18	105
	19 Deferred revenue		19	
	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		25	317,979
	26 Total liabilities. Add lines 17 through 25		234,246	26
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	2,911,339	27	3,289,330
	28 Net assets with donor restrictions	7,936,681	28	9,260,306
	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		10,848,020	32	12,549,636
33 Total liabilities and net assets/fund balances		11,082,266	33	13,069,661

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	10,955,243
2	Total expenses (must equal Part IX, column (A), line 25)	2	9,477,577
3	Revenue less expenses. Subtract line 2 from line 1	3	1,477,666
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	10,848,020
5	Net unrealized gains (losses) on investments	5	223,950
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	12,549,636

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
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 Single Audit Act and OMB Circular A-133?		X
3b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		

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

(A) Name and title	(B) Average hours per week per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(20) CHRIS KRAY	1.00									
..... SECOND VICE-CHAIR	0.00	X		X			0	0	0	
(21) ANGELA LAMMERS	1.00									
..... MEMBER	0.00	X					0	0	0	
(22) DR. BRIAN MAHER	1.00									
..... MEMBER	0.00	X					0	0	0	
(23) JACK MARSH	1.00									
..... MEMBER	0.00	X					0	0	0	
(24) TOLCHA MESELE	1.00									
..... MEMBER	0.00	X					0	0	0	
(25) BILL O'CONNOR	1.00									
..... PAST CHAIR	0.00	X		X			0	0	0	
(26) ALEX RAMIREZ	1.00									
..... MEMBER	0.00	X					0	0	0	
(27) SUE SIMONS	1.00									
..... MEMBER	0.00	X					0	0	0	
1b Subtotal										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

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

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

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation

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

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

(A) Name and title	(B) Average hours per week per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(28) STEVE STATZ	1.00									
MEMBER	0.00	X					0	0	0	
(29) JESSICA STIENSTRA	1.00									
MEMBER	0.00	X					0	0	0	
(30) JEFF STRAND	1.00									
COMM. IMPACT CHAIR	0.00	X					0	0	0	
(31) JOEL SYLVESTER	1.00									
MEMBER	0.00	X					0	0	0	
1b Subtotal										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

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

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

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation

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

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

2019

Department of the Treasury
Internal Revenue Service

▶ **Attach to Form 990 or Form 990-EZ.**

Open to Public Inspection

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

Name of the organization

SIOUX EMPIRE UNITED WAY, INC.

Employer identification number

46-0233701

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

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

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

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

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	10,131,132	9,052,442	9,162,344	9,851,510	10,793,275	48,990,703
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	10,131,132	9,052,442	9,162,344	9,851,510	10,793,275	48,990,703
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)						51,524
6 Public support. Subtract line 5 from line 4.						48,939,179

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7 Amounts from line 4	10,131,132	9,052,442	9,162,344	9,851,510	10,793,275	48,990,703
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	60,020	78,637	101,375	84,079	161,968	486,079
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						49,476,782

12 Gross receipts from related activities, etc. (see instructions) 12

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f))	14	98.91%
15 Public support percentage from 2018 Schedule A, Part II, line 14	15	99.14%

16a 33 1/3% support test—2019. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

b 33 1/3% support test—2018. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

17a 10%-facts-and-circumstances test—2019. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

b 10%-facts-and-circumstances test—2018. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2019 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage for 2018 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2019 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2018 Schedule A, Part III, line 17	18	%

- 19a 33 1/3% support tests—2019.** 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—2018.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization
- 20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
3b	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>		
3c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
4b	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>		
4c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
5b	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?		
5c	Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
9b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
9c	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer 10b below.</i>		
10b	Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations *(continued)*

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
a <input type="checkbox"/> The organization satisfied the Activities Test. <i>Complete line 2 below.</i>		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>		
c <input type="checkbox"/> The organization supported a governmental entity. <i>Describe in Part VI how you supported a government entity (see instructions).</i>		
2 Activities Test. Answer (a) and (b) 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 in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
3 Parent of Supported Organizations. Answer (a) and (b) below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

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

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

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	
Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2019 from Section C, line 6	
10 Line 8 amount divided by line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required-explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2019			
a From 2014			
b From 2015			
c From 2016			
d From 2017			
e From 2018			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2019 distributable amount			
i Carryover from 2014 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2019 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2019 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI . See instructions.			
6 Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI . See instructions.			
7 Excess distributions carryover to 2020. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2015			
b Excess from 2016			
c Excess from 2017			
d Excess from 2018			
e Excess from 2019			

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

Dotted lines for supplemental information.

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

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2019

Name of the organization

Employer identification number

SIoux EMPIRE UNITED WAY, INC.

46-0233701

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

General Rule

- For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

- For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33¹/₃% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$

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

Name of organization

SIOUX EMPIRE UNITED WAY, INC.

Employer identification number

46-0233701

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	AVERA MCKENNAN HOSPITAL 1325 S. CLIFF AVENUE SIOUX FALLS SD 57117-5045	\$ 250,038	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	CITI 701 E. 60TH STREET N. SIOUX FALLS SD 57117-6000	\$ 310,417	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	FIRST PREMIER BANK/ PREMIER BANKCARD 601 S. MINNESOTA AVENUE SIOUX FALLS SD 57101-1348	\$ 603,871	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	SANFORD HEALTH 1305 W. 18TH STREET SIOUX FALLS SD 57117-5039	\$ 381,063	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	SMITHFIELD 1400 N WEBER AVENUE SIOUX FALLS SD 57117-5266	\$ 514,743	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	FIRST NATIONAL BANK IN SIOUX FALLS 100 S PHILLIPS AVE SIOUX FALLS SD 57117	\$ 250,536	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization

SIoux EMPIRE UNITED WAY, INC.

Employer identification number

46-0233701

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.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 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... Yes No, 6 Did the organization inform all grantees... Yes No.

Part II Conservation Easements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

Table with 2 columns: Description, Held at the End of the Tax Year. Rows include: 1 Purpose(s) of conservation easements, 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution..., 3 Number of conservation easements modified..., 4 Number of states where property subject to conservation easement is located..., 5 Does the organization have a written policy..., 6 Staff and volunteer hours..., 7 Amount of expenses..., 8 Does each conservation easement..., 9 In Part XIII, describe how the organization reports...

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.

Table with 2 columns: Description, Amount. Rows include: 1a If the organization elected, as permitted under FASB ASC 958, not to report..., 1b If the organization elected, as permitted under FASB ASC 958, to report..., 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain...

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

- 3** Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):
- a** Public exhibition
 - b** Scholarly research
 - c** Preservation for future generations
 - d** Loan or exchange program
 - e** Other
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5** During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b** If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|--|-----------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

Part V Endowment Funds.

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	180,539	193,460	167,592	163,231	177,912
b Contributions	888,887	150			15,082
c Net investment earnings, gains, and losses	105,203	-11,535	25,868	4,361	-29,763
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses	6,116	-1,536			
g End of year balance	1,168,513	1,800,539	193,460	167,592	163,231

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

- a** Board designated or quasi-endowment **▶ 18.00 %**
- b** Permanent endowment **▶ 82.00 %**
- c** Term endowment **▶ %**

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	<input type="checkbox"/>	<input checked="" type="checkbox"/>
(ii) Related organizations	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?	<input type="checkbox"/>	<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				
b Buildings				
c Leasehold improvements		36,733	21,991	14,742
d Equipment		106,605	86,258	20,347
e Other		48,920	42,365	6,555
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				41,644

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. (Column (b) must equal Form 990, Part X, col. (B) line 12.)		

Part VIII Investments – Program Related.

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

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

Part IX Other Assets.

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

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

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) OTHER LIABILITIES	317,979
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	317,979

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	11,179,193
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	223,950
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	223,950
3	Subtract line 2e from line 1	3	10,955,243
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c . <i>(This must equal Form 990, Part I, line 12.)</i>	5	10,955,243

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	9,477,577
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	9,477,577
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	
5	Total expenses. Add lines 3 and 4c . <i>(This must equal Form 990, Part I, line 18.)</i>	5	9,477,577

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.

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**SCHEDULE I
(Form 990)**

**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.

OMB No. 1545-0047

2019

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

▶ **Attach to Form 990.**

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

Name of the organization

SIOUX EMPIRE UNITED WAY, INC.

Employer identification number

46-0233701

Part I General Information on Grants and Assistance

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

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

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	CENTER FOR ACTIVE GENERATIONS 2300 W 46TH ST SIOUX FALLS SD 57105	46-0305500	3	333,500				PARTNER AGENCY ALLOC
(2)	CENTER FOR ACTIVE GENERATIONS/CIG 2300 W 46TH SIOUX FALLS SD 57105	46-0305500	3	16,500				COMMUNITY IMPACT
(3)	AUGUSTANA COLLEGE - PATHWAYS 2001 S SUMMIT AVE SIOUX FALLS SD 57197	42-1623480	3	8,000				PARTNER AGENCY ALLOC
(4)	AVERA HEALTH FOUNDATION 3900 W AVERA DR SIOUX FALLS SD 57108	46-0422673	3	193,575				PARTNER AGENCY ALLOC
(5)	AVERA MCKENNAN HOSPITAL 800 E 21ST STREET SIOUX FALLS SD 57105	46-0224743	3	34,227				PARTNER AGENCY ALLOC
(6)	BETHANY CHRISTIAN SERVICES 400 S SYCAMORE AVE #103-1 SIOUX FALLS SD 57110	38-1405282	3	15,000				COMMUNITY IMPACT
(7)	BIG BROTHERS BIG SISTERS 1000 N WEST AVE #300 SIOUX FALLS SD 57104	05-0593016	3	129,776				PARTNER AGENCY ALLOC
(8)	BOY SCOUTS 800 N WEST AVE SIOUX FALLS SD 57104	46-0224599	3	226,304				PARTNER AGENCY ALLOC
(9)	BOYS & GIRLS CLUB 824 E 14TH ST SIOUX FALLS SD 57104	46-0399482	3	238,196				PARTNER AGENCY ALLOC

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 57
- 3 Enter total number of other organizations listed in the line 1 table ▶ 0

**SCHEDULE I
(Form 990)**

**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.

OMB No. 1545-0047

2019

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Internal Revenue Service

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Name of the organization

SIOUX EMPIRE UNITED WAY, INC.

Employer identification number

46-0233701

Part I General Information on Grants and Assistance

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

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

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	CENTER FOR PREVENTION OF CHILD MALT 1400 W 22ND ST SIOUX FALLS SD 57105	46-6018891	3	7,800				PARTNER AGENCY ALLOC
(2)	CHILDREN'S HOME SOCIETY 409 N WESTERN AVE SIOUX FALLS SD 57104	46-0224542	3	861,800				PARTNER AGENCY ALLOC
(3)	COMMUNITY OUTREACH 231 N WEBER AVE SIOUX FALLS SD 57103	46-0416744	3	360,000				PARTNER AGENCY ALLOC
(4)	DAKOTA SMILES MOBILE DENTAL PROGRAM 201 E 38TH ST SIOUX FALLS SD 57105	91-1776857	3	40,000				PARTNER AGENCY ALLOC
(5)	DAKOTABILITIES 3600 S DULUTH AVE SIOUX FALLS SD 57105	46-0306216	3	85,000				PARTNER AGENCY ALLOC
(6)	EMBE 300 W 11TH ST SIOUX FALLS SD 57104	46-0234998	3	236,294				PARTNER AGENCY
(7)	FAMILY CONNECTIONS 303 N MINNESOTA AVE SIOUX FALLS SD 57104	46-0435140	3	28,717				PARTNER AGENCY ALLOC
(8)	FAMILY SERVICE 2210 W BROWN PL SIOUX FALLS SD 57105	46-0259350	3	150,815				PARTNER AGENCY ALLOC
(9)	FEEDING SOUTH DAKOTA 3511 N 1ST AVE SIOUX FALLS SD 57104	36-3293534	3	230,000				PARTNER AGENCY ALLOC

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

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

Schedule I (Form 990) (2019)

**SCHEDULE I
(Form 990)**

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2019

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

Name of the organization

SIOUX EMPIRE UNITED WAY, INC.

Employer identification number

46-0233701

Part I General Information on Grants and Assistance

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

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

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	FIRST UNITED METHODIST CHURCH 401 S SPRING AVE SIOUX FALLS SD 57104	46-0230392	3	92,770				PARTNER AGENCY ALLOC
(2)	FURNITURE MISSION 209 S NESMITH AVE SIOUX FALLS SD 57103	81-0584500	3	62,000				PARTNER AGENCY ALLOC
(3)	HARMONY SOUTH DAKOTA 2522 W 41ST ST #125 SIOUX FALLS SD 57105	46-3296505	3	120,250				COMMUNITY IMPACT
(4)	HELP!LINE CENTER 1000 N WEST AVE #310 SIOUX FALLS SD 57104	23-7424387	3	313,440				PARTNER AGENCY ALLOC
(5)	HELP!LINE CENTER - NETWORK OF CARE 1000 N WEST AVE #310 SIOUX FALLS SD 57104	23-7424387	3	25,000				COMMUNITY OUTREACH
(6)	HELP!LINE CENTER - OUTREACH SUPPORT 1000 N WEST AVE #310 SIOUX FALLS SD 57104	23-7424387	3	17,726				COMMUNITY IMPACT
(7)	HORSEPOWER 26659 BLUE SAGE LANE SIOUX FALLS SD 57106	46-0378036	3	50,000				COMMUNITY IMPACT
(8)	INTERLAKES CAP - HEARTLAND HOUSE PO BOX 268 MADISON SD 57042	46-0282131	3	108,000				COMMUNITY IMPACT
(9)	INTERLAKES CAP - CHILD DEV CENTER PO BOX 268 MADISON SD 57042	46-0282131	3	60,000				PARTNER AGENCY ALLOC

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

**SCHEDULE I
(Form 990)**

**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.
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Name of the organization

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Employer identification number

46-0233701

Part I General Information on Grants and Assistance

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

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

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	LUTHERAN SOCIAL SERVICES 705 E 41ST ST #200 SIOUX FALLS SD 57105	46-0224731	3	897,430				PARTNER AGENCY ALLOC
(2)	LUTHERAN SOCIAL SERVICES - CIG 705 E 41ST #200 SIOUX FALLS SD 57105	46-0224731	3	45,772				COMMUNITY IMPACT
(3)	LUTHERAN SOCIAL SERVICES - PATH 705 E 41ST #200 SIOUX FALLS SD 57105	46-0224731	3	39,394				PARTNER AGENCY ALLOC
(4)	MULTI-CULTURAL CENTER 515 N MAIN AVE SIOUX FALLS SD 57104	46-0445034	3	200,000				PARTNER AGENCY ALLOC
(5)	OUR SAVIOR'S LUTHERAN CHURCH - SAD 909 W 33RD ST SIOUX FALLS SD 57105	46-0229996	3	12,000				COMMUNITY IMPACT
(6)	REACH 629 S MINNESOTA AVE #201 SIOUX FALLS SD 57104	46-0396579	3	59,500				PARTNER AGENCY
(7)	READY TO START HARRISBURG SCHOOL 200 WILLOW STREET HARRISBURG SD 57032	46-6002218	GOV	17,000				COMMUNITY IMPACT
(8)	READY TO START CANTON SCHOOL DT 800 N MAIN ST CANTON SD 57013		GOV	5,300				COMMUNITY IMPACT
(9)	READY TO START MCCOOK CENTRAL SC 200 E ESSEX AVE SALEM SD 57058		GOV	8,970				COMMUNITY IMPACT

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

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

Schedule I (Form 990) (2019)

**SCHEDULE I
(Form 990)**

**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.
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OMB No. 1545-0047

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Department of the Treasury
Internal Revenue Service

Name of the organization

SIOUX EMPIRE UNITED WAY, INC.

Employer identification number

46-0233701

Part I General Information on Grants and Assistance

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

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

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	READY TO START SIOUX FALLS SCH DIST 201 E. 38TH ST SIOUX FALLS SD 57105	46-6002586	GOV	62,524				COMMUNITY IMPACT
(2)	READY TO START TEA AREA SCHOOL DT 500 W BRIAN TEA SD 57064	50-0005151	GOV	12,000				COMMUNITY IMPACT
(3)	SANFORD HEALTH - SB6 1305 W 18TH ST SIOUX FALLS SD 57105	46-0227855	3	103,698				PARTNER AGENCY ALLOC
(4)	SANFORD CHILDREN'S SERVICES 1305 W 18TH ST SIOUX FALLS SD 57105	46-0227855	3	25,129				PARTNER AGENCY ALLOC
(5)	SIOUX EMPIRE CHARACTER ON TRACK 3220 W 57TH ST #109 SIOUX FALLS SD 57108	46-6016086	3	55,000				PARTNER AGENCY ALLOC
(6)	SIOUX FALLS AREA CASA PROGRAM PO BOX 1901 SIOUX FALLS SD 57101	46-0430647	3	112,084				PARTNER AGENCY ALLOC
(7)	SIOUX FALLS AREA COMMUNITY FOUNDATI 200 N CHERAPA PLACE SIOUX FALLS SD 57103	31-1748533	3	115,000				PARTNER AGENCY ALLOC
(8)	SIOUX FALLS FAMILY YMCA 230 S MINNESOTA SIOUX FALLS SD 57104	46-0225021	3	142,616				PARTNER AGENCY ALLOC
(9)	SIOUX FALLS FAMILY YMCA - YOUTH CTR 230 S MINNESOTA AVE SIOUX FALLS SD 57104	46-0225021	3	120,000				COMMUNITY IMPACT

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

**SCHEDULE I
(Form 990)**

**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.

OMB No. 1545-0047

2019

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Internal Revenue Service

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Name of the organization

SIOUX EMPIRE UNITED WAY, INC.

Employer identification number

46-0233701

Part I General Information on Grants and Assistance

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

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

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	SIOUX FALLS HOPE COALITION 2211 W CHERRYWOOD CIRCLE SIOUX FALLS SD 57108	26-4760861	3	25,000				COMMUNITY IMPACT
(2)	SIOUX FALLS HOUSING 630 S MINNESOTA AVE SIOUX FALLS SD 57104	46-0333222	GOV	50,000				PARTNER AGENCY ALLOC
(3)	SFSD - PRESCHOOL OPPORTUNITIES 201 E 38TH ST SIOUX FALLS SD 57105	46-6002586	GOV	227,772				PARTNER AGENCY ALLOC
(4)	SFSD - HOME LIAISON REFUGEE & IMM 201 E 38TH ST SIOUX FALLS SD 57105	46-6002586	GOV	125,000				PARTNER AGENCY ALLOC
(5)	SFSD - WHS ELL TUTORING SUPPORT 201 N SYCAMORE SIOUX FALLS SD 57110	46-6002586	GOV	7,200				COMMUNIT IMPACT
(6)	SIOUX FALLS THRIVE 122 S PHILLIPS AVE #350 SIOUX FALLS SD 57104	81-4491870	3	24,000				COMMUNITY IMPACT
(7)	SOUTHEASTERN BEHAVIORAL HEALTH 2000 S SUMMIT AVE SIOUX FALLS SD 57105	46-0232306	3	25,000				PARTNER AGENCY ALLOC
(8)	ST. FRANCIS HOUSE 1301 E AUSTIN STREET SIOUX FALLS SD 57103	46-0423202	3	131,100				PARTNER AGENCY
(9)	COMPASS CENTER 1800 W 12TH ST #100 SIOUX FALLS SD 57104	46-0350199	3	143,011				PARTNER AGENCY ALLOC

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

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

Schedule I (Form 990) (2019)

**SCHEDULE I
(Form 990)**

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

SIOUX EMPIRE UNITED WAY, INC.

Employer identification number

46-0233701

Part I General Information on Grants and Assistance

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

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

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	UNITED DAY CARE 401 S SPRING AVE SIOUX FALLS SD 57104	46-0312397	3	88,063				PARTNER AGENCY ALLOC
(2)	USD SCOTTISH RITE 414 E CLARK ST VERMILLION SD 57069	46-6000364	GOV	118,000				PARTNER AGENCY ALLOC
(3)	VOLUNTEERS OF AMERICA 1309 W 51ST ST SIOUX FALLS SD 57106	23-7353508	3	794,122				PARTNER AGENCY ALLOC
(4)								
(5)								
(6)								
(7)								
(8)								
(9)								

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

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

Schedule I (Form 990) (2019)

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 noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
1					
2					
3					
4					
5					
6					
7					

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 - PROCEDURES FOR MONITORING THE USE OF GRANT FUNDS

AGENCY ALLOCATIONS - THE UNITED WAY REVIEWS BUDGETS AND ALLOCATION REPORTS

BY AFFILIATED AGENCIES DURING THE LATE SPRING. FOLLOWING THIS REVIEW, THE

COMMUNITY IMPACT DIVISION WILL MAKE ITS RECOMMENDATIONS TO THE UNITED WAY

BOARD OF DIRECTORS. AN AGENCY SHOULD ADVISE THE UNITED WAY IN WRITING OF

ANY SIGNIFICANT CHANGES IN TOTAL EXPENDITURES OR RECEIPTS OF MORE THAN 10%.

COMMUNITY IMPACT GRANTS - APPLICATIONS SELECTED FOR FUNDING WILL BE

REQUIRED TO SUBMIT AN AMENDED BUDGET AND EXECUTE A WRITTEN GRANT AGREEMENT

PRIOR TO THE RELEASE OF FUNDS. FINAL FINANCIAL PERFORMANCE REPORTS ARE

REQUIRED AT THE COMPLETION OF THE PROJECT.

SCHEDULE J
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization

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

2019

Open to Public Inspection

SIOUX EMPIRE UNITED WAY, INC.

Employer identification number

46-0233701

Part I Questions Regarding Compensation

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"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <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

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?

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 checked="" type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <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

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

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1b		
2		
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)–(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 JAY POWELL PRESIDENT	(i)	195,000	0	0	19,626	0	214,626	0
	(ii)	0	0	0	0	0	0	0
2	(i)							
	(ii)							
3	(i)							
	(ii)							
4	(i)							
	(ii)							
5	(i)							
	(ii)							
6	(i)							
	(ii)							
7	(i)							
	(ii)							
8	(i)							
	(ii)							
9	(i)							
	(ii)							
10	(i)							
	(ii)							
11	(i)							
	(ii)							
12	(i)							
	(ii)							
13	(i)							
	(ii)							
14	(i)							
	(ii)							
15	(i)							
	(ii)							
16	(i)							
	(ii)							

SCHEDULE L
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Name of the organization

Transactions With Interested Persons

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

▶ Attach to Form 990 or Form 990-EZ.

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

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2019

Open To Public Inspection

SIOUX EMPIRE UNITED WAY, INC.

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Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only).

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

1	(a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected?	
				Yes	No
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

- 2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958 ▶ \$ _____
- 3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization ▶ \$ _____

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.

1	(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the org.?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
				To	From			Yes	No	Yes	No	Yes	No
				(1)									
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
(9)													
(10)													

Total ▶ \$ _____

Part III Grants or Assistance Benefiting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

1	(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of org. revenues?	
				Yes	No
(1) DR. DANIEL HEINEMANN	1ST VICE-CHAIR		FUNDING		X
(2) DR. BRIAN MAHER	MEMBER		FUNDING		X
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					

Part V Supplemental Information.

Provide additional information for responses to questions on Schedule L (see instructions).

SCHEDULE L, PART V - ADDITIONAL INFORMATION

DR. DANIEL HEINEMANN IS AN OFFICER OF SANFORD HEALTH. SANFORD HEALTH RECEIVES FUNDING FROM SIOUX EMPIRE UNITED WAY, INC. TO SUPPORT SANFORD HEALTH'S CHILDREN'S PROGRAMS.

DR. BRIAN MAHER IS AN OFFICER OF SIOUX FALLS SCHOOL DISTRICT. SIOUX FALLS SCHOOL DISTRICT RECEIVES FUNDING FROM SIOUX EMPIRE UNITED WAY, INC. TO SUPPORT SIOUX FALLS SCHOOL DISTRICT'S CHILDREN'S PROGRAMS.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

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

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**Open to Public
Inspection**

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FORM 990, PART I, LINE 6

**VOLUNTEER RESPONSIBILITIES INCLUDED THE FOLLOWING: SERVING ON COMMUNITY
IMPACT AGENCY REVIEW PANELS, FUND-RAISING FOR CAMPAIGN DIVISIONS, CREATING
MARKETING AND COMMUNICATION PIECES, SERVING ON THE FINANCE AND AUDIT
COMMITTEES, AND SERVING ON THE BOARD OF DIRECTORS.**

FORM 990, PART III, LINE 4A - FIRST ACCOMPLISHMENT

MARKETING OVERVIEW

**COMMUNICATING OUR MESSAGE EFFECTIVELY IS ESSENTIAL TO RAISE AWARENESS ABOUT
SIoux EMPIRE UNITED WAY AND THE IMPACT WE HAVE ON THE COMMUNITY. THE
MARKETING TEAM, WHICH CONSISTS OF TWO STAFF MEMBERS AND A TEAM OF SEVEN
COMMUNITY VOLUNTEERS, USES THE FOLLOWING STRATEGIES TO COMMUNICATE TO THE
PUBLIC TO BUILD GREATER AWARENESS WITH BOTH EXISTING DONORS AND VOLUNTEERS
AS WELL AS POTENTIAL NEW ONES.**

EVENTS

**"WOMENUNITE EVENT. HELD ANNUALLY IN AUGUST. THE EVENT EDUCATES AND INSPIRES
WOMEN ABOUT THE UNITED WAY. WOMEN ARE ASKED TO SPREAD THE CAMPAIGN MESSAGE,
ARE PROVIDED VOLUNTEER OPPORTUNITIES, AND ARE ENCOURAGED TO INVEST IN SIoux
EMPIRE UNITED WAY. APPROXIMATELY 900 WOMEN ARE EXPECTED TO ATTEND THE EVENT
THIS YEAR. (NOTE: THIS EVENT IS EXECUTED BY A SEPARATE COMMITTEE)**

**"CAMPAIGN KICKOFF. HELD ANNUALLY IN SEPTEMBER. EVALUATING EVENT GOAL AND
OPPORTUNITIES FOR 2020 WITH CAMPAIGN LEADERSHIP.**

**"THANK YOU EVENT. HELD ANNUALLY IN FEBRUARY. EACH YEAR WE HOST A SOUP AND
SALAD LUNCHEON TO THANK OUR VOLUNTEERS AND TO RECOGNIZE OUTSTANDING**

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VOLUNTEERS, BUSINESSES, AND COMMUNITY LEADERS. OVER 300 INDIVIDUALS
ATTENDED THE EVENT IN FEBRUARY OF 2020.

MARKETING CHANNELS & MESSAGING

"EMAIL MARKETING. EMAIL NEWSLETTERS ARE SENT THROUGHOUT THE YEAR TO KEEP
SEUW TOP OF MIND TO VOLUNTEERS AND DONORS. PRIMARY EMAILS EFFORTS ARE:
OCAMPAIGN UPDATES - SENT TO VOLUNTEERS ON A BI-WEEKLY BASIS FROM JULY
THROUGH JANUARY. INCLUDES HIGHLIGHTS OF COMPANY CAMPAIGNS, RALLY IDEAS,
SUCCESS STORIES, AND CURRENT EVENTS. OVER 600 VOLUNTEERS RECEIVED THE
UPDATES DURING THE 2020 CAMPAIGN.

OMONTHLY NEWSLETTER - SENT TO SIOUX EMPIRE UNITED WAY SUPPORTERS AND
INCLUDE TIMELY INFORMATION, UPDATES ON SPECIFIC PROGRAMS, AREA VOLUNTEER
OPPORTUNITIES, STORIES FROM LOCAL CLIENTS, AND INFORMATION ABOUT UNITED
WAY. NEARLY 9,500 SUBSCRIBERS.

"WEBSITE. THE WEBSITE IS USED A MARKETING TOOL TO SHOWCASE THE IMPACT WE
HAVE ON THE COMMUNITY AS WELL AS A RESOURCE FOR OUR VOLUNTEERS.

"SOCIAL MEDIA. SOCIAL MEDIA PROVIDES THE UNITED WAY A PLATFORM TO ENGAGE
AND EDUCATE MEMBERS OF THE COMMUNITY ABOUT OUR MISSION AND IMPACT. THESE
CHANNELS ARE ALSO USED TO ADDRESS ANY QUESTIONS OR CONCERNS THAT MAY ARISE
ABOUT UNITED WAY IN A TIMELY FASHION. SEUW HAS A PRESENCE ON FACEBOOK,
TWITTER, INSTAGRAM, AND LINKEDIN.

"MEDIA COVERAGE. WE RECEIVE MEDIA COVERAGE ON OUR EVENTS AND THROUGH
DIFFERENT STORY IDEAS SUBMITTED TO LOCAL MEDIA. THIS PAST YEAR, WE WORKED
WITH FUNDED AGENCIES AND PROGRAMS TO PROVIDE EDUCATIONAL STORIES ABOUT UW
AND FUNDED PROGRAMS EACH MONTH. WE ALSO ENCOURAGE OUR FUNDED AGENCIES AND
PROGRAMS TO INCLUDE THAT THEY ARE A SIOUX EMPIRE UNITED WAY PROGRAM IN ANY
OF THEIR MEDIA RELEASES.

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MARKETING MATERIALS

"CAMPAIGN MATERIALS. THE COMMITTEE AND CAMPAIGN CHAIR WORK WITH LAWRENCE & SCHILLER TO DEVELOP THE CAMPAIGN VIDEO, BROCHURE AND PRINT COLLATERAL.

"OTHER MATERIALS. ALL OTHER MATERIALS INCLUDING INVITATIONS, EVENT PROGRAMS, SOME PLEDGE CARDS, AND MORE ARE CREATED IN-HOUSE BY SIOUX EMPIRE UNITED WAY STAFF.

OTHER OUTREACH EFFORTS

"EMERGING LEADERS. THE GROUP IS GEARED TOWARDS YOUNG PROFESSIONALS, FOCUSED ON VOLUNTEERISM AND LEARNING MORE ABOUT THE NEEDS OF UNITED WAY FUNDED AGENCIES.

"YEAR ROUND COMMUNICATION. WE PARTNER WITH MORE THAN 70 COMPANIES TO PROVIDE IN-HOUSE YEAR ROUND COMMUNICATION. WE WORK WITH DESIGNATED INDIVIDUALS WITHIN THE COMPANIES TO COMMUNICATE WITH OUR SUPPORTERS ALL YEAR LONG.

"AGENCY TOURS. MARKETING STAFF ENSURE THAT ALL UNITED WAY VOLUNTEERS RECEIVE AN INVITE TO ATTEND AN AGENCY TOUR DURING THE SUMMER. TOURS ARE PROVIDED BY FUNDED AGENCIES AS A TOOL FOR OUR VOLUNTEERS AND SUPPORTERS TO LEARN MORE ABOUT HOW THEIR GIFT IS WORKING IN THE SIOUX EMPIRE.

"SPEAKER'S BUREAU. EACH SUMMER, WE IDENTIFY AND TRAIN SPEAKERS FROM EACH OF UNITED WAY'S PARTNER AGENCIES. THESE AGENCY SPEAKERS ARE THEN OUR VOICE WHILE SPEAKING AT VARIOUS COMPANIES' UNITED WAY RALLIES IN THE FALL. WE ALSO ASSIST THOSE COMPANIES IN SELECTING AND SCHEDULING SPEAKERS FOR THEIR RALLIES.

FORM 990, PART III, LINE 4B - SECOND ACCOMPLISHMENT

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COMMUNITY IMPACT DIVISION STRATEGIES

"ONGOING FUNDING PROCESS: UNITED WAY PROVIDES FUNDING TO PROGRAMS WITHIN NON-PROFIT AGENCIES THAT HAVE BEEN IN EXISTENCE FOR AT LEAST 2 FULL YEARS AND CAN SUBSTANTIATE THE NEED AND IMPACT OF THEIR PROGRAM. THIS IMPACT PROCESS BEGINS WITH APPLICATIONS BEING MADE AVAILABLE IN DECEMBER AND CONCLUDES WITH FINAL DECISIONS IN MAY. APPROXIMATELY 60 VOLUNTEERS TYPICALLY SPEND MORE THAN 1000 HOURS EACH YEAR REVIEWING FUNDING REQUESTS. IMPACT AREAS INCLUDE: AT-RISK INDIVIDUALS & FAMILIES, AT-RISK YOUTH, CHILDCARE, CHILDREN AND YOUTH EDUCATION, DISABILITIES, INDIVIDUALS & FAMILIES IN CRISIS, MENTAL HEALTH, OUT OF SCHOOL TIME, SENIORS, AND YOUTH OUTREACH.

EACH TEAM REVIEWS THE APPLICATIONS AND HOLDS AN IN-PERSON REVIEW MEETING WITH EACH OF THE NON-PROFIT APPLICANTS. THE FUNDING RECOMMENDATIONS FROM EACH IMPACT TEAM ARE BROUGHT FORTH TO THE COMMUNITY IMPACT CHAIRS AND THEN TO THE BOARD OF DIRECTORS FOR FINAL APPROVAL IN MAY. FOR 2020, THE COMMUNITY IMPACT DIVISION RECOMMENDED APPROXIMATELY \$8 MILLION IN FUNDING TO 85 PROGRAMS WITHIN 40 NON-PROFIT AGENCIES.

"NEW STRATEGIES FOR 2020:

OOONLINE PROCESS:

"BEGAN USING AN ONLINE GRANT APPLICATION MANAGEMENT SYSTEM, E-CIMPACT. SYSTEM WILL ALLOW AGENCIES, VOLUNTEERS, AND STAFF TO ACCESS THE INFORMATION FROM ANYWHERE. IT WILL ALSO ALLOW FOR GREATER TRACKING AND REPORTING ON OUTPUT AND OUTCOME DATA FOR EACH OF THE FUNDED PROGRAMS.

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OTWO-YEAR FUNDING PROCESS:

"BEGAN TRANSITIONING TO A TWO-YEAR FUNDING PROCESS. THIS WILL PROVIDE THE FUNDED PROGRAMS WITH A CLEARER PICTURE OF THEIR UNITED WAY SUPPORT FOR THE NEXT TWO YEARS.

"IN 2020, HALF OF THE PROGRAMS WILL COMPLETE THE FULL APPLICATION PROCESS. THIS INCLUDES THE ONLINE APPLICATION AND IN-PERSON REVIEW MEETINGS. WHILE THE FINAL DECISION WILL BE MADE BY THE BOARD OF DIRECTORS IN MAY, IT IS ANTICIPATED THAT THE PROGRAMS THAT DID NOT GO THROUGH THE FULL REVIEW PROCESS WILL RECEIVE LEVEL FUNDING IN 2021 (UNLESS THE VOLUNTEERS HAVE DETERMINED OTHERWISE).

CHANGE IN FOCUS:**"FOCUS ON ACTUALS VS. PROJECTIONS**

"SINCE PROJECTIONS HAVE ALWAYS BEEN CHALLENGING FOR THE AGENCIES TO COMPILE AND FOR OUR VOLUNTEERS TO REVIEW, THE FOCUS WILL NOW BE ON THREE YEARS OF ACTUALS RATHER THAN PROJECTIONS. THIS WILL ALLOW US TO TRANSITION FROM A MODEL OF PRIMARILY REVIEWING FUNDING REQUESTS BASED ON PROJECTED DEFICITS TO A MODEL WHERE UNITED WAY SUPPORT IS MORE DIRECTLY TIED TO A SPECIFIC OUTPUT AND OUTCOME.

"IN-PERSON REVIEW MEETINGS:

"A MORE FOCUSED AGENDA WILL BE IMPLEMENTED. IT WILL INCLUDE THE FOLLOWING KEY ITEMS: OUTPUTS, OUTCOMES, AND FINANCIALS.

RESTRUCTURING OF TEAMS:

"REORGANIZED OUR VOLUNTEER TEAM STRUCTURE TO BETTER ALIGN WITH OUR TRUE IMPACT IN THE COMMUNITY. IN ADDITION, THIS BETTER ALIGNS WITH OUR FOCUS ON HELPING CHILDREN, VULNERABLE ADULTS, AND PEOPLE IN CRISIS.

"COMMUNITY IMPACT GRANTS: HISTORICALLY, COMMUNITY IMPACT GRANT FUNDS WERE

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MADE AVAILABLE TO SUPPORT NEW PROGRAMS, IN EXISTENCE LESS THAN 3 YEARS. AFTER MUCH DISCUSSION, THE DECISION WAS MADE TO NOT OPEN THIS PROCESS UP FOR APPLICANTS FOR 2021 FUNDING. THIS DECISION WAS THE RESULT OF A SUCCESSFUL PILOT YEAR OF UNITED WAY FOCUSING ON THE ONGOING FUNDING NEEDS OF LOCAL NON-PROFITS WHILE ALLOWING THE SIOUX FALLS AREA COMMUNITY FOUNDATION TO FOCUS ON START-UP PROGRAMS. THIS DECISION WILL BE REEVALUATED NEXT YEAR.

"FOCUS ON A PRIORITY AREA: THIS NEW APPROACH REPLACES WHAT WE PREVIOUSLY REFERRED TO AS OUR ANNUAL INITIATIVE PROCESS. BY MOVING TO PRIORITY AREA FUNDING, UNITED WAY WILL BE ABLE TO FOCUS ON A SPECIFIC COMMUNITY NEED FOR A LONGER PERIOD OF TIME IN ORDER TO HAVE A GREATER IMPACT. OVER THE LAST SEVERAL YEARS, A LOT OF TIME HAS BEEN SPENT LOOKING INTO THE AREA OF CHILDCARE. AT THIS TIME, UNITED WAY IS PUTTING TOGETHER A PROPOSED PLAN TO TARGET THIS IMPACT AREA. THIS PLAN WILL BE BROUGHT FORWARD TO THE VOLUNTEERS AND FULL BOARD OF DIRECTORS LATER THIS YEAR.

FORM 990, PART III, LINE 4C - THIRD ACCOMPLISHMENT

CHILDREN:

AVERA MCKENNAN'S SUCCESS BY 6 PARENTING WITH SUCCESS PROGRAMMING INCLUDES RESOURCE BOOKLETS AND TEMPERAMENT PROGRAMMING. THE RESOURCE BOOKLETS ARE PROVIDED TO ALL MOTHERS AFTER BIRTH AND INCLUDE PARENTING INFORMATION AND LOCAL RESOURCES. LAST YEAR, 2,432 BOOKLETS WERE DISTRIBUTED. TEMPERAMENT PROGRAMMING UTILIZES A THOROUGH QUESTIONNAIRE PROVIDED TO PARENTS WHEN THEIR CHILD IS 15 MONTHS OF AGE. THE RESULTS HELP PARENTS UNDERSTAND THE

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TEMPERAMENT OF THEIR CHILD AND HOW TO PARENT BASED ON THAT. LAST YEAR, 292 FAMILIES COMPLETED QUESTIONNAIRES.

BOYS & GIRLS CLUBS OF THE SIOUX EMPIRE'S EARLY CHILDHOOD EDUCATION PROGRAM PROVIDES QUALITY CHILDCARE AND EDUCATION PROGRAMS FOR YOUNG CHILDREN. LAST YEAR, 454 CHILDREN RECEIVED QUALITY CHILD CARE THAT INCLUDES EARLY CHILDHOOD EDUCATION CURRICULUM.

BOYS & GIRLS CLUBS OF THE SIOUX EMPIRE'S EASTSIDE CLUB SUPPORTS YOUTH AND FAMILIES BY GIVING STUDENTS A SAFE, SUPERVISED, ENGAGING PLACE TO SPEND TIME. THE PROGRAM FOCUSES ON FIVE CORE AREAS: THE ARTS, EDUCATION AND CAREER DEVELOPMENT, HEALTH AND LIFE SKILLS, CHARACTER AND LEADERSHIP SKILLS, AND SPORTS AND RECREATION. LAST YEAR, 358 STUDENTS PARTICIPATED IN THE PROGRAMMING. AN ANALYSIS OF 68 AFTERSCHOOL STUDIES CONCLUDED THAT HIGH-QUALITY AFTERSCHOOL PROGRAMS CAN LEAD TO IMPROVED ATTENDANCE, BEHAVIOR, AND COURSEWORK. STUDENTS PARTICIPATING IN A HIGH-QUALITY AFTERSCHOOL PROGRAM WENT TO SCHOOL MORE OFTEN, BEHAVED BETTER, RECEIVED BETTER GRADES, AND DID BETTER ON TESTS COMPARED TO NON-PARTICIPATING STUDENTS.

CHALLENGE DAY PROVIDES AREA MIDDLE AND HIGH SCHOOL STUDENTS WITH A ONE-DAY PROGRAM THAT FOCUSES ON EMPATHY SKILL BUILDING. LAST YEAR, CHALLENGE DAYS HAPPENED IN 13 DIFFERENT SCHOOLS ACROSS THE SIOUX EMPIRE. FULL DAY PROGRAMS WERE ATTENDED BY 800 STUDENTS AND 1,884 STUDENTS PARTICIPATED IN A SHORTER ASSEMBLY. STUDENTS COMPLETED SURVEYS AFTER THE EXPERIENCE AND 76% AGREED WITH THE STATEMENT, "I FEEL EMPOWERED TO INFLUENCE CHANGE IN MY SCHOOL, COMMUNITY, AND/OR WORLD."

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CHARACTER ON TRACK PROVIDES AN EDUCATIONAL FRAMEWORK FOR TEACHING TRUSTWORTHINESS, RESPECT, RESPONSIBILITY, FAIRNESS, CARING, AND CITIZENSHIP. LAST YEAR, ASSEMBLIES WERE HELD IN 20 AREA SCHOOL DISTRICTS.

CHILDREN'S CONNECTION, A PROGRAM OF FAMILY CONNECTION PROVIDES WEEKLY SUPPORT GROUPS, FAMILY EVENTS, AND MORE TO CHILDREN WHOSE PARENT OR CLOSE FAMILY MEMBER HAS BEEN INCARCERATED. LAST YEAR, 293 STUDENTS PARTICIPATED IN THE WEEKLY GROUPS AT 11 LOCAL ELEMENTARY AND MIDDLE SCHOOLS.

CONNECTING KIDS CREATES THE OPPORTUNITY FOR CHILDREN IN GRADES K-8 TO TAKE PART IN AN ACTIVITY FOR A FREE OR REDUCED RATE. LAST YEAR, 687 USED THE CONNECTING KIDS CERTIFICATE. CHILDREN HAVE THE OPPORTUNITY TO PARTICIPATE IN A WIDE VARIETY OF SPORTS, CAMPS, CLASSES, AND FINE ART ACTIVITIES THROUGH 25 DIFFERENT PARTNER ORGANIZATIONS. A SURVEY OF PARENTS FOUND THAT 98% OF RESPONDENTS WOULD NOT HAVE BEEN ABLE TO PARTICIPATE IN ACTIVITIES WITHOUT CONNECTING KIDS.

DELTA DENTAL OF SD'S MOBILE DENTAL PROGRAM PROVIDES RESTORATIVE AND PREVENTIVE DENTAL CARE TO UNDERSERVED CHILDREN. LAST YEAR, 288 LOCAL YOUTH WERE SCREENED, WITH 67 HAVING THEIR FIRST DENTAL VISIT. THE ORAL HEALTH IN AMERICA REPORT ESTABLISHED THE LINK BETWEEN DENTAL DISEASE AND ABSENTEEISM AND REDUCED LEARNING IN CHILDREN AS WELL AS THE LINK BETWEEN DENTAL DISEASE AND OVERALL HEALTH AND DEVELOPMENT.

DOLLY PARTON'S IMAGINATION LIBRARY PROGRAM PROVIDES FREE BOOKS TO CHILDREN IN THE MAIL UNTIL AGE 5. OVER 11,188 CHILDREN RECEIVE BOOKS EACH MONTH. ONE

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STUDY REPORTS CHILDREN READ TO ONE HOUR PER DAY ENTER SCHOOL WITH A VOCABULARY 3 TIMES LARGER THAN STUDENTS ONLY READ TO 30 HOURS DURING THEIR FIRST 5 YEARS.

EMBE'S AQUATICS PROGRAM OFFERS SWIMMING LESSONS, SPECIALTY CLASSES, AND OPEN SWIM OPPORTUNITIES. LAST YEAR, 1,416 INDIVIDUALS TOOK PART IN SWIMMING LESSONS.

EMBE'S CHILDCARE PROGRAM SERVES CHILDREN AGES 4 WEEKS TO 5 YEARS. LAST YEAR, AN AVERAGE OF 347 CHILDREN ATTENDED THE CENTERS DAILY.

EMBE'S GIRLS ON THE RUN/HEART & SOLE IS A CHARACTER DEVELOPMENT AND EMPOWERMENT PROGRAM FOR GIRLS IN GRADES 3RD - 5TH AND 6TH - 8TH THAT USES NON-COMPETITIVE RUNNING AND TRAINING TO ACHIEVE THE GOAL OF PARTICIPATION IN A 5K RUN/WALK. LAST YEAR, 871 GIRLS PARTICIPATED IN GIRLS ON THE RUN OR HEART & SOLE AT 46 DIFFERENT SCHOOLS IN THE SIOUX EMPIRE.

EMBE'S LET ME RUN IS A SEVEN-WEEK AFTER SCHOOL PROGRAM WHOSE MISSION IS TO INSPIRE BOYS THROUGH THE POWER OF RUNNING, TO BE COURAGEOUS ENOUGH TO BE THEMSELVES, TO BUILD HEALTHY RELATIONSHIPS, AND TO LIVE AN ACTIVE LIFESTYLE. LAST YEAR, 127 BOYS PARTICIPATED AT 6 DIFFERENT SCHOOLS.

EMBE'S YOUTH RECREATION PROGRAMMING PROVIDES A VARIETY OF YOUTH ACTIVITIES FOR CHILDREN. ACTIVITIES INCLUDE: VOLLEYBALL, BABYSITTING CAMP, CAMP CEO, CAMP CHANGEMAKER, YOUTH TAEKWONDO, AND FIRST LEGO LEAGUE. LAST YEAR, 1,709 YOUTH PARTICIPATED IN A VARIETY OF PROGRAMS.

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HARMONY SOUTH DAKOTA IS A FREE AFTER-SCHOOL MUSIC PROGRAM THAT PROVIDES OPPORTUNITIES FOR CHILDREN AGES 6 AND UP TO PARTICIPATE IN STRING ORCHESTRA, PERCUSSION ENSEMBLES, MUSICIANSHIP CLASSES, AND PRIVATE INSTRUMENTAL LESSONS. LAST YEAR, 60 PARTICIPANTS SPENT 523 HOURS IN INSTRUCTION THROUGH THE PROGRAM.

INTER-LAKES COMMUNITY ACTION PARTNERSHIP'S SIOUX FALLS CENTER PROVIDES HIGH QUALITY EARLY CHILDHOOD DEVELOPMENT SERVICES TO LOW-INCOME AND SPECIAL NEEDS CHILDREN. LAST YEAR, 94 CHILDREN WERE ENROLLED IN THE PROGRAM WHILE THEIR PARENTS EITHER WORKED OR ATTENDED SCHOOL.

KIDSTOP PROVIDES A FREE AFTER SCHOOL AND SUMMER RECREATION PROGRAM FOR STUDENTS IN GRADES K-8. LAST YEAR AN AVERAGE OF 50 CHILDREN AND 8 MIDDLE-SCHOOLERS ATTENDED DAILY. EIGHTY-NINE PER CENT OF REGULARLY ATTENDING PARTICIPANTS MAKE PROGRESS ON A POWER OF ASSET BUILDING CHART, A TOOL TO TRACK STUDENT BEHAVIOR AND ACADEMIC PROGRESS, WHICH LEADS TO ACADEMIC SUCCESS.

LUTHERAN SOCIAL SERVICES' AFTER-SCHOOL AND SUMMER PROGRAMS EMPHASIZE HANDS-ON ACTIVITIES TO KEEP CHILDREN ENGAGED IN LEARNING OUTSIDE OF SCHOOL HOURS. LAST YEAR, 134 CHILDREN PARTICIPATED IN AFTERSCHOOL AND SUMMER PROGRAMS, WITH AN AVERAGE DAILY ATTENDANCE OF 51 CHILDREN. OF THOSE CHILDREN, 114 CAME FROM LOW-INCOME FAMILIES, ALLOWING THEM TO PARTICIPATE IN QUALITY PROGRAMS EVEN IF THEIR FAMILY CANNOT AFFORD TO PAY THE FULL COST OF ATTENDING.

LUTHERAN SOCIAL SERVICES' CLIMB PROGRAM PROVIDES YOUTH WHO ARE AT-RISK FOR

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LOW ACHIEVEMENT SOCIALLY, EMOTIONALLY, AND ECONOMICALLY WITH A MENTOR WHO IS ABLE TO PROVIDE SUPPORT, GUIDANCE, AND FRIENDSHIP. MENTOR RELATIONSHIPS ARE DEVELOPED THROUGH COMMUNITY-BASED ACTIVITIES. LAST YEAR, 140 MENTOR MATCHES WERE MADE OR MAINTAINED THROUGH THE PROGRAMS. RECENT RESEARCH SHOWS THAT MENTORING RELATIONSHIPS SUPPORT A YOUTH'S GROWTH AND DEVELOPMENT IN MULTIPLE AREAS SIMULTANEOUSLY. THIS INCLUDES BETTER DEVELOPMENT OF MORALS AND VALUES, IMPROVED DECISION MAKING, FEELING EMPOWERED TO SUCCEED, AND RECEIVING ENCOURAGEMENT TO ENTER OR FINISH COLLEGE.

LUTHERAN SOCIAL SERVICES' EVERY DAY HEROES MENTOR PROGRAM PROVIDES ELEMENTARY AND MIDDLE SCHOOL STUDENTS WITH POSITIVE ADULT ROLE MODELS AT THEIR SCHOOLS. LAST YEAR, 1,378 VOLUNTEER MENTORS SERVED WITHIN 11 PUBLIC SCHOOL DISTRICTS IN MINNEHAHA AND LINCOLN COUNTIES. NATIONAL RESEARCH SHOWS THAT STRONG RELATIONSHIPS BETWEEN MENTORS AND STUDENTS PROMOTE LONG-TERM POSITIVE OUTCOMES THAT INCLUDE ACHIEVEMENT, A STRONGER SENSE OF SELF-WORTH, IMPROVED RELATIONSHIPS WITH PARENTS, AND DECREASED DRUG AND ALCOHOL USE.

LUTHERAN SOCIAL SERVICES' HERE4YOUTH PROVIDES OUT OF SCHOOL TIME CARE FOR YOUTH WITH SPECIAL NEEDS AND THEIR SIBLINGS. LAST YEAR, THEY SERVED 69 YOUTH DURING OUT OF SCHOOL HOURS.

LUTHERAN SOCIAL SERVICES' USUCCEED PROGRAM PROVIDES AT-RISK HIGH SCHOOL STUDENTS WITH A LONG-TERM VOLUNTEER MENTOR TO ENCOURAGE AND SUPPORT HIGH SCHOOL GRADUATION. LAST YEAR, 187 MENTORS AND STUDENTS WERE MATCHED. OF THOSE, 97% OF THE STUDENTS PROGRESSED TO THE NEXT GRADE LEVEL. ONE STUDY FOUND THAT AT-RISK YOUNG PEOPLE WHO HAD MENTORS WERE MORE LIKELY TO SET GOALS FOR HIGHER EDUCATION AND WERE MORE LIKELY TO ATTEND COLLEGE THAN

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NON-MENTORED PEERS.

MULTI-CULTURAL CENTER'S AFTER SCHOOL AND OUT OF SCHOOL PROGRAMS SERVES 692 STUDENTS WITH AFTER SCHOOL AND SUMMER PROGRAMMING LAST YEAR. SERVICES PROVIDED INCLUDE READING ASSISTANCE, MATH HELP, KARATE, AND PROGRAMS TO RECOGNIZE DIFFERENT CULTURES.

READY TO START PROVIDES A FIVE-WEEK PROGRAM FOR CHILDREN WHO MAY NOT HAVE HAD ACCESS TO PRE-KINDERGARTEN SERVICES, OR WHO MAY HAVE DEMONSTRATED A NEED FOR ADDITIONAL SERVICES PRIOR TO THEIR FIRST DAY OF SCHOOL. LAST YEAR THE PROGRAM SERVED 176 CHILDREN IN CANTON, HARRISBURG, MCCOOK CENTRAL, LENNOX, SIOUX FALLS, AND TEA AREA SCHOOL DISTRICTS. PARTICIPANTS HAVE AN AVERAGE GAIN OF 35% IN MATH SKILLS, 25% IN READING SKILLS, AND 22% IN SUPPORTIVE SKILLS.

SANFORD CHILDREN'S CHILD SERVICES' SUCCESS BY 6 WATCH ME GROW HELP ME GROW PROGRAMMING INCLUDES PARENT RESOURCE MATERIAL AT BIRTH, CHILD AND PARENT RESOURCES ONLINE, HOME VISITS, AND TEMPERAMENT PROGRAMMING. LAST YEAR, 2,814 PACKETS WERE DISTRIBUTED TO NEW PARENTS AT BIRTH, 117 NEW PARENTS WERE VISITED IN THEIR HOMES BY CHILD DEVELOPMENT PROFESSIONALS, AND 209 PARENTS PARTICIPATED IN TEMPERAMENT SERVICES.

SIOUX COUNCIL BOY SCOUTS' JUVENILE DIVERSION PROGRAMS ARE ALTERNATIVES TO FORMAL COURT PROCEEDINGS. LAST YEAR, 669 TEENS PARTICIPATED IN TEEN COURT OR COMMUNITY ACCOUNTABILITY BOARDS. COMBINED, THE TEENS COMPLETED 18,732 HOURS OF COMMUNITY SERVICE.

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SIOUX COUNCIL BOY SCOUTS' SCOUTING PROGRAM BENEFITS YOUNG PEOPLE BY EMPHASIZING FAMILY, COMMUNITY, AND CHARACTER EDUCATION. LAST YEAR 4,017 REGISTERED SCOUTS (AGES 1 THROUGH 20) PARTICIPATED IN 482,040 HOURS OF PROGRAMMING AND CONTRIBUTED 40,170 HOURS IN COMMUNITY SERVICE. ADULTS WHO WERE SCOUTS FOR FIVE YEARS ARE MORE LIKELY THAN THOSE WHO HAVE NEVER BEEN SCOUTS TO GRADUATE HIGH SCHOOL, EARN COLLEGE DEGREES, AND OWN THEIR OWN HOMES.

SIOUX COUNCIL BOY SCOUTS' SCOUTREACH WORKS TO ENSURE THAT ALL LOW-INCOME, CULTURALLY DIVERSE, AND HARD-TO-SERVE YOUTH HAVE THE OPPORTUNITY TO EXPERIENCE SCOUTING. THE PROGRAM PROVIDES SCOUT LEADERS AND FACILITATORS FOR YOUTH IN TRADITIONAL CUB SCOUT PACKS. LAST YEAR, 892 YOUTH PARTICIPATED IN SCOUTING OPPORTUNITIES.

SIOUX EMPIRE SMILES IS A FREE ONE-DAY COMPREHENSIVE DENTAL CLINIC FOR CHILDREN 18 AND UNDER. LAST YEAR 156 PATIENTS WERE PROVIDED WITH DENTAL SCREENINGS, FILLINGS, EXTRACTIONS, CLEANINGS, AND OTHER DENTAL CARE. OF THOSE PATIENTS, 19 WERE IDENTIFIED AS NEEDING EXTENSIVE TREATMENT BEYOND THE ONE-DAY CLINIC. COMMUNITY PARTNERSHIPS PROVIDED THESE ADDITIONAL PATIENTS WITH THE PROPER OPERATING ROOM SETTING NEEDED TO PROVIDE THE DENTAL CARE.

SIOUX FALLS FAMILY YMCA'S MIDDLE SCHOOL AFTER SCHOOL PROGRAM PROVIDES A VARIETY OF ACTIVITIES TO 1,137 STUDENTS AT FIVE MIDDLE SCHOOLS LAST YEAR. OF THOSE STUDENTS, 76% FEEL THAT THE PROGRAM HAS HELPED THEM BECOME A BETTER PERSON.

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PRESCHOOL OPPORTUNITY PROGRAM, ADMINISTERED THROUGH SIOUX FALLS SCHOOL DISTRICT, PROVIDES A HIGH QUALITY PRE-KINDERGARTEN EXPERIENCE FOR 68 CHILDREN WHOSE FAMILIES HAVE SOCIO-ECONOMIC CHALLENGES LAST YEAR. LONGITUDINAL RESEARCH FROM THE HIGH/SCOPE RESEARCH STUDIES SHOW THAT QUALITY EARLY CHILDHOOD EDUCATION HAS LONG-TERM BENEFITS FOR CHILDREN THAT INCLUDE: FEWER FAILING GRADES, HIGHER GRADUATION RATES, DECREASED INVOLVEMENT IN SOCIAL SERVICES AS ADULTS, AND HIGHER MONTHLY EARNINGS AS ADULTS.

SIOUX FALLS SCHOOL DISTRICT'S SCHOOL HOME LIAISON AND REFUGEE AND IMMIGRANT ACADEMIC ACHIEVEMENT RESOURCES HELPS REFUGEE AND IMMIGRANT FAMILIES UNDERSTAND THE AMERICAN EDUCATIONS SYSTEM. LAST YEAR, 2,398 STUDENTS AND THEIR FAMILIES WERE SERVED. WHEN IT CAME TIME FOR CONFERENCES, 100% OF IMMERSION CENTER PARENTS ATTENDED AND STUDENT PARTICIPANTS MAINTAINED A 96% ATTENDANCE RATE AT SCHOOL ON AVERAGE.

UNITED CHILDCARE AND PRESCHOOL PROVIDES QUALITY CARE FOR CHILDREN AGES 2-10. LAST YEAR, 134 CHILDREN WERE PROVIDED CARE.

THE USD SCOTTISH RITE CHILDREN'S CLINIC FOR SPEECH & LANGUAGE DISORDERS PROVIDES A FULL ARRAY OF CLINICAL SERVICES RELATED TO SPEECH, LANGUAGE AND LITERACY. LAST YEAR, 99 CHILDREN UTILIZED SERVICES THROUGH THE PROGRAM.

VOLUNTEERS OF AMERICA, DAKOTA'S AXIS 180 PROVIDES HOUSING, CASE MANAGEMENT, LIFE SKILLS, EMPLOYMENT EDUCATION ASSISTANCE, AND AFTERCARE SERVICES FOR YOUTH AGES 16-21 TO HELP THEM TRANSITION FROM HOMELESSNESS TO INDEPENDENCE. LAST YEAR, 33 YOUTH WERE SERVED BY THE PROGRAM. OF THOSE SERVED, 75% WORKED

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TOWARDS THEIR HIGH SCHOOL DIPLOMA OR GED.

VOLUNTEERS OF AMERICA, DAKOTA'S KIDZ COUNT PROGRAM PROVIDES AFTERSCHOOL AND SUMMER CARE SERVICES TO STUDENTS AGES 5-12 WHO ARE ENROLLED AT TERRY REDLIN ELEMENTARY. THE PROGRAM PROVIDES AT LEAST 30 MINUTES OF PHYSICAL ACTIVITY, A FULL AFTERNOON MEAL, HOMEWORK ASSISTANCE, AND OTHER ACTIVITIES. LAST YEAR, 36 STUDENTS PARTICIPATED IN THE PROGRAM.

VOLUNTEERS OF AMERICA, DAKOTAS' CHILDCARE PROGRAM PROVIDED 182 CHILDREN WITH QUALITY CARE LAST YEAR.

VOLUNTEERS OF AMERICA, DAKOTAS' RUNAWAY AND HOMELESS YOUTH SERVICES ASSISTS RUNAWAY AND HOMELESS YOUTH AND YOUNG ADULTS. SERVICES INCLUDE 24/7 CRISIS INTERVENTION FOR YOUTH AND FAMILIES, ON-STREET OUTREACH, CASE MANAGEMENT, AND REFERRALS FOR EMERGENCY SHELTER. LAST YEAR, 235 INDIVIDUALS WHO WERE RUNAWAYS, HOMELESS YOUTH, OR FAMILIES IN CRISIS WERE PROVIDED ASSISTANCE.

VOLUNTEERS OF AMERICA, DAKOTAS' YOUTH CENTER IS A DROP-IN CENTER THAT OFFERS EDUCATIONAL, ARTISTIC, MUSICAL, CULTURAL, AND CREATIVE OPPORTUNITIES FOR YOUTH AGES 7 TO 20 YEARS. THE CENTER SERVED ABOUT 184 YOUTH LAST YEAR.

PEOPLE IN CRISIS:

AVERA MCKENNAN HOSPITAL & UNIVERSITY HEALTH CENTER'S AVERA FAMILY WELLNESS PROGRAM FOCUSES ON EARLY INTERVENTION WITH CHILDREN IN PRE-KINDERGARTEN THROUGH FIFTH GRADE. STUDENTS AND THEIR FAMILIES ARE CONNECTED WITH A FAMILY HEALTH COORDINATOR TO BUILD FAMILY CONNECTION AND STABILITY WHILE IDENTIFYING AND TREATING THE FAMILY'S MENTAL HEALTH NEEDS. LAST YEAR, 299

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CHILDREN AND THEIR FAMILIES TOOK PART IN THE PROGRAM, ATTENDING OVER 1,500 THERAPY SESSIONS, RESULTING IN FEWER MISSED DAYS OF SCHOOL, FEWER BEHAVIORAL EVENTS AND LESS TARDINESS.

BETHANY CHRISTIAN SERVICES' SAFE FAMILIES FOR CHILDREN HELPS FAMILIES AND CHILDREN IN CRISIS BY PROVIDING A NETWORK OF VOLUNTEER HOST FAMILIES WHO HELP PARENTS WHO NEED TEMPORARY CARE FOR THEIR CHILDREN AS THEY FACE UNMANAGEABLE OR CRITICAL CIRCUMSTANCES. LAST YEAR, 122 CHILDREN WERE PROVIDED SAFE CARE THROUGH THE PROGRAM. AT THE END OF THE CRISIS THAT PRECIPITATED THE HOSTING ARRANGEMENT, 94% RETURN TO THEIR FAMILIES.

BRIGHT START NURSE HOME VISITATION PROGRAM SERVES LOW-INCOME, AT-RISK, FIRST-TIME MOMS DURING PREGNANCY, AFTER DELIVERY, AND THROUGH THE CHILD'S THIRD BIRTHDAY. THE PROGRAM PROVIDES PRENATAL, MATERNAL, INFANT/CHILD HEALTH ASSESSMENTS AND EDUCATION, PARENTING EDUCATION, MENTAL HEALTH SERVICES, AND ASSISTANCE WITH EDUCATION AND TRANSPORTATION. LAST YEAR, 85 FAMILIES WERE PROVIDED WITH 2,449 NURSE HOME VISITS AND THERAPY SESSIONS. OF THESE MOTHERS, 100% RECEIVED PRENATAL CARE AND CHILDREN HAD A 91% IMMUNIZATION RATE BY AGE 2. RESEARCH HAS SHOWN PROGRAMS THAT UTILIZE THE NURSE FAMILY PARTNERSHIP MODEL SHOW IMPROVED PRENATAL HEALTH, IMPROVED SCHOOL READINESS, REDUCTION IN ARRESTS FOR THE MOTHER, AND REDUCTION IN CHILD ABUSE AND NEGLECT.

THE CRISIS INTERVENTION PROGRAM OF CHILDREN'S INN SERVES THE COMMUNITY WITH A CRISIS HOTLINE, IN PERSON CRISIS COUNSELING, CRISIS DAY CARE, OUTREACH TO EMERGENCY ROOMS, ARREST INTERVENTIONS, AND MORE. LAST YEAR, 2,732 INDIVIDUALS WERE SERVED THROUGH 16,827 DIFFERENT POINTS OF CONTACT.

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RESEARCH SHOWS THAT CRISIS INTERVENTION DECREASES DISTRESS AND IMPROVES PROBLEM SOLVING.

THE CRISIS SHELTER OF CHILDREN'S INN PROVIDES WOMEN AND CHILDREN FLEEING ABUSE WITH IMMEDIATE SAFE SHELTER WHEN THEY ARE READY OR ABLE TO LEAVE AN ABUSIVE SITUATION. LAST YEAR, 968 INDIVIDUALS SOUGHT SHELTER FOR A TOTAL OF 17,200 SHELTER DAYS. OF THOSE WOMEN STAYING IN THE SHELTER, 92% INDICATED THEY DEVELOPED OPTIONS FOR CONTINUED SAFETY FOR WHEN THEY DEPART FROM SHELTER. SEEKING HELP AT THE TIME OF A CRISIS AND LEAVING AN ABUSIVE RELATIONSHIP WILL LEAD TO A MORE POSITIVE LIFE FOR THE VICTIM DUE TO THE FACT THAT THE EFFECTS OF STAYING IN AN ABUSIVE RELATIONSHIP INCLUDE: PHYSICAL HEALTH PROBLEMS, DEPRESSION, POST-TRAUMATIC STRESS DISORDER, AND NEGATIVE ECONOMIC EFFECTS.

THE COMMUNITY OUTREACH'S CRISIS CARE PROGRAM PROVIDES INFORMATION AND REFERRALS TO LOCAL AGENCIES AND EMERGENCY FINANCIAL ASSISTANCE FOR BASIC NEEDS ITEMS INCLUDING SHELTER, UTILITIES, AND EMPLOYMENT RELATED TRANSPORTATION. LAST YEAR, 1,811 INDIVIDUALS AND FAMILIES RECEIVED FINANCIAL ASSISTANCE AND 461 INDIVIDUALS AND FAMILIES RECEIVED CASE MANAGEMENT SUPPORT.

THE COMMUNITY OUTREACH'S GENESIS MENTORING PROGRAM PAIRS VOLUNTEER MENTORS WITH HOMELESS OR NEAR HOMELESS FAMILIES AND INDIVIDUALS TO HELP STABILIZE THEM AND EDUCATE ON FINANCIAL LITERACY. LAST YEAR, 84 HOUSEHOLDS WERE SERVED THROUGH GENESIS. OF THOSE SERVED, 93% ACHIEVED OR MAINTAINED PERMANENT HOUSING ONE YEAR AFTER ENTERING THE GENESIS PROGRAM.

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THE COMPASS CENTER'S EDUCATION & PREVENTION PROGRAM STRIVES TO DECREASE THE INCIDENCE AND PREVALENCE OF SEXUAL ASSAULT AND DOMESTIC VIOLENCE IN OUR REGION. LAST YEAR, 37 TRAININGS AND SESSIONS WERE HELD, EDUCATING 2,129 PEOPLE. THE GOAL OF PREVENTION EDUCATION SESSIONS IS TO PREVENT FIRST-TIME PERPETRATION OF VICTIMIZATION BY IMPROVING KNOWLEDGE AND ATTITUDES THAT CORRESPOND TO THE ORIGINS OF SEXUAL ASSAULT, THE IMPACT OF GENDER ROLES, HEALTHY RELATIONSHIPS, CONSENT, CONFLICTED RESOLUTION, RESPECTING PERSONAL BOUNDARIES, AND SKILL BUILDING FOR THESE TOPICS.

THE COMPASS CENTER'S COUNSELING SERVICES ADDRESSES THE PSYCHOLOGICAL, EMOTIONAL, AND PHYSICAL EFFECTS OF RAPE, SEXUAL ASSAULT, AND DOMESTIC VIOLENCE BY PROVIDING SERVICES TO ANY PRIMARY OR SECONDARY VICTIM OF SEXUAL ASSAULT, DOMESTIC VIOLENCE, AND/OR STALKING. LAST YEAR, 557 INDIVIDUALS WERE HELPED.

EMBE'S DRESS FOR SUCCESS PROGRAM PROMOTES ECONOMIC INDEPENDENCE OF WOMEN BY PROVIDING PROFESSIONAL ATTIRE, A NETWORK OF SUPPORT, AND CAREER DEVELOPMENT TOOLS TO HELP THEM STRIVE IN WORK AND LIFE. LAST YEAR, THE PROGRAM PROVIDED 99 INTERVIEW SUITINGS, AND HAD 150 CAREER CENTER CLIENTS. IN TOTAL, 316 INDIVIDUALS BENEFITTED FROM THE PROGRAM AND 79% OF CLIENTS ATTAINED EMPLOYMENT.

FAMILY SERVICES' COUNSELING PROGRAM PROVIDES A VARIETY OF SERVICES INCLUDING MARRIAGE AND FAMILY, PARENT/CHILD, ALCOHOL/DRUGS, DEPRESSION, ANXIETY, AND STRESS. LAST YEAR 9,316 HOURS OF SERVICE WERE PROVIDED TO 1,424 INDIVIDUALS INCLUDING DIRECT CLIENT CONTACT, AS WELL AS WORK-RELATED CONTACTS WITH EMPLOYERS AND CONTACT WITH DSS, COURTS, SCHOOLS, ETC.

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THE HEUERMANN COUNSELING CLINIC THROUGH FAMILY SERVICES UTILIZES VOLUNTEER COUNSELORS TO PROVIDE COUNSELING SERVICES TO CLIENTS WHO ARE LOW INCOME AND HAVE NO OTHER MEANS TO PAY FOR SERVICES. LAST YEAR, 1,113 HOURS OF COUNSELING SERVICE WERE PROVIDED TO 173 INDIVIDUALS.

FEEDING SOUTH DAKOTA'S BACKPACK PROGRAM PROVIDES 2,870 CHILDREN AT 43 SITES WITHIN THE SIOUX EMPIRE WITH FOOD FOR THE WEEKEND.

FURNITURE MISSION RECEIVES DONATIONS OF GENTLY USED FURNITURE AND THEN DISTRIBUTES THROUGH SOCIAL SERVICE AGENCY REFERRALS. LAST YEAR, 1,817 REFERRALS WERE SERVED. BY ENSURING CHILDREN HAVE A BED TO SLEEP IN, THEY ARE MORE LIKELY TO SUCCEED IN SCHOOL AND HAVE LESS BEHAVIORAL ISSUES.

HELPLINE CENTER'S 211 COMMUNITY RESOURCES PROVIDES CALLERS WITH INFORMATION ABOUT AND REFERRALS TO HUMAN SERVICES FOR EVERY DAY NEEDS AND IN TIME OF CRISIS. LAST YEAR 25,431 CALLS WERE ANSWERED AND AN ADDITIONAL 17,660 INQUIRIES WERE MADE ONLINE. OF THOSE CALLERS, 76% INCREASED THEIR KNOWLEDGE OF SERVICES AVAILABLE. HELPLINE'S 211 IS A VALUABLE COMMUNITY-BUILDING TOOL THAT STRENGTHENS SOCIAL BONDS, IMPROVES LIVES, AND MAKES COMMUNITY STRONGER AND SAFER.

HELPLINE CENTER'S NETWORK OF CARE IS A SYSTEMATIC INFRASTRUCTURE CREATED TO COORDINATE BASIC NEEDS SERVICES FOR INDIVIDUALS AND FAMILIES IN A MORE EFFICIENT, EFFECTIVE, AND CARING MANNER THROUGH THE USE OF A COMMON INTAKE PROCESS AND A SHARED SOFTWARE SYSTEM. LAST YEAR, 12 LOCAL AGENCIES SERVED 16,305 TOTAL CLIENTS, PROVIDING OVER 52,000 DIFFERENT SERVICES.

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HELPLINE CENTER'S SUICIDE AND CRISIS SUPPORT PROVIDES A CONTINUUM OF SERVICES INCLUDING PREVENTION, INTERVENTION, AND POSTVENTION. THIS INCLUDES A 24/7 CRISIS CALL AND TEXT CENTER, NATIONALLY RECOGNIZED SUICIDE PREVENTION AND INTERVENTION TRAININGS, AND SUPPORT AND EDUCATIONAL CLASSES FOR PEOPLE WHO HAVE LOST LOVED ONES TO SUICIDE. LAST YEAR, 6,914 PEOPLE ATTENDED EDUCATIONAL SESSIONS AND AN ADDITIONAL 3,969 PEOPLE WERE PROVIDED WITH SURVIVOR SUPPORT. EXPERTS AGREE THAT SUICIDE IS A PREVENTABLE FORM OF DEATH, AND THAT LIVES CAN BE SAVED WITH IMPLEMENTATION OF COMPREHENSIVE, EVIDENCE-BASED SUICIDE RISK REDUCTION STRATEGIES.

HELPLINE CENTER'S VOLUNTEER CONNECTS PROGRAM ASSISTS SIOUX EMPIRE AREA RESIDENTS WITH FINDING VOLUNTEER OPPORTUNITIES AND HELPS VOLUNTEER MANAGERS BY OFFERING EDUCATIONAL RESOURCES AND SUPPORT. LAST YEAR THEY PROVIDED 44,931 TOTAL VOLUNTEER-RELATED CONTACTS. RESEARCH SHOWS THAT THE AVERAGE VALUE OF A VOLUNTEER HOUR IS \$24.69.

INTER-LAKES COMMUNITY ACTION PARTNERSHIP'S HEARTLAND HOUSE PROVIDES TRANSITIONAL HOUSING FOR HOMELESS FAMILIES AND THEIR CHILDREN, SERVING 135 FAMILIES LAST YEAR. OF THOSE SERVED, 40% GAINED FINANCIAL SELF-SUFFICIENCY AND 76% ENTERED PERMANENT STABLE HOUSING AFTER COMPLETING PROGRAM.

LUTHERAN SOCIAL SERVICES' CENTER FOR FINANCIAL RESOURCES HELPS CONSUMERS FIND SOLUTIONS TO THEIR FINANCIAL CONCERNS THROUGH FINANCIAL COUNSELING SERVICES AND DEBT MANAGEMENT PROGRAMS. LAST YEAR, THE PROGRAM PROVIDED 1,517 COUNSELING SESSIONS AND 468 ACTIVE DEBT MANAGEMENT PLANS. OF THOSE CLIENTS, 148 SUCCESSFULLY COMPLETED A DEBT MANAGEMENT PLAN AND \$1,848,788

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IN DEBT WAS PAID OFF BY PARTICIPANTS THROUGH DEBT MANAGEMENT PLANS.

LUTHERAN SOCIAL SERVICES' COUNSELING SERVICES SERVES CHILDREN, ADULTS, FAMILIES, AND COUPLES WHO ARE STRUGGLING WITH A WIDE ARRAY OF MENTAL HEALTH CONCERNS. LAST YEAR 1,058 PEOPLE WERE PROVIDED 6,429 HOURS OF COUNSELING. OF THOSE SERVED, 78% OF PARTICIPANTS DEMONSTRATED SOME LEVEL OF ACHIEVEMENT TOWARDS THEIR GOALS.

LUTHERAN SOCIAL SERVICES' PATH PROGRAM PARTNERS WITH AREA SCHOOL DISTRICTS TO MEET THE MENTAL HEALTH NEEDS OF K-12 STUDENTS IN THEIR SCHOOLS. PATH ELIMINATES BARRIERS SO THAT CHILDREN AND TEENS CAN GET PROFESSIONAL INDIVIDUAL MENTAL HEALTH COUNSELING AT SCHOOL DURING THE SCHOOL DAY. ON AVERAGE, 558 COUNSELING SESSIONS ARE PROVIDED EACH MONTH AT MORE THAN 40 SCHOOLS IN BRANDON VALLEY, CANTON, DELL RAPIDS, HARRISBURG, SIOUX FALLS, TEA AREA SCHOOL DISTRICTS, AND SIOUX FALLS CATHOLIC SCHOOLS.

LUTHERAN SOCIAL SERVICES' RE-ENTRY SERVICES ASSISTS INDIVIDUALS WHO HAVE RECENTLY BEEN RELEASED FROM JAIL OR PRISON SUCCESSFULLY RE-INTEGRATE INTO THEIR FAMILIES AND COMMUNITIES. LAST YEAR, 66 PEOPLE COMPLETED THE WORK TRAINING CLASSES AND 528 HOURS OF CASE MANAGEMENT WERE PROVIDED.

REACH ADULT LITERACY/TUTORING PROVIDES 2,700 HOURS OF TUTORING TO 170 ADULTS IN ORDER TO IMPROVE THEIR READING, WRITING AND LIVING SKILLS. OF THOSE WHO PARTICIPATE, 90% ACHIEVED NEW COMPETENCIES IN BASIC COMMUNICATION, EMPLOYMENT, GOVERNMENT AND LAW, LEARNING AND THINKING SKILLS, OR INDEPENDENT LIVING.

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SAD ISN'T BAD WAS DEVELOPED SPECIFICALLY TO HELP CHILDREN WHO ARE EXPERIENCING GRIEF. LAST YEAR, 16 CHILDREN AND 11 ADULTS PARTICIPATED IN THE PROGRAM.

SANFORD HEALTH'S CHILD'S VOICE FAMILY ADVOCATE PROVIDES COUNSELING AND OTHER SUPPORT TO CHILD VICTIMS OF ABUSE AND SEXUAL ASSAULT AND THEIR NON-OFFENDING FAMILY MEMBERS. LAST YEAR, 358 CHILDREN AND 353 NON-OFFENDING FAMILY MEMBERS WERE PROVIDED WITH CRISIS INTERVENTION AND SUPPORT, ATTENDANCE AT INTERVIEWS OR CASE REVIEWS, FOLLOW-UP CARE, REFERRALS TO MENTAL HEALTH AND MEDICAL CARE, AND OTHER ADVOCACY SERVICES. RESEARCH SHOWS THAT ONGOING SUPPORT AND ACCESS TO COMPREHENSIVE SERVICES ARE CRITICAL TO A CHILD'S COMFORT AND ABILITY TO PARTICIPATE IN AN ONGOING INVESTIGATION, INTERVENTION, AND TREATMENT.

SIOUX FALLS AREA CASA RECRUITS VOLUNTEERS TO ADVOCATE FOR ABUSED AND NEGLECTED CHILDREN. LAST YEAR, 17,110 HOURS OF SERVICE WERE PROVIDED AND 100% OF CHILDREN SERVED WITH AN ADVOCATE DID NOT RE-ENTER THE COURT SYSTEM. CASA VOLUNTEERS SPEND SIGNIFICANTLY MORE TIME WITH A CHILD THAN A PAID GUARDIAN OR AD LITEM/ATTORNEY. A CHILD WITH AN ADVOCATE IS MORE LIKELY TO FIND A SAFER, PERMANENT HOME. OF THE CHILDREN ASSIGNED A VOLUNTEER BY SIOUX FALLS AREA CASA, 98% OF DO NOT RE-ENTER THE COURT SYSTEM BECAUSE OF SUBSEQUENT ABUSE.

SIOUX FALLS HOUSING & REDEVELOPMENT COMMISSION'S FAMILY SELF-SUFFICIENCY PROGRAM ASSISTS LOW-INCOME INDIVIDUALS AND ADULT FAMILY MEMBERS WHO ARE RECEIVING HOUSING ASSISTANCE WITH ELIMINATING BARRIERS TO ATTAINING EDUCATION AND EMPLOYMENT SKILLS. LAST YEAR, 129 PARTICIPANTS RECEIVED ONE-

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ON-ONE ASSISTANCE AND HAD THE OPPORTUNITY TO ATTEND DIFFERENT WORKSHOPS. THE PROGRAM WAS COMPLETED BY 9 PARTICIPANTS LAST YEAR. OF THOSE GRADUATES, 6 BECAME TOTALLY OR PARTIALLY SELF-SUFFICIENT (NO LONGER NEEDING HOUSING ASSISTANCE).

ST. FRANCIS HOUSE PROVIDES TRANSITIONAL HOUSING AND CASE MANAGEMENT, SERVING 32 FAMILIES, 22 CHILDREN, AND 374 SINGLE INDIVIDUALS LAST YEAR.

VOLUNTEERS OF AMERICA, DAKOTAS' LIFEMARKS COUNSELING SERVICES PROVIDED 553 INDIVIDUALS WITH 7,880 HOURS OF INDIVIDUAL, GROUP, AND PSYCHIATRIC SERVICES LAST YEAR.

VOLUNTEERS OF AMERICA, DAKOTAS' LOOK UP AND HOPE PROGRAM USES A COMPREHENSIVE WRAPAROUND APPROACH TO IMPROVE THE LIVES OF FAMILIES IMPACTED BY MATERNAL INCARCERATION. THE PROGRAM INCLUDES HOME VISITS WITH MOTHERS TO ADDRESS PARENTING CONCERNS, HEALTH RELATIONSHIP EDUCATION, CONNECTIONS BETWEEN FAMILIES AND COMMUNITY RESOURCES THAT PROMOTE SELF-SUFFICIENCY, AND MORE. LAST YEAR, 205 MOTHERS, CHILDREN, AND CAREGIVERS WERE SERVED THROUGH THE PROGRAM.

VOLUNTEERS OF AMERICA, DAKOTA'S VETERAN SERVICES CENTER IS A COMPREHENSIVE RESOURCE FOR VETERANS. IT PROVIDES A DAYTIME SHELTER WITH MEALS AND SNACKS, FREE LAUNDRY AND SHOWER SERVICES, AND CASE MANAGEMENT TO ASSIST WITH EMERGENCY FINANCIAL NEEDS. THE CENTER CAN ASSIST WITH OBTAINING IDENTITY DOCUMENTS, STABILIZING CRISIS SITUATIONS, AND ASSISTING VETERANS WITH REFERRALS TO OTHER AVAILABLE SERVICES. LAST YEAR, 390 VETERANS WERE SERVED BY THE PROGRAM.

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VULNERABLE ADULTS:

ACTIVE GENERATIONS' BRIDGES EMPLOYMENT RESOURCE CENTER PROVIDES SERVICES TO JOB SEEKERS 40 YEARS OF AGE AND OLDER TO ASSIST THEM IN THEIR JOB SEARCH. LAST YEAR, 255 CLIENTS RECEIVED ASSISTANCE IN RESUME PREPARATION SERVICES, COMPUTER TRAINING, AND INTERVIEW SKILLS. OF THOSE INDIVIDUALS, 105 SECURED EMPLOYMENT.

ACTIVE GENERATIONS CÉILÍ COTTAGE ADULT DAY SERVICES MEETS THE NEEDS OF INDIVIDUALS LIVING WITH ALZHEIMER'S AND OTHER TYPES OF DEMENTIA WHO ARE UNABLE TO STAY HOME ALONE DURING THE DAY. THE PROGRAM IS OFFERED IN A HOME-SETTING WITH DIRECT-CARE STAFF. SERVICES OFFERED INCLUDE: MEDICATION ADMINISTRATION, BATHING, MONITOR HEALTH CONDITIONS, DAILY EXERCISE, SOCIALIZATION ACTIVITIES, AND CAREGIVER SUPPORT. LAST YEAR, 22 INDIVIDUALS WERE PROVIDED WITH 10,000 HOURS OF SERVICE.

ACTIVE GENERATIONS' DAY BREAK ADULT DAY SERVICES PROVIDES HEALTHCARE SERVICES AND SOCIAL ENGAGEMENT OPPORTUNITIES FOR ADULTS LIVING IN THE COMMUNITY THAT ARE IN NEED OF DAILY ASSISTANCE AS THE RESULT OF A CHRONIC CONDITION. THE PROGRAM PROVIDES NURSING SERVICES, MEANINGFUL ACTIVITIES, AND CAREGIVER SUPPORT. LAST YEAR, 158 INDIVIDUALS WERE SERVED, WITH 62% OF THOSE INDIVIDUALS HAVING DEMENTIA. THE AVERAGE PARTICIPANT DELAYS THE NEED FOR A LONG-TERM CARE FACILITY BY 22 MONTHS. OF THE CAREGIVERS THAT BENEFITTED FROM THE PROGRAM, 94% REPORTED DAY BREAK LED TO A DECREASE IN THEIR STRESS LEVEL.

ACTIVE GENERATIONS' SENIOR NUTRITION PROGRAM PROVIDES PEOPLE AGES 60 AND

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OVER A HOT AND NUTRITIOUS NOON MEAL IN A CONGREGATE OR HOME DELIVERED SETTING FOR A DONATION. LAST YEAR, 219,947 MEALS WERE SERVED TO 3,619 PEOPLE. OF THE MEAL RECIPIENTS, 97% SAY THAT MEALS ON WHEELS ALLOWS THEM TO HAVE FOOD ON A REGULAR BASIS. MALNUTRITION CAN INCREASE HEALTHCARE COSTS BY 300%.

ACTIVE GENERATIONS' WORKERS ON WHEELS HELPS SENIORS REMAIN INDEPENDENT IN THEIR HOMES BY PROVIDING MINOR HOME REPAIR, LAWN AND OUTSIDE HOME REPAIR, AS WELL AS TRANSPORTATION TO AND FROM MEDICAL APPOINTMENTS. LAST YEAR, 2,421 JOBS AND 1,237 RIDES WERE PROVIDED TO 525 CLIENTS. RESEARCH SHOWS THAT MOST OLDER ADULTS PREFER TO STAY IN THEIR OWN HOMES AND WOW ALLOWS CLIENTS TO DO SO, WHILE GIVING PEACE OF MIND TO THEIR LOVED ONES.

AUGUSTANA'S FRIENDSLINK PROVIDES SOCIAL/RECREATIONAL AND EDUCATIONAL ACTIVITIES FOR ADULTS WITH DISABILITIES. LAST YEAR, 159 SMALL GROUP, LARGE GROUP, OR ONE-ON-ONE ACTIVITIES WERE HELD. THE PROGRAM BENEFITTED 79 INDIVIDUALS WITH DISABILITIES. STABLE AND REWARDING INTERPERSONAL RELATIONSHIPS ARE ARGUABLY THE SINGLE MOST IMPORTANT FACTOR INFLUENCING A PERSON'S QUALITY OF LIFE.

DAKOTABILITIES' ALTERNATIVE SERVICES PROVIDES SOCIAL AND RECREATIONAL OPPORTUNITIES TO PEOPLE AS AN ALTERNATIVE TO TRADITIONAL PROGRAMMING. LAST YEAR, 15,360 HOURS OF SERVICE WERE PROVIDED TO 120 INDIVIDUALS.

HORSEPOWER IS A THERAPEUTIC HORSE PROGRAM FOR INDIVIDUALS WITH SPECIAL NEEDS. LAST YEAR THEY PROVIDED 1,685 THERAPY SESSIONS TO 87 PARTICIPANTS.

Name of the organization

Employer identification number

SIOUX EMPIRE UNITED WAY, INC.

46-0233701

LUTHERAN SOCIAL SERVICES OF SOUTH DAKOTA'S BETTER TOGETHER MATCHES ADULT VOLUNTEERS WITH OLDER ADULTS FOR RECREATIONAL AND SOCIAL OPPORTUNITIES. MATCHES GO ON OUTINGS, TALK, PURSUE HOBBIES, AND MAY ALSO ASSIST WITH THE OLDER ADULT'S NEEDS SUCH AS GROCERY SHOPPING AND OCCASIONAL TRANSPORTATION. LAST YEAR, 68 OLDER ADULTS WERE MATCHED WITH A VOLUNTEER. RESEARCHERS HAVE FOUND THAT FEELINGS OF LONELINESS CAN CONTRIBUTE TO REDUCED PHYSICAL HEALTH, INCREASED ALCOHOL ABUSE, AND OBESITY. OLDER ADULTS WHO LEAVE THE HOUSE MORE OFTEN LIVE LONGER THAN THOSE WHO RARELY GO OUT.

FORM 990, PART VI, LINE 6 - CLASSES OF MEMBERS OR STOCKHOLDERS

MEMBERS

FORM 990, PART VI, LINE 7A - ELECTION OF MEMBERS AND THEIR RIGHTS

EACH DIRECTOR SHALL BE SELECTED FOR A TERM OF THREE (3) YEAR BY THE CORPORATION'S MEMBERSHIP AT THE ANNUAL MEMBERSHIP MEETING.

FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990

A DRAFT OF THE FORM 990 IS PROVIDED TO EACH MEMBER OF THE ORGANIZATION'S BOARD OF DIRECTORS. THE ORGANIZATION'S PAID PREPARER IS THEN AVAILABLE FOR ANY QUESTIONS OR COMMENTS.

FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS POLICY

STAFF, BOARD MEMBERS, AND COMMUNITY IMPACT VOLUNTEERS ARE REQUIRED TO SIGN THE CONFLICT OF INTEREST POLICY ON AN ANNUAL BASIS AND DISCLOSE ANY POTENTIAL CONFLICTS OF INTEREST.

FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS FOR TOP OFFICIAL

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SIOUX EMPIRE UNITED WAY, INC.

46-0233701

UNITED WAY OF AMERICA SURVEYS ALL UNITED WAYS AND PUBLISHES A GRID THAT SUMMARIZES SALARIES BASED ON AMOUNTS RAISED. THE SIOUX EMPIRE UNITED WAY, INC. USES THE MEDIAN FOR COMPARISON AND THEN DEDUCTS 5% TO MAKE IT COMPARABLE TO THE LOWER COST OF LIVING IN SIOUX FALLS, SOUTH DAKOTA. NEW EMPLOYEES ARE HIRED AT 85% OF THE "LOCALIZED" MEDIAN.

EACH YEAR THE UNITED WAY OF AMERICA STUDY OF THE MEDIANS IS USED TO PREPARE A PERFORMANCE ADJUSTMENT CHART THAT TAKES INTO ACCOUNT THE CURRENT ECONOMIC CONDITIONS. THIS IS REVIEWED AND APPROVED BY THE HUMAN RESOURCES COMMITTEE AND THE BOARD OF DIRECTORS. AFTER PERFORMANCE REVIEWS ARE COMPLETED THE SALARY ADJUSTMENT DECISIONS ARE MADE BY THE SIOUX EMPIRE UNITED WAY, INC. EXECUTIVE COMMITTEE BASED ON ORGANIZATIONAL PERFORMANCE, PERSONAL PERFORMANCE AND ECONOMIC CONDITIONS MAKING SURE TO STAY WITHIN THE GUIDELINES APPROVED BY THE HUMAN RESOURCES DIVISION AND THE BOARD OF DIRECTORS.

FORM 990, PART VI, LINE 15B - COMPENSATION PROCESS FOR OFFICERS
 SAME PROCESS AS COMPENSATION PROCESS FOR TOP OFFICIAL IN PART VI, LINE 15A.

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION
 UPON REQUEST