

**Sioux Empire United Way, Inc.**

**2020 Income Tax Return**

*Prepared By*

**Woltman Group, PC**

Certified Public Accountants & Business Advisors

phone 605-361-1200 fax 605-361-3335  
[www.woltmangroup.com](http://www.woltmangroup.com)

Form **990**

**Return of Organization Exempt From Income Tax**

OMB No. 1545-0047

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

**2020**

Department of the Treasury  
Internal Revenue Service

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

**Open to Public Inspection**

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

**A For the 2020 calendar year, or tax year beginning** \_\_\_\_\_, **and ending** \_\_\_\_\_

<b>B</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	<b>C</b> Name of organization <p style="text-align: center;"><b>SIOUX EMPIRE UNITED WAY, INC.</b></p> Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite <p style="text-align: center;"><b>1000 N WEST AVENUE</b></p> City or town, state or province, country, and ZIP or foreign postal code <p style="text-align: center;"><b>SIOUX FALLS SD 57104-1314</b></p>	<b>D</b> Employer identification number <p style="text-align: center;"><b>46-0233701</b></p> <b>E</b> Telephone number <p style="text-align: center;"><b>605-336-2095</b></p> <b>G</b> Gross receipts \$ <b>10,234,866</b>
<b>F</b> Name and address of principal officer: <p style="text-align: center;"><b>JAY POWELL</b></p>		<b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions

**I** Tax-exempt status:  501(c)(3)  501(c) ( )  t (insert no.)  4947(a)(1) or  527

**J** Website: **WWW.SIOUXEMPIREUNITEDWAY.ORG** **H(c)** Group exemption number **u**

**K** Form of organization:  Corporation  Trust  Association  Other **u** **L** Year of formation: \_\_\_\_\_ **M** State of legal domicile: \_\_\_\_\_

**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: <p style="text-align: center;"><b>TO LEAD, SUSTAIN AND NURTURE A UNIFIED, EFFECTIVE RESPONSE TO COMMUNITY NEEDS.</b></p>																								
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets. <b>3</b> Number of voting members of the governing body (Part VI, line 1a) <b>4</b> Number of independent voting members of the governing body (Part VI, line 1b) <b>5</b> Total number of individuals employed in calendar year 2020 (Part V, line 2a) <b>6</b> Total number of volunteers (estimate if necessary) <b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12 <b>7b</b> Net unrelated business taxable income from Form 990-T, Part I, line 11	<table border="1" style="width:100%; border-collapse: collapse;"> <tr><td style="width:5%;"><b>3</b></td><td style="text-align: right;"><b>31</b></td></tr> <tr><td><b>4</b></td><td style="text-align: right;"><b>30</b></td></tr> <tr><td><b>5</b></td><td style="text-align: right;"><b>9</b></td></tr> <tr><td><b>6</b></td><td style="text-align: right;"><b>667</b></td></tr> <tr><td><b>7a</b></td><td style="text-align: right;"><b>0</b></td></tr> <tr><td><b>7b</b></td><td style="text-align: right;"><b>0</b></td></tr> </table>	<b>3</b>	<b>31</b>	<b>4</b>	<b>30</b>	<b>5</b>	<b>9</b>	<b>6</b>	<b>667</b>	<b>7a</b>	<b>0</b>	<b>7b</b>	<b>0</b>											
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<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h) <b>9</b> Program service revenue (Part VIII, line 2g) <b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d) <b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) <b>12</b> Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:15%;"></th> <th style="width:35%;">Prior Year</th> <th style="width:35%;">Current Year</th> </tr> </thead> <tbody> <tr><td><b>8</b></td><td style="text-align: right;"><b>10,793,275</b></td><td style="text-align: right;"><b>10,138,672</b></td></tr> <tr><td><b>9</b></td><td style="text-align: right;"><b>0</b></td><td style="text-align: right;"><b>0</b></td></tr> <tr><td><b>10</b></td><td style="text-align: right;"><b>161,968</b></td><td style="text-align: right;"><b>96,194</b></td></tr> <tr><td><b>11</b></td><td style="text-align: right;"><b>0</b></td><td style="text-align: right;"><b>0</b></td></tr> <tr><td><b>12</b></td><td style="text-align: right;"><b>10,955,243</b></td><td style="text-align: right;"><b>10,234,866</b></td></tr> </tbody> </table>		Prior Year	Current Year	<b>8</b>	<b>10,793,275</b>	<b>10,138,672</b>	<b>9</b>	<b>0</b>	<b>0</b>	<b>10</b>	<b>161,968</b>	<b>96,194</b>	<b>11</b>	<b>0</b>	<b>0</b>	<b>12</b>	<b>10,955,243</b>	<b>10,234,866</b>					
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<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1–3) <b>14</b> Benefits paid to or for members (Part IX, column (A), line 4) <b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) <b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e) <b>b</b> Total fundraising expenses (Part IX, column (D), line 25) <b>u</b> <b>456,423</b> <b>17</b> Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e) <b>18</b> Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25) <b>19</b> Revenue less expenses. Subtract line 18 from line 12	<table border="1" style="width:100%; border-collapse: collapse;"> <tbody> <tr><td><b>13</b></td><td style="text-align: right;"><b>7,841,650</b></td><td style="text-align: right;"><b>7,694,792</b></td></tr> <tr><td><b>14</b></td><td style="text-align: right;"><b>0</b></td><td style="text-align: right;"><b>0</b></td></tr> <tr><td><b>15</b></td><td style="text-align: right;"><b>814,984</b></td><td style="text-align: right;"><b>846,610</b></td></tr> <tr><td><b>16a</b></td><td style="text-align: right;"><b>0</b></td><td style="text-align: right;"><b>0</b></td></tr> <tr><td><b>17</b></td><td style="text-align: right;"><b>820,943</b></td><td style="text-align: right;"><b>734,416</b></td></tr> <tr><td><b>18</b></td><td style="text-align: right;"><b>9,477,577</b></td><td style="text-align: right;"><b>9,275,818</b></td></tr> <tr><td><b>19</b></td><td style="text-align: right;"><b>1,477,666</b></td><td style="text-align: right;"><b>959,048</b></td></tr> </tbody> </table>	<b>13</b>	<b>7,841,650</b>	<b>7,694,792</b>	<b>14</b>	<b>0</b>	<b>0</b>	<b>15</b>	<b>814,984</b>	<b>846,610</b>	<b>16a</b>	<b>0</b>	<b>0</b>	<b>17</b>	<b>820,943</b>	<b>734,416</b>	<b>18</b>	<b>9,477,577</b>	<b>9,275,818</b>	<b>19</b>	<b>1,477,666</b>	<b>959,048</b>		
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<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16) <b>21</b> Total liabilities (Part X, line 26) <b>22</b> Net assets or fund balances. Subtract line 21 from line 20	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:15%;"></th> <th style="width:35%;">Beginning of Current Year</th> <th style="width:35%;">End of Year</th> </tr> </thead> <tbody> <tr><td><b>20</b></td><td style="text-align: right;"><b>13,069,661</b></td><td style="text-align: right;"><b>14,473,380</b></td></tr> <tr><td><b>21</b></td><td style="text-align: right;"><b>520,025</b></td><td style="text-align: right;"><b>695,620</b></td></tr> <tr><td><b>22</b></td><td style="text-align: right;"><b>12,549,636</b></td><td style="text-align: right;"><b>13,777,760</b></td></tr> </tbody> </table>		Beginning of Current Year	End of Year	<b>20</b>	<b>13,069,661</b>	<b>14,473,380</b>	<b>21</b>	<b>520,025</b>	<b>695,620</b>	<b>22</b>	<b>12,549,636</b>	<b>13,777,760</b>											
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**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.

<b>Sign Here</b>	Signature of officer <p style="text-align: center;"><b>JAY POWELL</b></p> Type or print name and title <p style="text-align: center;"><b>PRESIDENT</b></p>	Date _____
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<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>TRENT R. PRINS</b>	Preparer's signature <b>TRENT R. PRINS</b>	Date <b>11/15/21</b>	Check <input type="checkbox"/> if self-employed	PTIN <b>P00851377</b>
	Firm's name } <b>WOLTMAN GROUP, PC</b> <b>7001 S LYNCREST PLACE SUITE 200</b> Firm's address } <b>SIOUX FALLS, SD 57108-2599</b>	Firm's EIN } <b>46-0398923</b> Phone no. } <b>605-361-1200</b>			

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

For Paperwork Reduction Act Notice, see the separate instructions.

**Part III Statement of Program Service Accomplishments**

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

1 Briefly describe the organization's mission:

**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  No

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

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

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

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

4a (Code: ) (Expenses \$ **150,210** including grants of \$ ) (Revenue \$ )  
**SEE SCHEDULE O**

4b (Code: ) (Expenses \$ **170,258** including grants of \$ ) (Revenue \$ )  
**SEE SCHEDULE O**

4c (Code: ) (Expenses \$ **8,047,995** including grants of \$ **7,694,792** ) (Revenue \$ )  
**SEE SCHEDULE O**

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

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

4e Total program service expenses **u 8,368,463**

**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)? If "Yes," complete Schedule A	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors (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? If "Yes," complete Schedule C, Part I		X
4	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II		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? If "Yes," complete Schedule C, Part III		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? If "Yes," complete Schedule D, Part 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? If "Yes," complete Schedule D, Part II		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		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? If "Yes," complete Schedule D, Part IV		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part V	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? If "Yes," complete Schedule D, Part VI	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? If "Yes," complete Schedule D, Part VII		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? If "Yes," complete Schedule D, Part VIII		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? If "Yes," complete Schedule D, Part IX		X
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	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)? If "Yes," complete Schedule D, Part X		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		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? If "Yes," complete Schedule F, Parts I and IV		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? If "Yes," complete Schedule F, Parts II and IV		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? If "Yes," complete Schedule F, Parts III and IV		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? If "Yes," complete Schedule G, Part 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? If "Yes," complete Schedule G, Part II		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		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? If "Yes," complete Schedule I, Parts I and II	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	<b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> 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	<b>Section 501(c)(3) organizations.</b> 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? <b>Note:</b> 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
<b>2a</b>	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		
	<b>2a</b> <b>9</b>		
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note:</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	<b>X</b>	
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year?		<b>X</b>
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O		
<b>4a</b>	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)?		<b>X</b>
<b>b</b>	If "Yes," enter the name of the foreign country <b>u</b> See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		<b>X</b>
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		<b>X</b>
<b>c</b>	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
<b>6a</b>	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?		<b>X</b>
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>a</b>	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?		<b>X</b>
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		<b>X</b>
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year		
	<b>7d</b>		
<b>e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		<b>X</b>
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		<b>X</b>
<b>g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		<b>X</b>
<b>h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		<b>X</b>
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>		
<b>a</b>	Did the sponsoring organization make any taxable distributions under section 4966?		
<b>b</b>	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:		
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12	<b>10a</b>	
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	<b>10b</b>	
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:		
<b>a</b>	Gross income from members or shareholders	<b>11a</b>	
<b>b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	<b>11b</b>	
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	<b>12a</b>	
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	<b>12b</b>	
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
<b>a</b>	Is the organization licensed to issue qualified health plans in more than one state? <b>Note:</b> See the instructions for additional information the organization must report on Schedule O.	<b>13a</b>	
<b>b</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	<b>13b</b>	
<b>c</b>	Enter the amount of reserves on hand	<b>13c</b>	
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year?	<b>14a</b>	<b>X</b>
<b>b</b>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	<b>14b</b>	
<b>15</b>	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.	<b>15</b>	<b>X</b>
<b>16</b>	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	<b>16</b>	<b>X</b>

**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
<b>1a</b>	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.		
	<b>31</b>		
<b>b</b>	Enter the number of voting members included on line 1a, above, who are independent		
	<b>30</b>		
<b>2</b>	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?		<b>X</b>
<b>3</b>	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?		<b>X</b>
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		<b>X</b>
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets?		<b>X</b>
<b>6</b>	Did the organization have members or stockholders?	<b>X</b>	
<b>7a</b>	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?	<b>X</b>	
<b>b</b>	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		<b>X</b>
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b>	The governing body?	<b>X</b>	
<b>b</b>	Each committee with authority to act on behalf of the governing body?	<b>X</b>	
<b>9</b>	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		<b>X</b>

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

		Yes	No
<b>10a</b>	Did the organization have local chapters, branches, or affiliates?		<b>X</b>
<b>b</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?		
<b>10b</b>			
<b>11a</b>	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	<b>X</b>	
<b>b</b>	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
<b>12a</b>	Did the organization have a written conflict of interest policy? If "No," go to line 13	<b>X</b>	
<b>b</b>	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	<b>X</b>	
<b>c</b>	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	<b>X</b>	
<b>12c</b>		<b>X</b>	
<b>13</b>	Did the organization have a written whistleblower policy?	<b>X</b>	
<b>14</b>	Did the organization have a written document retention and destruction policy?	<b>X</b>	
<b>15</b>	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?		
<b>a</b>	The organization's CEO, Executive Director, or top management official	<b>X</b>	
<b>b</b>	Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	<b>X</b>	
<b>15b</b>		<b>X</b>	
<b>16a</b>	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		<b>X</b>
<b>b</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?		
<b>16b</b>			

**Section C. Disclosure**

- 17** List the states with which a copy of this Form 990 is required to be filed **u 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 **u**

**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 (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) <b>JAY POWELL</b> ..... <b>PRESIDENT</b>	40.00 ..... 0.00	X		X				200,962	0	19,671
(2) <b>HEATHER VIERGUTZ-MCDONALD</b> ..... <b>FINANCE DIR</b>	40.00 ..... 0.00			X				58,768	0	15,603
(3) <b>BEN ARNDT</b> ..... <b>MEMBER</b>	1.00 ..... 0.00	X						0	0	0
(4) <b>MILES BEACOM</b> ..... <b>MEMBER</b>	1.00 ..... 0.00	X						0	0	0
(5) <b>JEREMY BILL</b> ..... <b>MEMBER</b>	1.00 ..... 0.00	X						0	0	0
(6) <b>BRIAN BIRD</b> ..... <b>CAMP DIV VICE-CHAIR</b>	1.00 ..... 0.00	X						0	0	0
(7) <b>KIM BURMA</b> ..... <b>MEMBER</b>	1.00 ..... 0.00	X						0	0	0
(8) <b>ELIZABETH CARLSON</b> ..... <b>MEMBER</b>	1.00 ..... 0.00	X						0	0	0
(9) <b>DR. MIKE FRANKMAN</b> ..... <b>MEMBER</b>	1.00 ..... 0.00	X						0	0	0
(10) <b>MARIE FREDRICKSON</b> ..... <b>CHAIR</b>	1.00 ..... 0.00	X		X				0	0	0
(11) <b>CLARA HART</b> ..... <b>MEMBER</b>	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) COREY HEATEN	1.00									
MEMBER	0.00	X					0	0	0	
(13) KELLY HEFTI	1.00									
MEMBER	0.00	X					0	0	0	
(14) DR. DANIEL HEINEMANN	1.00									
PAST CHAIR	0.00	X		X			0	0	0	
(15) ANGIE HILLSTAD	1.00									
COMM. IMP VICE-CHAIR	0.00	X					0	0	0	
(16) JAMES PAYER II	1.00									
MEMBER	0.00	X					0	0	0	
(17) BRENDA KIBBE	1.00									
SECOND VICE-CHAIR	0.00	X		X			0	0	0	
(18) RANDY KNECHT	1.00									
TREASURER	0.00	X		X			0	0	0	
(19) KATE KOTZEA	1.00									
MARKETING DIV CHAIR	0.00	X					0	0	0	
<b>1b Subtotal</b>							<b>259,730</b>		<b>35,274</b>	
<b>c Total from continuation sheets to Part VII, Section A</b>										
<b>d Total (add lines 1b and 1c)</b>							<b>259,730</b>		<b>35,274</b>	

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 **u 1**

	Yes	No
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual	3	X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	4	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? If "Yes," complete Schedule J for such person	5	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 **u 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	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b> Federated campaigns	<b>1a</b>				
	<b>b</b> Membership dues	<b>1b</b>				
	<b>c</b> Fundraising events	<b>1c</b>				
	<b>d</b> Related organizations	<b>1d</b>				
	<b>e</b> Government grants (contributions)	<b>1e</b>				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	<b>10,138,672</b>			
	<b>g</b> Noncash contributions included in lines 1a-1f	<b>1g</b>	\$			
	<b>h Total.</b> Add lines 1a-1f	<b>u</b>	<b>10,138,672</b>			
<b>Program Service Revenue</b>	<b>2a</b>	Business Code				
	<b>b</b>					
	<b>c</b>					
	<b>d</b>					
	<b>e</b>					
	<b>f</b> All other program service revenue					
	<b>g Total.</b> Add lines 2a-2f	<b>u</b>				
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts)	<b>u</b>	<b>96,194</b>		<b>96,194</b>	
	<b>4</b> Income from investment of tax-exempt bond proceeds	<b>u</b>				
	<b>5</b> Royalties	<b>u</b>				
	<b>6a</b> Gross rents	<b>6a</b>	(i) Real			
			(ii) Personal			
	<b>b</b> Less: rental expenses	<b>6b</b>				
	<b>c</b> Rental inc. or (loss)	<b>6c</b>				
	<b>d</b> Net rental income or (loss)	<b>u</b>				
	<b>7a</b> Gross amount from sales of assets other than inventory	<b>7a</b>	(i) Securities			
			(ii) Other			
	<b>b</b> Less: cost or other basis and sales exps.	<b>7b</b>				
	<b>c</b> Gain or (loss)	<b>7c</b>				
	<b>d</b> Net gain or (loss)	<b>u</b>				
<b>8a</b> Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	<b>8a</b>					
<b>b</b> Less: direct expenses	<b>8b</b>					
<b>c</b> Net income or (loss) from fundraising events	<b>u</b>					
<b>9a</b> Gross income from gaming activities. See Part IV, line 19	<b>9a</b>					
<b>b</b> Less: direct expenses	<b>9b</b>					
<b>c</b> Net income or (loss) from gaming activities	<b>u</b>					
<b>10a</b> Gross sales of inventory, less returns and allowances	<b>10a</b>					
<b>b</b> Less: cost of goods sold	<b>10b</b>					
<b>c</b> Net income or (loss) from sales of inventory	<b>u</b>					
<b>Miscellaneous Revenue</b>	<b>11a</b>	Business Code				
	<b>b</b>					
	<b>c</b>					
	<b>d</b> All other revenue					
	<b>e Total.</b> Add lines 11a-11d	<b>u</b>				
<b>12 Total revenue.</b> See instructions	<b>u</b>	<b>10,234,866</b>	<b>0</b>	<b>0</b>	<b>96,194</b>	

**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
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	<b>7,694,792</b>	<b>7,694,792</b>		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22				
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
<b>4</b> Benefits paid to or for members				
<b>5</b> Compensation of current officers, directors, trustees, and key employees	<b>295,004</b>	<b>50,745</b>	<b>213,966</b>	<b>30,293</b>
<b>6</b> Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
<b>7</b> Other salaries and wages	<b>433,604</b>	<b>179,707</b>	<b>54,144</b>	<b>199,753</b>
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	<b>40,219</b>	<b>15,915</b>	<b>5,915</b>	<b>18,389</b>
<b>9</b> Other employee benefits	<b>32,630</b>	<b>14,499</b>	<b>5,088</b>	<b>13,043</b>
<b>10</b> Payroll taxes	<b>45,153</b>	<b>14,589</b>	<b>15,962</b>	<b>14,602</b>
<b>11</b> Fees for services (nonemployees):				
<b>a</b> Management				
<b>b</b> Legal				
<b>c</b> Accounting	<b>16,625</b>	<b>117</b>	<b>16,508</b>	
<b>d</b> Lobbying				
<b>e</b> Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees				
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)				
<b>12</b> Advertising and promotion	<b>91,023</b>	<b>9,339</b>		<b>81,684</b>
<b>13</b> Office expenses	<b>26,731</b>	<b>279</b>	<b>2,067</b>	<b>24,385</b>
<b>14</b> Information technology				
<b>15</b> Royalties				
<b>16</b> Occupancy	<b>69,861</b>	<b>18,891</b>	<b>31,769</b>	<b>19,201</b>
<b>17</b> Travel	<b>3,828</b>	<b>1,617</b>	<b>824</b>	<b>1,387</b>
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials				
<b>19</b> Conferences, conventions, and meetings	<b>1,715</b>		<b>1,715</b>	
<b>20</b> Interest				
<b>21</b> Payments to affiliates	<b>122,828</b>	<b>39,716</b>	<b>42,747</b>	<b>40,365</b>
<b>22</b> Depreciation, depletion, and amortization	<b>14,240</b>	<b>4,640</b>	<b>4,962</b>	<b>4,638</b>
<b>23</b> Insurance	<b>2,574</b>	<b>755</b>	<b>977</b>	<b>842</b>
<b>24</b> 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.)				
<b>a</b> <b>IMAGINATION LIBRARY</b>	<b>271,598</b>	<b>271,598</b>		
<b>b</b> <b>CONNECTING KIDS</b>	<b>30,440</b>	<b>30,440</b>		
<b>c</b> <b>EQUIPMENT LEASES &amp; MAINTENANCE</b>	<b>26,608</b>	<b>6,612</b>	<b>16,184</b>	<b>3,812</b>
<b>d</b> <b>BANK CHARGES</b>	<b>18,964</b>		<b>18,964</b>	
<b>e</b> All other expenses	<b>37,381</b>	<b>14,212</b>	<b>19,140</b>	<b>4,029</b>
<b>25</b> Total functional expenses. Add lines 1 through 24e	<b>9,275,818</b>	<b>8,368,463</b>	<b>450,932</b>	<b>456,423</b>
<b>26</b> 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	
<b>Assets</b>	1	Cash—non-interest-bearing	434,346	1	189,433
	2	Savings and temporary cash investments	1,633,817	2	1,970,817
	3	Pledges and grants receivable, net	6,933,174	3	6,768,228
	4	Accounts receivable, net		4	1,000
	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	8,500	9	4,000
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	202,482		
	10b	Less: accumulated depreciation	164,854	10c	37,628
	11	Investments—publicly traded securities	4,018,180	11	5,502,274
	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	<b>Total assets.</b> Add lines 1 through 15 (must equal line 33)	13,069,661	16	14,473,380	
<b>Liabilities</b>	17	Accounts payable and accrued expenses	201,941	17	102,728
	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	317,979	25	592,787
	26	<b>Total liabilities.</b> Add lines 17 through 25	520,025	26	695,620
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.</b>				
	27	Net assets without donor restrictions	3,289,330	27	4,855,302
	28	Net assets with donor restrictions	9,260,306	28	8,922,458
	<b>Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.</b>				
	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	<b>Total net assets or fund balances</b>	12,549,636	32	13,777,760	
33	<b>Total liabilities and net assets/fund balances</b>	13,069,661	33	14,473,380	

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	<b>10,234,866</b>
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	<b>9,275,818</b>
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	<b>959,048</b>
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	<b>4</b>	<b>12,549,636</b>
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	<b>269,076</b>
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain on Schedule O)	<b>9</b>	
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	<b>10</b>	<b>13,777,760</b>

**Part XII Financial Statements and Reporting**

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

		Yes	No
<b>1</b>	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.		
<b>2a</b>	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		<b>X</b>
<b>2b</b>	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	<b>X</b>	
<b>2c</b>	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.	<b>X</b>	
<b>3a</b>	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?		<b>X</b>
<b>3b</b>	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below 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) <b>CHRIS KRAY</b>	1.00									
FIRST VICE-CHAIR	0.00	X		X			0	0	0	
(21) <b>ANGELA LAMMERS</b>	1.00									
MEMBER	0.00	X					0	0	0	
(22) <b>JACK MARSH</b>	1.00									
MEMBER	0.00	X					0	0	0	
(23) <b>KRISTA MAY</b>	1.00									
MEMBER	0.00	X					0	0	0	
(24) <b>TOLCHA MESELE</b>	1.00									
MEMBER	0.00	X					0	0	0	
(25) <b>MELISSA O'HARA</b>	1.00									
MEMBER	0.00	X					0	0	0	
(26) <b>ALEX RAMIREZ</b>	1.00									
MEMBER	0.00	X					0	0	0	
(27) <b>MONIE SIEMONSMA</b>	1.00									
MEMBER	0.00	X					0	0	0	
<b>1b Subtotal</b>										
<b>c Total from continuation sheets to Part VII, Section A</b>										
<b>d Total (add lines 1b and 1c)</b>										

**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 **u**

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

**Section B. Independent Contractors**

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

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

**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 **u**

**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) <b>STEVE STATZ</b>	1.00									
MEMBER	0.00	X					0	0	0	
(29) <b>DR. JANE STAVEN</b>	1.00									
MEMBER	0.00	X					0	0	0	
(30) <b>JEFF STRAND</b>	1.00									
COMM. IMPACT CHAIR	0.00	X					0	0	0	
(31) <b>JOEL SYLVESTER</b>	1.00									
CAMPAIGN DIV CHAIR	0.00	X					0	0	0	
(32) <b>MIKE TOWNSEND</b>	1.00									
MEMBER	0.00	X					0	0	0	
<b>1b Subtotal</b> .....							<b>u</b>			
<b>c Total from continuation sheets to Part VII, Section A</b> .....							<b>u</b>			
<b>d Total (add lines 1b and 1c)</b> .....							<b>u</b>			

**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 **u**

	Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> .....		
<b>4</b> 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> .....		
<b>5</b> 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 **u**

**SCHEDULE A**  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

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

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

**u Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

OMB No. 1545-0047

**2020**

**Open to Public Inspection**

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)						
<b>Total</b>						



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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	9,052,442	9,162,344	9,851,510	10,793,275	10,138,672	48,998,243
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>4 Total.</b> Add lines 1 through 3	9,052,442	9,162,344	9,851,510	10,793,275	10,138,672	48,998,243
<b>5</b> 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)						
<b>6</b> Public support. Subtract line 5 from line 4						48,998,243

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
<b>7</b> Amounts from line 4	9,052,442	9,162,344	9,851,510	10,793,275	10,138,672	48,998,243
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	78,637	101,375	84,079	161,968	96,194	522,253
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
<b>11 Total support.</b> Add lines 7 through 10						49,520,496

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

**13 First 5 years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2020 (line 6, column (f) divided by line 11, column (f))	<b>14</b>	98.95 %
<b>15</b> Public support percentage from 2019 Schedule A, Part II, line 14	<b>15</b>	98.91 %

**16a 33 1/3% support test—2020.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here**. The organization qualifies as a publicly supported organization

**b 33 1/3% support test—2019.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here**. The organization qualifies as a publicly supported organization

**17a 10%-facts-and-circumstances test—2020.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here**. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

**b 10%-facts-and-circumstances test—2019.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here**. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

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

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
<b>2</b> 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						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total.</b> Add lines 1 through 5						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</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						
<b>c</b> Add lines 7a and 7b						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
<b>9</b> Amounts from line 6						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						
<b>14 First 5 years.</b> 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 <b>stop here</b> <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2020 (line 8, column (f), divided by line 13, column (f))	<b>15</b>	%
<b>16</b> Public support percentage from 2019 Schedule A, Part III, line 15	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

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

- 19a 33 1/3% support tests—2020.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization
- b 33 1/3% support tests—2019.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization
- 20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

	Yes	No
<b>1</b> 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>		
<b>2</b> 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>		
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
<b>b</b> Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
<b>c</b> 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>		
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
<b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
<b>c</b> 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>		
<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
<b>b Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> 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>		
<b>7</b> 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>		
<b>8</b> 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>		
<b>9a</b> Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
<b>b</b> Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>c</b> 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>		
<b>10a</b> Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		
<b>b</b> Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

**Part IV Supporting Organizations** *(continued)*

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

**Section B. Type I Supporting Organizations**

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

**Section C. Type II Supporting Organizations**

	Yes	No
<b>1</b> 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>		
<b>1</b>		

**Section D. All Type III Supporting Organizations**

	Yes	No
<b>1</b> 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?		
<b>2</b> 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>		
<b>3</b> By reason of the relationship described in line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		
<b>1</b>		
<b>2</b>		
<b>3</b>		

**Section E. Type III Functionally-Integrated Supporting Organizations**

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. <i>Complete line 2 below.</i>			
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>			
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. <i>Describe in Part VI how you supported a governmental entity (see instructions).</i>			
<b>2</b> Activities Test. <i>Answer lines 2a and 2b below.</i>			
<b>a</b> 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>b</b> Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <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>			
<b>3</b> Parent of Supported Organizations. <i>Answer lines 3a and 3b below.</i>			
<b>a</b> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>If "Yes" or "No," provide details in Part VI.</i>			
<b>b</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>			
<b>2a</b>			
<b>2b</b>			
<b>3a</b>			
<b>3b</b>			

**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.

<b>Section A – Adjusted Net Income</b>		(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	<b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	8	

<b>Section B – Minimum Asset Amount</b>		(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	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors ( <i>explain in detail in Part VI</i> ):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	

<b>Section C – Distributable Amount</b>			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	

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

**Part VI**

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

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

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

**u Attach to Form 990, Form 990-EZ, or Form 990-PF.**  
**u Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.**

OMB No. 1545-0047

**2020**

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 33<sup>1/3</sup>% 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	\$ 337,943	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	\$ 262,950	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	\$ 596,838	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	\$ 242,290	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	\$ 484,389	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	DENNY SANFORD 8700 E VISTA BONITA DR SCOTTSDALE AZ 85255	\$ 1,000,000	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

u 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. u Attach to Form 990.

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

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization

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 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, aggregate value of grants, aggregate value at end of year, and two questions about donor advisement.

Part II Conservation Easements.

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include purpose(s) of conservation easements, total number of easements, total acreage, number of easements on historic structures, and questions about monitoring and reporting.

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 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include questions about reporting art and historical treasures and amounts required to be reported.

**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          |
|--|-----------------|
| <b>c</b> Beginning balance .....             | <b>1c</b> ..... |
| <b>d</b> Additions during the year .....     | <b>1d</b> ..... |
| <b>e</b> Distributions during the year ..... | <b>1e</b> ..... |
| <b>f</b> Ending balance .....                | <b>1f</b> ..... |
- 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  Yes  No

**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
<b>1a</b> Beginning of year balance .....	1,168,513	180,539	193,460	167,592	163,231
<b>b</b> Contributions .....	10,000	888,887	150		
<b>c</b> Net investment earnings, gains, and losses .....	160,181	105,203	-11,535	25,868	4,361
<b>d</b> Grants or scholarships .....					
<b>e</b> Other expenditures for facilities and programs .....	-44,477				
<b>f</b> Administrative expenses .....	-9,112	-6,116	-1,536		
<b>g</b> End of year balance .....	1,285,105	1,168,513	1,800,539	193,460	167,592

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a** Board designated or quasi-endowment **u** 17.00 %
  - b** Permanent endowment **u** 83.00 %
  - c** Term endowment **u** \_\_\_\_\_ %
- 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       |
|--|-----|----------|
| <b>(i)</b> Unrelated organizations ..... |     | <b>X</b> |
| <b>(ii)</b> Related organizations .....  |     | <b>X</b> |
- b** If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?  Yes  No
- 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
<b>1a</b> Land .....				
<b>b</b> Buildings .....				
<b>c</b> Leasehold improvements .....		36,733	26,033	10,700
<b>d</b> Equipment .....		116,829	93,647	23,182
<b>e</b> Other .....		48,920	45,174	3,746
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) .....			<b>u</b>	<b>37,628</b>

**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)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 12.)	<b>u</b>	

**Part VIII Investments – Program Related.**

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

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

**Part IX Other Assets.**

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

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

**Part X Other Liabilities.**

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) <b>OTHER LIABILITIES</b>	<b>592,787</b>
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.)	<b>u 592,787</b>

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.

Table with 5 main rows for revenue reconciliation. Line 1: Total revenue, gains, and other support per audited financial statements: 10,503,942. Line 2: Amounts included on line 1 but not on Form 990, Part VIII, line 12. Sub-rows include 2a (Net unrealized gains), 2b (Donated services), 2c (Recoveries), and 2d (Other). Line 2e: Sum of 2a-2d: 269,076. Line 3: Subtract line 2e from line 1: 10,234,866. Line 4: Amounts included on Form 990, Part VIII, line 12, but not on line 1. Sub-rows include 4a (Investment expenses) and 4b (Other). Line 4c: Sum of 4a and 4b. Line 5: Total revenue including 4c: 10,234,866.

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.

Table with 5 main rows for expense reconciliation. Line 1: Total expenses and losses per audited financial statements: 9,275,818. Line 2: Amounts included on line 1 but not on Form 990, Part IX, line 25. Sub-rows include 2a (Donated services), 2b (Prior year adjustments), 2c (Other losses), and 2d (Other). Line 2e: Sum of 2a-2d. Line 3: Subtract line 2e from line 1: 9,275,818. Line 4: Amounts included on Form 990, Part IX, line 25, but not on line 1. Sub-rows include 4a (Investment expenses) and 4b (Other). Line 4c: Sum of 4a and 4b. Line 5: Total expenses including 4c: 9,275,818.

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.

Series of horizontal dotted lines provided for entering supplemental information.



**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.  
**u Attach to Form 990.**  
**u Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.**

OMB No. 1545-0047

**2020**

**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)	CENTER FOR ACTIVE GENERATIONS 2300 W 46TH ST SIOUX FALLS SD 57105	46-0305500	3	334,750				PARTNER AGENCY ALLOC
(2)	CENTER FOR ACTIVE GENERATIONS/CIG 2300 W 46TH SIOUX FALLS SD 57105	46-0305500	3	46,500				COMMUNITY IMPACT
(3)	AUGUSTANA UNIVERSITY - PATHWAYS 2001 S SUMMIT AVE SIOUX FALLS SD 57197	42-1623480	3	8,334				PARTNER AGENCY ALLOC
(4)	AVERA HEALTH FOUNDATION 3900 W AVERA DR SIOUX FALLS SD 57108	46-0422673	3	199,382				PARTNER AGENCY ALLOC
(5)	AVERA MCKENNAN HOSPITAL 800 E 21ST STREET SIOUX FALLS SD 57105	46-0224743	3	34,174				PARTNER AGENCY ALLOC
(6)	BETHANY CHRISTIAN SERVICES 400 S SYCAMORE AVE #103-1 SIOUX FALLS SD 57110	38-1405282	3	30,000				COMMUNITY IMPACT
(7)	BOY SCOUTS 800 N WEST AVE SIOUX FALLS SD 57104	46-0224599	3	227,000				PARTNER AGENCY ALLOC
(8)	BOYS & GIRLS CLUBS OF THE SIOUX EMP 100 S SPRING AVE #280 SIOUX FALLS SD 57104	46-0399482	3	248,883				PARTNER AGENCY ALLOC
(9)	BOYS & GIRLS CLUBS OF THE SE-CIG 100 S SPRING AVE #280 SIOUX FALLS SD 57104	46-0399482	3	192,705				COMMUNITY IMPACT

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **u 60**
- 3 Enter total number of other organizations listed in the line 1 table **u 0**

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

Schedule I (Form 990) (2020)

**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.  
**u Attach to Form 990.**  
**u Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.**

OMB No. 1545-0047

**2020**

**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)	CHILDREN'S HOME SOCIETY 409 N WESTERN AVE SIOUX FALLS SD 57104	46-0224542	3	873,100				PARTNER AGENCY ALLOC
(2)	COMMUNITY OUTREACH 231 N WEBER AVE SIOUX FALLS SD 57103	46-0416744	3	340,000				PARTNER AGENCY ALLOC
(3)	DAKOTA SMILES MOBILE DENTAL PROGRAM 201 E 38TH ST SIOUX FALLS SD 57105	91-1776857	3	35,000				PARTNER AGENCY ALLOC
(4)	DAKOTABILITIES 3600 S DULUTH AVE SIOUX FALLS SD 57105	46-0306216	3	85,000				PARTNER AGENCY ALLOC
(5)	EMBE 300 W 11TH ST SIOUX FALLS SD 57104	46-0234998	3	168,501				PARTNER AGENCY
(6)	EMBE-AQUATICS 300 W 11TH ST SIOUX FALLS SD 57104	46-0234998	3	15,000				COMMUNITY OUTREACH
(7)	FAMILY CONNECTIONS 303 N MINNESOTA AVE SIOUX FALLS SD 57104	46-0435140	3	29,870				PARTNER AGENCY ALLOC
(8)	FAMILY SERVICE 2210 W BROWN PL SIOUX FALLS SD 57105	46-0259350	3	60,901				PARTNER AGENCY ALLOC
(9)	FAMILY SERVICE-COUNSELING 2210 W BROWN PL SIOUX FALLS SD 57105	46-0259350	3	105,101				COMMUNITY OUTREACH

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

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Schedule I (Form 990) (2020)



**SCHEDULE I  
(Form 990)**

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**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)	FEEDING SOUTH DAKOTA 3511 N 1ST AVE SIOUX FALLS SD 57104	36-3293534	3	230,000				PARTNER AGENCY ALLOC
(2)	FIRST UNITED METHODIST CHURCH 401 S SPRING AVE SIOUX FALLS SD 57104	46-0230392	3	89,145				PARTNER AGENCY ALLOC
(3)	FURNITURE MISSION 209 S NESMITH AVE SIOUX FALLS SD 57103	81-0584500	3	65,000				PARTNER AGENCY ALLOC
(4)	HARMONY SOUTH DAKOTA 2522 W 41ST ST #125 SIOUX FALLS SD 57105	46-3296505	3	110,466				COMMUNITY IMPACT
(5)	HELP!LINE CENTER 1000 N WEST AVE #310 SIOUX FALLS SD 57104	23-7424387	3	307,066				PARTNER AGENCY ALLOC
(6)	HORSEPOWER 26659 BLUE SAGE LANE SIOUX FALLS SD 57106	46-0378036	3	64,443				COMMUNITY IMPACT
(7)	INTERLAKES CAP - HEARTLAND HOUSE PO BOX 268 MADISON SD 57042	46-0282131	3	121,000				COMMUNITY IMPACT
(8)	INTERLAKES CAP - CHILD DEV CENTER PO BOX 268 MADISON SD 57042	46-0282131	3	60,000				PARTNER AGENCY ALLOC
(9)	LUTHERAN SOCIAL SERVICES 705 E 41ST ST #200 SIOUX FALLS SD 57105	46-0224731	3	704,849				PARTNER AGENCY ALLOC

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

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Schedule I (Form 990) (2020)

**SCHEDULE I  
(Form 990)**

**Grants and Other Assistance to Organizations,  
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**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 - COUNSEL 705 E 41ST #200 SIOUX FALLS SD 57105	46-0224731	3	170,415				COMMUNITY IMPACT
(2)	LUTHERAN SOCIAL SERVICES - ERC 705 E 41ST #200 SIOUX FALLS SD 57105	46-0224731	3	35,000				COMMUNITY IMPACT
(3)	LUTHERAN SOCIAL SERVICES - PATH 705 E 41ST #200 SIOUX FALLS SD 57105	46-0224731	3	106,880				PARTNER AGENCY ALLOC
(4)	MULTI-CULTURAL CENTER 515 N MAIN AVE SIOUX FALLS SD 57104	46-0445034	3	212,762				PARTNER AGENCY ALLOC
(5)	REACH 629 S MINNESOTA AVE #201 SIOUX FALLS SD 57104	46-0396579	3	48,960				PARTNER AGENCY
(6)	READY TO START HARRISBURG SCHOOL DT 200 WILLOW STREET HARRISBURG SD 57032	46-6002218	GOV	18,200				COMMUNITY IMPACT
(7)	READY TO START CANTON SCHOOL DT 800 N MAIN ST CANTON SD 57013		GOV	5,300				COMMUNITY IMPACT
(8)	READY TO START MCCOOK CENTRAL SC DT 200 E ESSEX AVE SALEM SD 57058		GOV	7,050				COMMUNITY IMPACT
(9)	READY TO START SIOUX FALLS SCH DIST 201 E. 38TH ST SIOUX FALLS SD 57105	46-6002586	GOV	59,663				COMMUNITY IMPACT

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **u**
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Schedule I (Form 990) (2020)

**SCHEDULE I  
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**Grants and Other Assistance to Organizations,  
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Name of the organization

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- 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 TEA AREA SCHOOL DT 500 W BRIAN TEA SD 57064	50-0005151	GOV	17,500				COMMUNITY IMPACT
(2)	SANFORD HEALTH - SB6 1305 W 18TH ST SIOUX FALLS SD 57105	46-0227855	3	103,698				PARTNER AGENCY ALLOC
(3)	SANFORD CHILDREN'S SERVICES 1305 W 18TH ST SIOUX FALLS SD 57105	46-0227855	3	56,990				PARTNER AGENCY ALLOC
(4)	SIOUX EMPIRE CHARACTER ON TRACK 3220 W 57TH ST #109 SIOUX FALLS SD 57108	46-6016086	3	55,000				PARTNER AGENCY ALLOC
(5)	SIOUX FALLS AREA CASA PROGRAM PO BOX 1901 SIOUX FALLS SD 57101	46-0430647	3	112,084				PARTNER AGENCY ALLOC
(6)	SIOUX FALLS AREA COMMUNITY FOUNDATI 200 N CHERAPA PLACE SIOUX FALLS SD 57103	31-1748533	3	80,000				PARTNER AGENCY ALLOC
(7)	SIOUX FALLS FAMILY YMCA 230 S MINNESOTA SIOUX FALLS SD 57104	46-0225021	3	128,725				PARTNER AGENCY ALLOC
(8)	SIOUX FALLS HOPE COALITION 2211 W CHERRYWOOD CIRCLE SIOUX FALLS SD 57108	26-4760861	3	84,375				COMMUNITY IMPACT
(9)	SIOUX FALLS HOUSING 630 S MINNESOTA AVE SIOUX FALLS SD 57104	46-0333222	GOV	43,685				PARTNER AGENCY ALLOC

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **u**
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Schedule I (Form 990) (2020)

**SCHEDULE I  
(Form 990)**

**Grants and Other Assistance to Organizations,  
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Department of the Treasury  
Internal Revenue Service

Name of the organization

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Employer identification number

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- 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)	SFSD - PRESCHOOL OPPORTUNITIES 201 E 38TH ST SIOUX FALLS SD 57105	46-6002586	GOV	228,319				PARTNER AGENCY ALLOC
(2)	SFSD - HOME LIAISON REFUGEE & IMM 201 E 38TH ST SIOUX FALLS SD 57105	46-6002586	GOV	139,400				PARTNER AGENCY ALLOC
(3)	SFSD - EMERGENCY FUNDING 201 E 38TH ST SIOUX FALLS SD 57105	46-6002586	GOV	95,000				COMMUNITY OUTREACH
(4)	SIOUX FALLS THRIVE 122 S PHILLIPS AVE #350 SIOUX FALLS SD 57104	81-4491870	3	25,000				COMMUNITY IMPACT
(5)	SD DENTAL FOUNDATION 804 N EUCLID AVE #103 PIERRE SD 57501	46-0367045	3	7,000				COMMUNITY IMPACT
(6)	ST. FRANCIS HOUSE 1301 E AUSTIN STREET SIOUX FALLS SD 57103	46-0423202	3	130,475				PARTNER AGENCY
(7)	COMPASS CENTER 1800 W 12TH ST #100 SIOUX FALLS SD 57104	46-0350199	3	153,615				PARTNER AGENCY ALLOC
(8)	UNITED DAY CARE 401 S SPRING AVE SIOUX FALLS SD 57104	46-0312397	3	94,413				PARTNER AGENCY ALLOC
(9)	USD SCOTTISH RITE 414 E CLARK ST VERMILLION SD 57069	46-6000364	GOV	128,000				PARTNER AGENCY ALLOC

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **u**
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Schedule I (Form 990) (2020)

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Grants and Other Assistance to Organizations,  
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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)	<b>VOLUNTEERS OF AMERICA 1309 W 51ST ST SIOUX FALLS SD 57106</b>	<b>23-7353508</b>	<b>3</b>	<b>407,893</b>				<b>PARTNER AGENCY ALLOC</b>
(2)	<b>VOLUNTEERS OF AMERICA-AXIS 180 1309 W 51ST ST SIOUX FALLS SD 57106</b>	<b>23-7353508</b>	<b>3</b>	<b>59,000</b>				<b>COMMUNITY OUTREACH</b>
(3)	<b>VOLUNTEERS OF AMERICA-COUNSELING 1309 W 51ST ST SIOUX FALLS SD 57106</b>	<b>23-7353508</b>	<b>3</b>	<b>82,580</b>				<b>COMMUNITY OUTREACH</b>
(4)								
(5)								
(6)								
(7)								
(8)								
(9)								

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

**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  
u Complete if the organization answered "Yes" on Form 990, Part IV, line 23.  
u Attach to Form 990.  
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Employer identification number  
**46-0233701**

**Part I Questions Regarding Compensation**

	Yes	No								
<p><b>1a</b> 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.</p> <table border="0"> <tr> <td><input type="checkbox"/> First-class or charter travel</td> <td><input type="checkbox"/> Housing allowance or residence for personal use</td> </tr> <tr> <td><input type="checkbox"/> Travel for companions</td> <td><input type="checkbox"/> Payments for business use of personal residence</td> </tr> <tr> <td><input type="checkbox"/> Tax indemnification and gross-up payments</td> <td><input type="checkbox"/> Health or social club dues or initiation fees</td> </tr> <tr> <td><input type="checkbox"/> Discretionary spending account</td> <td><input type="checkbox"/> Personal services (such as maid, chauffeur, chef)</td> </tr> </table>	<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)		
<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)									
<p><b>b</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</p>	<b>1b</b>									
<p><b>2</b> 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?</p>	<b>2</b>									
<p><b>3</b> 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.</p> <table border="0"> <tr> <td><input checked="" type="checkbox"/> Compensation committee</td> <td><input type="checkbox"/> Written employment contract</td> </tr> <tr> <td><input type="checkbox"/> Independent compensation consultant</td> <td><input checked="" type="checkbox"/> Compensation survey or study</td> </tr> <tr> <td><input type="checkbox"/> Form 990 of other organizations</td> <td><input checked="" type="checkbox"/> Approval by the board or compensation committee</td> </tr> </table>	<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				
<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									
<p><b>4</b> 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:</p> <p><b>a</b> Receive a severance payment or change-of-control payment?</p> <p><b>b</b> Participate in or receive payment from a supplemental nonqualified retirement plan?</p> <p><b>c</b> Participate in or receive payment from an equity-based compensation arrangement?</p> <p>If "Yes" to any of lines 4a–c, list the persons and provide the applicable amounts for each item in Part III.</p>	<b>4a</b>	<b>X</b>								
	<b>4b</b>	<b>X</b>								
	<b>4c</b>	<b>X</b>								
<p><b>Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5–9.</b></p> <p><b>5</b> 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:</p> <p><b>a</b> The organization?</p> <p><b>b</b> Any related organization?</p> <p>If "Yes" on line 5a or 5b, describe in Part III.</p>	<b>5a</b>	<b>X</b>								
	<b>5b</b>	<b>X</b>								
<p><b>6</b> 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:</p> <p><b>a</b> The organization?</p> <p><b>b</b> Any related organization?</p> <p>If "Yes" on line 6a or 6b, describe in Part III.</p>	<b>6a</b>	<b>X</b>								
	<b>6b</b>	<b>X</b>								
<p><b>7</b> 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</p>	<b>7</b>	<b>X</b>								
<p><b>8</b> 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</p>	<b>8</b>	<b>X</b>								
<p><b>9</b> If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</p>	<b>9</b>									

**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)	200,962	0	0	19,671	0	220,633	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)							



**Part III Supplemental Information**

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

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**SCHEDULE L**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

**Transactions With Interested Persons**

**u** 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.

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

**u** Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

**2020**

Open To Public  
Inspection

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**SIOUX EMPIRE UNITED WAY, INC.**

**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 ..... **u** \$ \_\_\_\_\_
- 3** Enter the amount of tax, if any, on line 2, above, reimbursed by the organization ..... **u** \$ \_\_\_\_\_

**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.

(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** ..... **u** \$ \_\_\_\_\_

**Part III Grants or Assistance Benefiting Interested Persons.**

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

(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) <b>DR. DANIEL HEINEMANN</b>	<b>PAST CHAIR</b>	<b>160,688</b>	<b>FUNDING</b>		<b>X</b>
(2)					
(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.**

**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.

u Attach to Form 990 or 990-EZ.  
u Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2020**

**Open to Public  
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**FORM 990, PART I, LINE 6**

**VOLUNTEER RESPONSIBILITES 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 - ADDITIONAL INFORMATION**

**THIRD ACCOMPLISHMENT, CONTINUED...**

**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, 1,279 JOBS AND 586 RIDES WERE PROVIDED TO 295 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**

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PROGRAMMING. LAST YEAR, 15,360 HOURS OF SERVICE WERE PROVIDED TO 120 INDIVIDUALS.

HELPLINE CENTER'S OUTREACH SUPPORT PROGRAM IS DESIGNED TO SUPPORT ISOLATED OR HOMEBOUND OLDER ADULTS. THIS PROGRAM IS AN INNOVATIVE APPROACH UTILIZING TELEPHONE ASSURANCE AS A MODE OF CONNECTION TO REDUCE LONELINESS. IT ALSO PROVIDES THE CLIENTS WITH INFORMATION ABOUT ADDITIONAL COMMUNITY SERVICES THEY MAY BE ABLE TO ACCESS. LAST YEAR, 78 INDIVIDUALS UTILIZED THE PROGRAM.

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

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, 69 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 III, LINE 4A - FIRST ACCOMPLISHMENT

MARKETING OVERVIEW

4 VOLUNTEERS SERVED ON THE MARKETING DIVISION.

COMMUNICATIONS BUILT ON TWO MAIN MESSAGES. WE HELP CHILDREN, VULNERABLE ADULTS, AND PEOPLE IN CRISIS. SIOUX EMPIRE UNITED WAY IS THE EASY WAY TO DO

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GOOD.

NO PHYSICAL EVENTS WERE HELD:

WOMENUNITE, EVOLVED INTO PUBLIC SOCIAL MEDIA CAMPAIGN TO SHARE THE GOOD.

KICKOFF, FACEBOOK LIVE/NEWS CONFERENCE

THANK YOU EVENT, WEEK LONG CAMPAIGN CELEBRATION AND AWARDS RECOGNITION ON

SEUW.ORG AND SOCIAL MEDIA CHANNELS.

42 SPEAKING ENGAGEMENTS WERE SCHEDULED THROUGH OUR SPEAKER'S BUREAU.

28 VIRTUAL | 12 IN PERSON | 2 PRE-RECORDED

EMERGING LEADERS HAS 80 MEMBERS. MEMBERS PARTICIPATED IN 16 DIFFERENT

EVENTS BOTH VIRTUALLY AND IN PERSON, DONATING 237 HOURS OF VOLUNTEERISM.

ENGAGEMENT DROPPED THROUGH THE PANDEMIC AND WORKING FROM HOME REFLECTING ON

LOWER NUMBER OF VOLUNTEER HOURS.

CAMPAIGN E-UPDATES WERE EMAILED EVERY FRIDAY AUGUST THRU END OF CAMPAIGN

WITH TIPS AND TOOLS FOR VOLUNTEERS, AND FEATURES ON COMPANY CAMPAIGNS. 650+

VOLUNTEERS RECEIVED THE CAMPAIGN UPDATES WITH AN AVERAGE OPEN RATE OF 35%.

INFORMATIONAL E-UPDATES WERE DISTRIBUTED YEAR ROUND TO MORE THAN 9,00

SUPPORTERS WITH AN AVERAGE OPEN RATE OF 25%. THESE UPDATES INCLUDED

INFORMATION ABOUT FUNDED PROGRAMS, RESULTS, SUCCESS STORIES AND MORE.

WITHIN SOCIAL MEDIA:

INCREASED FACEBOOK FOLLOWERS FROM 2455 TO 2562.

REMOVED OUR TWITTER ACCOUNT DUE TO LACK OF FOLLOWERS AND INTERACTION.

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INSTAGRAM FOLLOWERS FROM 971 TO 1051.

ACTIVATING LINKEDIN FOR 2021.

FOCUSED ON VIDEOS, FEATURING VOLUNTEERS AND OTHER PEOPLE, CREATING ENGAGEMENT ON POSTS FOR FURTHER REACH. STARTED USING INSTAGRAM AND FACEBOOK STORIES TO SHARE HIGHLIGHTS THROUGHOUT THE CAMPAIGN.

12 NEWS STORIES ON VARIOUS LOCAL MEDIA.

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

COMMUNITY IMPACT DIVISION STRATEGIES

DIVISION HAD APPROXIMATELY 60 VOLUNTEERS SERVING WITHIN 6 DIFFERENT COMMITTEES.

ONGOING FUNDING PROCESS:

QUICKLY WERE ABLE TO TRANSITION FROM OUR TYPICAL IN-PERSON REVIEW MEETINGS TO ONLINE MEETINGS. VOLUNTEERS REVIEWED THE APPLICATION, MET VIRTUALLY TO DISCUSS EACH PROGRAM, SOUGHT ADDITIONAL FOLLOW-UP INFORMATION (AS NEEDED), AND MADE FUNDING RECOMMENDATIONS.

AFTER REVIEWING THE NEEDS OF THE COMMUNITY, THE VOLUNTEERS RECOMMENDED FUNDING OF APPROXIMATELY \$8 MILLION TO 88 PROGRAM AND 42 NON-PROFIT ORGANIZATIONS.

CHANGES: CONTINUED TO MOVE FORWARD WITH PROPOSED CHANGES IDENTIFIED THROUGH OUR MOST RECENT STRATEGIC PLANNING PROCESS.

ONLINE PROCESS:

SUCCESSFULLY TRANSITIONED TO THE ONLINE APPLICATION PROCESS. THIS WAS KEY TO THE DIVISION'S SUCCESS IN THE TIMES OF COVID.

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OTWO-YEAR FUNDING PROCESS:

TRANSITIONED TO A TWO-YEAR FUNDING PROCESS. WITH THIS APPROACH, HALF OF THE PROGRAMS WERE NOTIFIED OF FUNDING DECISIONS FOR BOTH 2021 AND 2022.

OFOCUS ON ACTUALS VS. PROJECTIONS

SUCCESSFULLY MADE DECISIONS FOR THE FIRST TIME WITHOUT UTILIZING PROJECTIONS. FUNDING DECISIONS WERE INSTEAD BASED ON ACTUALS FROM THE PRIOR THREE YEARS.

IMPACT OF COVID ON THE NON-PROFIT COMMUNITY

CONDUCTED QUARTERLY COVID-19 IMPACT SURVEYS. 100% OF OUR FUNDED ORGANIZATIONS COMPLETED EACH OF THE SURVEYS.

CREATED AN EXCEPTION PROCESS TO OUR FUNDRAISING POLICIES TO ALLOW FUNDED ORGANIZATIONS MORE FLEXIBILITY.

DIVERSITY, EQUITY, AND INCLUSION

PUT TOGETHER A COMMITTEE TO EXPLORE OPPORTUNITIES FOR LEADERSHIP ON DIVERSITY, EQUITY, AND INCLUSION.

AFTER SEVERAL MONTHS OF DISCUSSIONS, TOOK STEPS TO FORMALIZE THIS COMMITTEE.

COMMITTEE CHARTER WAS APPROVED BY THE COMMUNITY IMPACT DIVISION AND BOARD OF DIRECTORS.

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



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LOCAL RESOURCES. LAST YEAR, 2,399 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 TEMPERAMENT OF THEIR CHILD AND HOW TO PARENT BASED ON THAT. LAST YEAR, 132 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.

BOYS & GIRLS CLUBS OF THE SIOUX EMPIRE'S THE CLUB PROVIDES A SAFE, ENGAGING ENVIRONMENT THAT HELPS MIDDLE SCHOOL AND HIGH SCHOOL YOUTH TO BUILD HEALTHY RELATIONSHIPS AND PROMOTES ACADEMIC SUCCESS, CHARACTER AND LEADERSHIP, CAREER READINESS, AND HEALTHY LIFESTYLES. LAST YEAR, AN AVERAGE OF 44 YOUTH ATTENDED THE PROGRAM EACH DAY.

CHALLENGE DAY PROVIDES AREA MIDDLE AND HIGH SCHOOL STUDENTS WITH A ONE-DAY PROGRAM THAT FOCUSES ON EMPATHY SKILL BUILDING. LAST YEAR, CHALLENGE DAYS

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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."

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, 295 STUDENTS PARTICIPATED IN THE WEEKLY GROUPS AT 10 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 ORAL HEALTH SERVICES TO CHILDREN WHO DON'T HAVE ACCESS TO DENTAL CARE. LAST YEAR, 196 LOCAL YOUTH WERE SCREENED, WITH 26% 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 10,700 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.

HARMONY SOUTH DAKOTA IS A FREE AFTER-SCHOOL MUSIC PROGRAM THAT PROVIDES OPPORTUNITIES FOR CHILDREN AGES 7 AND UP TO PARTICIPATE IN STRING ORCHESTRA, PERCUSSION ENSEMBLES, MUSICIANSHIP CLASSES, AND PRIVATE INSTRUMENTAL LESSONS. LAST YEAR, 78 PARTICIPANTS SPENT 360 HOURS IN INSTRUCTION THROUGH THE PROGRAM.

INTER-LAKES COMMUNITY ACTION PARTNERSHIP'S SIOUX FALLS CENTER PROVIDES HIGH

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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 38 CHILDREN ATTENDED DAILY. 64% OF PARTICIPANTS REPORTED AN IMPROVEMENT IN THEIR ATTITUDE TOWARDS SCHOOL.

LUTHERAN SOCIAL SERVICES' AFTER-SCHOOL AND SUMMER PROGRAMS EMPHASIZE HANDS-ON ACTIVITIES TO KEEP CHILDREN ENGAGED IN LEARNING OUTSIDE OF SCHOOL HOURS. LAST YEAR, 82 CHILDREN PARTICIPATED IN AFTERSCHOOL AND SUMMER PROGRAMS.

LUTHERAN SOCIAL SERVICES' ARISE YOUTH CENTER/EAST'S EVENING REPORT CENTER IS AN ALTERNATIVE TO JUVENILE DETENTION FOR YOUTH AGES 10 TO 17. IT PROVIDES SUPERVISION AND LEARNING SUPPORT DURING HOURS WHEN YOUTH MAY BE MORE LIKELY TO BE UNSUPERVISED AT HOME AND HAVE MORE OPPORTUNITIES TO GET INTO FURTHER TROUBLE. THE PROGRAM FOCUSES ON LIFE SKILLS, HOMEWORK ASSISTANCE, JOB READINESS, AND GROUP COMMUNITY SERVICE. LAST YEAR, 60 YOUTH PARTICIPATED IN THE PROGRAM, WITH 100% SHOWING AN IMPROVEMENT IN THEIR GRADES AND/OR COMPLETING ASSIGNMENTS ON TIME.

LUTHERAN SOCIAL SERVICES' CLIMB PROGRAM PROVIDES YOUTH WHO ARE AT-RISK FOR 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, 150 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

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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. THE PRIMARY FOCUS OF THE PROGRAM IS TO PROVIDE OPPORTUNITIES FOR YOUTH WHO NEED MORE ATTENTION AND SPECIALIZED HELP. LAST YEAR, THEY SERVED 43 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 NON-MENTORED PEERS.

MULTI-CULTURAL CENTER'S AFTER SCHOOL AND OUT OF SCHOOL PROGRAMS SERVES 443 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. THE

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PROGRAM SERVES 225 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, 2,666 PACKETS WERE DISTRIBUTED TO NEW PARENTS AT BIRTH, 186 NEW PARENTS WERE VISITED IN THEIR HOMES BY CHILD DEVELOPMENT PROFESSIONALS, AND 231 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.

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

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CHILDREN 18 AND UNDER. IN THE PAST, MORE THAN 156 PATIENTS WERE PROVIDED WITH DENTAL SCREENINGS, FILLINGS, EXTRACTIONS, CLEANINGS, AND OTHER DENTAL CARE. MANY TIMES, PATIENTS ARE 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 521 STUDENTS AT FIVE MIDDLE SCHOOLS LAST YEAR. OF THOSE STUDENTS, 90% REPORT AN IMPROVEMENT IN THEIR ATTITUDE TOWARDS SCHOOL. SIOUX FALLS HOPE COALITION PROVIDES ADDITIONAL PRE-KINDERGARTEN SLOTS TO AT-RISK CHILDREN THROUGH A COLLABORATION OF CHURCHES, BUSINESSES, AND NON-PROFITS. THE PROGRAM SERVED 150 STUDENTS LAST YEAR, OF THOSE 100% MET SCHOOL-READINESS INDICATORS UPON COMPLETING PRESCHOOL.

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, 2,710 STUDENTS AND THEIR FAMILIES WERE SERVED AND 96% MET OR EXCEEDED DISTRICT AVERAGE ATTENDANCE RATES.

UNITED CHILDCARE AND PRESCHOOL PROVIDES QUALITY CARE FOR CHILDREN AGES 2-

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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, 29 YOUTH WERE SERVED BY THE PROGRAM. OF THOSE SERVED AND ELIGIBLE, 100% WORKED 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' 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 FAMILY WELLNESS 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, 286 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.



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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. 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

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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.

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

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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 WOMEN'S WORKFORCE PROGRAMS/DRESS FOR SUCCESS PROGRAM EMPOWERS WOMEN THROUGH A CONTINUUM OF SERVICES FOR WOMEN ENTERING THE WORKFORCE, GROWING IN LEADERSHIP, AS WELL AS WOMEN AT A MATURE CAREER AGE. LAST YEAR, THE PROGRAM PROVIDED 111 INTERVIEW SUITINGS, AND HAD 24 CAREER CENTER CLIENTS. IN TOTAL, 316 INDIVIDUALS BENEFITTED FROM THE PROGRAM AND 90% OF CLIENTS ATTAINED OR RETAINED EMPLOYMENT.

FAMILY SERVICES' COUNSELING PROGRAM PROVIDES A VARIETY OF SERVICES INCLUDING MARRIAGE AND FAMILY, PARENT/CHILD, ALCOHOL/DRUGS, DEPRESSION, ANXIETY, AND STRESS. LAST YEAR 9,554 HOURS OF SERVICE WERE PROVIDED TO 1,987 INDIVIDUALS INCLUDING DIRECT CLIENT CONTACT, AS WELL AS WORK-RELATED CONTACTS WITH EMPLOYERS AND CONTACT WITH DSS, COURTS, SCHOOLS, ETC.

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, 611 HOURS OF COUNSELING SERVICE WERE PROVIDED TO 94 INDIVIDUALS.

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.

THE GLORY HOUSE'S CASE MANAGEMENT PROVIDES COMPREHENSIVE SERVICES NEEDED FOR THE TRANSITION FROM A PRIOR SETTING (INCARCERATION, INPATIENT TREATMENT OR OTHER) TO A LESS STRUCTURED ONE. CASE MANAGERS HELP CLIENTS WITH EVERYTHING FROM OBTAINING SUITABLE CLOTHES TO EMPLOYMENT, MEDICAL AND LEGAL MATTERS. LAST YEAR, 430 CLIENTS WERE SERVED, WITH 70% OBTAINING OR

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MAINTAINING EMPLOYMENT.

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 48,658 CALLS/EMAILS/TEXTS WERE ANSWERED AND AN ADDITIONAL 31,036 INQUIRIES WERE MADE ONLINE, A 72% INCREASE OVER THE PRIOR YEAR.

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 FOR A COORDINATED INTAKE SYSTEM TO BETTER SERVE INDIVIDUALS AND PROVIDE DATA FOR DECISION MAKING. LAST YEAR, LOCAL AGENCIES SERVED 8,659 TOTAL CLIENTS, PROVIDING OVER 14,835 DIFFERENT SERVICES.

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, 818 PEOPLE ATTENDED EDUCATIONAL SESSIONS AND AN ADDITIONAL 12,987 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 17,911 TOTAL VOLUNTEER-RELATED CONTACTS. RESEARCH SHOWS THAT THE AVERAGE VALUE OF A VOLUNTEER HOUR IS \$27.20.

INTER-LAKES COMMUNITY ACTION PARTNERSHIP'S HEARTLAND HOUSE PROVIDES TRANSITIONAL HOUSING FOR HOMELESS FAMILIES AND THEIR CHILDREN, SERVING 135

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FAMILIES LAST YEAR. OF THOSE SERVED, 40% GAINED FINANCIAL SELF-SUFFICIENCY AND 76% ENTERED PERMANENT STABLE HOUSING AFTER COMPLETING PROGRAM.

LUTHERAN SOCIAL SERVICES' BEHAVIORAL HEALTH SERVICES SERVES CHILDREN, ADULTS, FAMILIES, AND COUPLES WHO ARE STRUGGLING WITH A WIDE ARRAY OF MENTAL HEALTH CONCERNS. LAST YEAR 1,081 PEOPLE WERE PROVIDED 6,316 HOURS OF COUNSELING. OF THOSE SERVED, 71% OF PARTICIPANTS REPORTED AN IMPROVEMENT IN MENTAL HEALTH.

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 SERVED 2,891 PEOPLE. OF THOSE CLIENTS, 98 SUCCESSFULLY COMPLETED A DEBT MANAGEMENT PLAN.

LUTHERAN SOCIAL SERVICE' FAMILY VIOLENCE PROJECT OFFERS STRUCTURED THERAPY GROUPS FOR DOMESTIC VIOLENCE OFFENDERS TO TEACH SAFE AND HEALTHY RELATIONSHIP SKILLS AND HELP PREVENT FURTHER INTIMATE PARTNER VIOLENCE. LAST YEAR, 109 INDIVIDUALS PARTICIPATED IN THE PROGRAM. RESEARCH OF THE MODEL FOR THE PROGRAM SHOWS SIGNIFICANT REDUCTIONS IN RECIDIVISM FOR BOTH ADULT AND JUVENILE OFFENDERS.

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, 409 COUNSELING SESSIONS ARE PROVIDED EACH MONTH AT MORE THAN 40 SCHOOLS IN BALTIC, BRANDON VALLEY, CANTON, DELL RAPIDS, GARRETSON, HARRISBURG, SIOUX FALLS, TEA AREA, TRI-VALLEY, WEST CENTRAL SCHOOL DISTRICTS, AND SIOUX FALLS CATHOLIC SCHOOLS.

LUTHERAN SOCIAL SERVICES' RE-ENTRY SERVICES ASSISTS INDIVIDUALS WHO HAVE RECENTLY BEEN RELEASED FROM JAIL OR PRISON TO SUCCESSFULLY RE-INTEGRATE

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INTO THEIR FAMILIES AND COMMUNITIES. LAST YEAR, 18 PEOPLE COMPLETED THE WORK TRAINING CLASSES, WITH 61% FINDING EMPLOYMENT.

REACH ADULT LITERACY/TUTORING PROVIDES 1,260 HOURS OF TUTORING TO 70 ADULTS IN ORDER TO IMPROVE THEIR READING, WRITING AND LIVING SKILLS. OF THOSE WHO PARTICIPATE, 85% DEMONSTRATE AN INCREASE IN KNOWLEDGE AND SKILLS.

SAD ISN'T BAD WAS DEVELOPED SPECIFICALLY TO HELP CHILDREN WHO ARE EXPERIENCING GRIEF. LAST YEAR, 3 FAMILIES PARTICIPATED IN A FOUR-WEEK SESSION.

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

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RECEIVING HOUSING ASSISTANCE WITH ELIMINATING BARRIERS TO ATTAINING EDUCATION AND EMPLOYMENT SKILLS. LAST YEAR, 129 PARTICIPANTS RECEIVED ONE-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 15 FAMILIES, 26 CHILDREN, AND 425 SINGLE INDIVIDUALS LAST YEAR. 85% OF CLIENTS INCREASED SAVINGS AND 85% REPORTED A REDUCTION IN DEBT.

VOLUNTEERS OF AMERICA, DAKOTAS' COUNSELING SERVICES PROVIDED 465 INDIVIDUALS WITH 7,511 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, 47 FAMILIES 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.

VULNERABLE ADULTS:

ACTIVE GENERATIONS' BRIDGES EMPLOYMENT RESOURCE CENTER PROVIDES SERVICES TO

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JOB SEEKERS 40 YEARS OF AGE AND OLDER TO ASSIST THEM IN THEIR JOB SEARCH. LAST YEAR, 102 CLIENTS RECEIVED ASSISTANCE IN RESUME PREPARATION SERVICES, COMPUTER TRAINING, AND INTERVIEW SKILLS. OF THOSE INDIVIDUALS, 21 SECURED EMPLOYMENT.

ACTIVE GENERATIONS' CAREGIVER CASE MANAGEMENT PROVIDES LOCAL SUPPORTIVE SERVICES TO FAMILY CAREGIVERS TO LIFT AND EMPOWER THEM TO MAKE NECESSARY CHANGES, IN ORDER TO REGAIN SOME BALANCE AND CONTROL OVER THEIR LIVES, ALLOWING THEM TO CONTINUE THEIR CAREGIVING ROLE IN A HEALTHIER WAY. LAST YEAR, 207 CAREGIVERS WERE PROVIDED WITH 35 SUPPORT GROUPS AND 2,682 CONTACTS/CALLS. 89% OF CAREGIVERS REPORTED A DECREASE IN DAILY PHYSICAL AND/OR EMOTIONAL STRESS.

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, 17 INDIVIDUALS WERE PROVIDED WITH 9,656 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, 146 INDIVIDUALS WERE SERVED. 93% OF PARTICIPANTS DELAY THE NEED TO ENTER A LONG-TERM CARE FACILITY.

ACTIVE GENERATIONS' NUTRITION SERVICES/MEALS ON WHEELS PROVIDES PEOPLE AGES 60 AND OVER A HOT AND NUTRITIOUS NOON MEAL IN A CONGREGATE OR HOME DELIVERED SETTING FOR A DONATION. LAST YEAR, 226,000 MEALS WERE SERVED TO



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4,365 PEOPLE.

(TO BE CONTINUED IN GENERAL FOOTNOTE)

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

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

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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

Form **4562**

Department of the Treasury  
Internal Revenue Service (99)

Name(s) shown on return

**Depreciation and Amortization**  
(Including Information on Listed Property)

u Attach to your tax return.

u Go to [www.irs.gov/Form4562](http://www.irs.gov/Form4562) for instructions and the latest information.

OMB No. 1545-0172

**2020**

Attachment Sequence No. **179**

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Business or activity to which this form relates

**INDIRECT DEPRECIATION**

**Part I Election To Expense Certain Property Under Section 179**

**Note:** If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)	1	<b>1,040,000</b>
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	<b>2,590,000</b>
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the <b>smaller</b> of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2019 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions	11	
12	Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	12	
13	Carryover of disallowed deduction to 2021. Add lines 9 and 10, less line 12	13	

**Note:** Don't use Part II or Part III below for listed property. Instead, use Part V.

**Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.)**

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year. See instructions	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	<b>11,254</b>

**Part III MACRS Depreciation (Don't include listed property. See instructions.)**

**Section A**

17	MACRS deductions for assets placed in service in tax years beginning before 2020	17	<b>2,988</b>
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here <input type="checkbox"/> u <input type="checkbox"/>		

**Section B—Assets Placed in Service During 2020 Tax Year Using the General Depreciation System**

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property			27.5 yrs.	MM	S/L	
i Nonresidential real property			39 yrs.	MM	S/L	

**Section C—Assets Placed in Service During 2020 Tax Year Using the Alternative Depreciation System**

20a Class life					S/L	
b 12-year			12 yrs.		S/L	
c 30-year			30 yrs.	MM	S/L	
d 40-year			40 yrs.	MM	S/L	

**Part IV Summary (See instructions.)**

21	Listed property. Enter amount from line 28	21	
22	<b>Total.</b> Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions	22	<b>14,242</b>
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions.

DAA

## Forms 990 / 990-EZ Return Summary

For calendar year 2020, or tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_

46-0233701

**SIOUX EMPIRE UNITED WAY, INC.**

<b>Net Asset / Fund Balance at Beginning of Year</b>		<u>12,549,636</u>
<b>Revenue</b>		
Contributions	<u>10,138,672</u>	
Program service revenue	<u>                    </u>	
Investment income	<u>96,194</u>	
Capital gain / loss	<u>                    </u>	
Fundraising / Gaming:		
Gross revenue	<u>                    </u>	
Direct expenses	<u>                    </u>	
Net income	<u>                    </u>	
Other income	<u>0</u>	
<b>Total revenue</b>		<u>10,234,866</u>
<b>Expenses</b>		
Program services	<u>8,368,463</u>	
Management and general	<u>450,932</u>	
Fundraising	<u>456,423</u>	
<b>Total expenses</b>		<u>9,275,818</u>
<b>Excess / (deficit)</b>		<u>959,048</u>
Changes		<u>269,076</u>
<b>Net Asset / Fund Balance at End of Year</b>		<u>13,777,760</u>

Reconciliation of Revenue	
Total revenue per financial statements	<u>10,503,942</u>
Less:	
Unrealized gains	<u>269,076</u>
Donated services	<u>                    </u>
Recoveries	<u>                    </u>
Other	<u>                    </u>
Plus:	
Investment expenses	<u>                    </u>
Other	<u>                    </u>
<b>Total revenue per return</b>	<u>10,234,866</u>

Reconciliation of Expenses	
Total expenses per financial statements	<u>9,275,818</u>
Less:	
Donated services	<u>                    </u>
Prior year adjustments	<u>                    </u>
Losses	<u>                    </u>
Other	<u>                    </u>
Plus:	
Investment expenses	<u>                    </u>
Other	<u>                    </u>
<b>Total expenses per return</b>	<u>9,275,818</u>

Balance Sheet			
	Beginning	Ending	Differences
Assets	<u>13,069,661</u>	<u>14,473,380</u>	
Liabilities	<u>520,025</u>	<u>695,620</u>	
Net assets	<u>12,549,636</u>	<u>13,777,760</u>	<u>1,228,124</u>

### Miscellaneous Information

Amended return \_\_\_\_\_  
Return / extended due date 11/15/21  
Failure to file penalty \_\_\_\_\_