

Form **990**
Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

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

OMB No 1545-0047
2018
Open to Public Inspection

A For the 2019 calendar year, or tax year beginning 01-01-2018, and ending 12-31-2018

- B** Check if applicable
- Address change
 - Name change
 - Initial return
 - Final return/terminated
 - Amended return
 - Application pending

C Name of organization
SIOUX EMPIRE UNITED WAY INC

Doing business as

Number and street (or P O box if mail is not delivered to street address) Room/suite
1000 N WEST AVENUE

City or town, state or province, country, and ZIP or foreign postal code
SIOUX FALLS, SD 571041314

D Employer identification number
46-0233701

E Telephone number
(605) 336-2095

G Gross receipts \$ 9,935,589

F Name and address of principal officer
JAY POWELL

H(a) Is this a group return for subordinates? Yes No

H(b) Are all subordinates included? Yes No
If "No," attach a list (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status 501(c)(3) 501(c) () ◀ (insert no) 4947(a)(1) or 527

J Website: ▶ WWW.SIOUXEMPIREUNITEDWAY.ORG

K Form of organization Corporation Trust Association Other ▶

L Year of formation

M State of legal domicile

Part I Summary

1 Briefly describe the organization's mission or most significant activities
TO LEAD, SUSTAIN AND NURTURE A UNIFIED, EFFECTIVE RESPONSE TO COMMUNITY NEEDS

2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets

3 Number of voting members of the governing body (Part VI, line 1a)	30
4 Number of independent voting members of the governing body (Part VI, line 1b)	29
5 Total number of individuals employed in calendar year 2018 (Part V, line 2a)	10
6 Total number of volunteers (estimate if necessary)	765
7a Total unrelated business revenue from Part VIII, column (C), line 12	0
7b Net unrelated business taxable income from Form 990-T, line 34	

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	9,162,344	9,851,510
9 Program service revenue (Part VIII, line 2g)		0
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	101,337	84,079
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	9,263,681	9,935,589
13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	8,003,374	7,822,450
14 Benefits paid to or for members (Part IX, column (A), line 4)		0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	834,113	807,489
16a Professional fundraising fees (Part IX, column (A), line 11e)		0
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 471,820		
17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	797,269	797,658
18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	9,634,756	9,427,597
19 Revenue less expenses Subtract line 18 from line 12	-371,075	507,992

	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	10,684,801	11,082,266
21 Total liabilities (Part X, line 26)	228,444	234,246
22 Net assets or fund balances Subtract line 21 from line 20	10,456,357	10,848,020

Part II Signature Block

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

Sign Here

Signature of officer: ***** Date: 2019-10-25

JAY POWELL PRESIDENT
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name Preparer's signature Date 2019-10-29 Check if self-employed PTIN P00851377

Firm's name ▶ WOLTMAN GROUP PC Firm's EIN ▶ 46-0398923

Firm's address ▶ 7001 S LYNCREST PLACE SUITE 200 SIOUX FALLS, SD 571082599 Phone no (605) 361-1200

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 \$ 163,326 including grants of \$) (Revenue \$)
See Additional Data

4b (Code) (Expenses \$ 214,278 including grants of \$) (Revenue \$)
See Additional Data

4c (Code) (Expenses \$ 8,227,738 including grants of \$ 7,822,450) (Revenue \$)
See Additional Data

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

4e Total program service expenses ▶ 8,605,342

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 1 through 22 regarding organizational requirements, such as political activities, lobbying, and financial reporting.

Part IV Checklist of Required Schedules (continued)

		Yes	No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23	Yes
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	24a	No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a	No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b	No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>	26	No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27	No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)		
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a	No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b	No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c	Yes
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29	No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30	No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31	No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32	No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33	No
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	34	No
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	No
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36	No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37	No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes

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

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

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



Section A. Governing Body and Management

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

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates? (No); 10b 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?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? (Yes); 11b Describe in Schedule O the process, if any, used by the organization to review this Form 990; 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 (Yes); 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? (Yes); 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done (Yes); 13 Did the organization have a written whistleblower policy? (Yes); 14 Did the organization have a written document retention and destruction policy? (Yes); 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official (Yes); b Other officers or key employees of the organization (Yes); If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions); 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? (No); 16b 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?

Section C. Disclosure

Table with 2 columns: Question, Answer. Rows include: 17 List the States with which a copy of this Form 990 is required to be filed; 18 Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply: Own website, Another's website, Upon request, Other (explain in Schedule O); 19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year; 20 State the name, address, and telephone number of the person who possesses the organization's books and records: HEATHER VIERGUTZ-MCDONALD 1000 N WEST AVENUE 120 SIOUX FALLS, SD 571041314 (605) 336-2095

Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants, and Other Similar Amounts	1a Federated campaigns . . .	1a					
	b Membership dues . . .	1b					
	c Fundraising events . . .	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above	1f	9,851,510				
	g Noncash contributions included in lines 1a - 1f \$ _____						
	h Total. Add lines 1a-1f ▶			9,851,510			
Program Service Revenue	2a _____	Business Code					
	b _____						
	c _____						
	d _____						
	e _____						
	f All other program service revenue						
	9 Total. Add lines 2a-2f ▶						
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts) ▶		84,079			84,079	
	4 Income from investment of tax-exempt bond proceeds ▶						
	5 Royalties ▶						
	6a Gross rents	(i) Real	(ii) Personal				
		b Less rental expenses					
		c Rental income or (loss)					
		d Net rental income or (loss) ▶					
	7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		b Less cost or other basis and sales expenses					
		c Gain or (loss)					
		d Net gain or (loss) ▶					
	8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18 a						
		b Less direct expenses b					
		c Net income or (loss) from fundraising events ▶					
	9a Gross income from gaming activities See Part IV, line 19 a						
		b Less direct expenses b					
		c Net income or (loss) from gaming activities ▶					
	10a Gross sales of inventory, less returns and allowances a						
b Less cost of goods sold b							
c Net income or (loss) from sales of inventory ▶							
Miscellaneous Revenue	Business Code						
11a _____							
b _____							
c _____							
d All other revenue							
e Total. Add lines 11a-11d ▶							
12 Total revenue. See Instructions ▶			9,935,589			84,079	

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

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.				
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.	7,822,450	7,822,450		
2 Grants and other assistance to domestic individuals. See Part IV, line 22.				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16.				
4 Benefits paid to or for members.				
5 Compensation of current officers, directors, trustees, and key employees.	270,531	37,163	191,894	41,474
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).				
7 Other salaries and wages.	415,034	212,106	36,932	165,996
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions).	43,934	21,888	4,972	17,074
9 Other employee benefits.	32,923	13,252	8,994	10,677
10 Payroll taxes.	45,067	16,890	14,403	13,774
11 Fees for services (non-employees):				
a Management.				
b Legal.				
c Accounting.	17,735		16,442	1,293
d Lobbying.				
e Professional fundraising services. See Part IV, line 17.				
f Investment management fees.				
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).				
12 Advertising and promotion.	83,195	35,114		48,081
13 Office expenses.	36,962	1,028	2,522	33,412
14 Information technology.				
15 Royalties.				
16 Occupancy.	61,335	21,646	21,408	18,281
17 Travel.	11,757	3,528	2,239	5,990
18 Payments of travel or entertainment expenses for any federal, state, or local public officials.				
19 Conferences, conventions, and meetings.	3,623	954	2,254	415
20 Interest.				
21 Payments to affiliates.	99,018			99,018
22 Depreciation, depletion, and amortization.	13,820	5,164	4,394	4,262
23 Insurance.	2,599	980	845	774
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O):				
a IMAGINATION LIBRARY	283,038	283,038		
b CHALLENGE DAY	73,547	73,547		
c CONNECTING KIDS	54,409	54,409		
d EQUIPMENT LEASES & MAINTENANCE	17,425	2,980	8,263	6,182
e All other expenses	39,195	-795	34,873	5,117
25 Total functional expenses. Add lines 1 through 24e.	9,427,597	8,605,342	350,435	471,820
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year	
Assets	1 Cash—non-interest-bearing	155,118	1	130,523	
	2 Savings and temporary cash investments	1,917,973	2	1,755,692	
	3 Pledges and grants receivable, net	6,381,007	3	6,563,463	
	4 Accounts receivable, net	2,662	4		
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L			5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L			6	
	7 Notes and loans receivable, net			7	
	8 Inventories for sale or use			8	
	9 Prepaid expenses and deferred charges			9	
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	174,788			
	b Less accumulated depreciation	137,895	46,408	10c	36,893
	11 Investments—publicly traded securities	2,181,633	11		2,595,695
	12 Investments—other securities See Part IV, line 11			12	
	13 Investments—program-related See Part IV, line 11			13	
	14 Intangible assets			14	
	15 Other assets See Part IV, line 11			15	
16 Total assets. Add lines 1 through 15 (must equal line 34)	10,684,801	16		11,082,266	
Liabilities	17 Accounts payable and accrued expenses	228,339	17	234,141	
	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 current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L			22	
	23 Secured mortgages and notes payable to unrelated third parties			23	
	24 Unsecured notes and loans payable to unrelated third parties			24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24) Complete Part X of Schedule D			25	
	26 Total liabilities. Add lines 17 through 25	228,444	26		234,246
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.				
	27 Unrestricted net assets	2,848,038	27	2,911,339	
	28 Temporarily restricted net assets	7,608,319	28	7,936,681	
	29 Permanently restricted net assets		29		
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.				
	30 Capital stock or trust principal, or current funds		30		
	31 Paid-in or capital surplus, or land, building or equipment fund		31		
	32 Retained earnings, endowment, accumulated income, or other funds		32		
33 Total net assets or fund balances	10,456,357	33		10,848,020	
34 Total liabilities and net assets/fund balances	10,684,801	34		11,082,266	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	9,935,589
2	Total expenses (must equal Part IX, column (A), line 25)	2	9,427,597
3	Revenue less expenses Subtract line 2 from line 1	3	507,992
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	10,456,357
5	Net unrealized gains (losses) on investments	5	-116,329
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	10,848,020

Part XII Financial Statements and Reporting

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

- 1** Accounting method used to prepare the Form 990 Cash Accrual Other _____
 If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant?
 If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both
 Separate basis Consolidated basis Both consolidated and separate basis
- 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
 Separate basis Consolidated basis Both consolidated and separate basis
- c** If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
 If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

	Yes	No
2a		No
2b	Yes	
2c	Yes	
3a		No
3b		

Additional Data

Software ID:

Software Version:

EIN: 46-0233701

Name: SIOUX EMPIRE UNITED WAY INC

Form 990 (2018)

Form 990, Part III, Line 4a:

2018 MARKETING YEAR IN REVIEW 6 VOLUNTEERS SERVED ON THE MARKETING DIVISION YEAR ROUND MARKETING INCLUDED 76 COMPANIES EACH MONTH COMPANIES RECEIVE A SHORT STORY ABOUT A PARTICULAR INDIVIDUAL TOUCHED BY UNITED WAY, NEEDS FILLED IN THE COMMUNITY, OR IMPACT AREA THE INFORMATION IS DISTRIBUTED THROUGH THE COMPANIES BY EMAIL, BREAKROOM POSTINGS AND INTRANETS SIOUX EMPIRE UNITED WAY ONCE AGAIN PARTNERED WITH LAWRENCE & SCHILLER TO CREATE CAMPAIGN MATERIALS THAT ASKED THE COMMUNITY TO DONATE A DIFFERENCE THIS WAS THE FINAL YEAR OF THREE YEARS OF THE DONATE A DIFFERENCE MESSAGE THE WOMENUNITE EVENT WAS HELD ON AUGUST 15 AND ATTENDED BY NEARLY 1,000 INDIVIDUALS RAISED OVER 20,000 KICKOFF WAS HELD ON SEPTEMBER 18 AT HARMONY SOUTH DAKOTA ESTIMATE EVENT ATTENDANCE AT 250 PEOPLE THE FEBRUARY 2019 THANK YOU EVENT WAS ATTENDED BY ABOUT 300 PEOPLE THE EVENT INCLUDED THE 2019 CAMPAIGN TOTAL ANNOUNCEMENT AND RECOGNIZED SEVERAL INDIVIDUALS AND COMPANIES MORE THAN 160 SPEAKING ENGAGEMENTS WERE SCHEDULED THROUGH OUR SPEAKER'S BUREAU EMERGING LEADERS HAS 76 MEMBERS MEMBERS PARTICIPATED IN 17 DIFFERENT EVENTS IN 2018 THIS INCLUDED A NEW LUNCH & LEARN EVENT FOR MEMBERS TO LEARN IN-DEPTH ABOUT AN AGENCY THAT MAY NOT HAVE A GROUP VOLUNTEER OPPORTUNITY CAMPAIGN E-UPDATES WERE EMAILED EVERY TWO WEEKS FROM JULY 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 40% INFORMATIONAL E-UPDATES WERE DISTRIBUTED YEAR ROUND TO MORE THAN 9,500 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 2122 TO 2310 INCREASED TWITTER FOLLOWERS FROM 1094 TO 1118 INSTAGRAM FOLLOWERS FROM 502 TO 794 SOCIAL MEDIA PROMOTIONS SPENT 3,800 ON FACEBOOK AND INSTAGRAM PROMOTIONS TOTAL IMPRESSIONS WERE 434,156

Form 990, Part III, Line 4b:

CI DIVISION OVERVIEW 0100 VOLUNTEERS ON 12 IMPACT TEAMS DONATED OVER 1,500 HOURS OF FUNDING PROCESSES ONGOING FUNDING PROCESS - THROUGH THE ANNUAL FUNDING PROCESS, VOLUNTEERS MADE DIFFICULT DECISIONS SHIFTING DOLLARS TO MEET AREAS OF NEED FOR THE 2019 FUNDING YEAR APPROXIMATELY 8 MILLION TO 86 PROGRAM AND 39 NON-PROFIT ORGANIZATIONS COMMUNITY IMPACT GRANTS "FUNDED 11 COMMUNITY IMPACT GRANTS (PROGRAMS IN EXISTENCE LESS THAN 3 YEARS) FOR A TOTAL OF 197,150 INITIATIVE WORK HARMONY SOUTH DAKOTA "BEGAN RECEIVING COMMUNITY IMPACT GRANT FUNDS IN 2015 IN 2017, IT WAS DECIDED THAT 120,250 TO BE BUILT INTO THE 2019 CAMPAIGN AS THE INITIATIVE FUNDS RAISED IN FALL OF 2018 WILL PROVIDE 80 YOUTH WITH THE OPPORTUNITY TO GAIN IMPORTANT LIFE SKILLS AND ALLOW THEM TO BECOME OUR PRODUCTIVE CITIZENS OF TOMORROW THROUGH THIS PROGRAM, EACH CHILD IS GUARANTEED THE OPPORTUNITY TO SPEND 420 HOURS EACH YEAR IN AN ENCOURAGING, SAFE, AND STRUCTURED ENVIRONMENT THAT TEACHES SELF-DISCIPLINE, RESPECT, AND THE ABILITY TO WORK COOPERATIVELY WITH OTHERS THROUGH MUSIC PATH (CONTINUED EXPANSION OF OUR SCHOOL BASED MENTAL HEALTH INITIATIVE) "MAY 2018 - APPROVED FUNDS FOR PATH TO PROVIDE SERVICES IN 40+ SCHOOLS "JUNE 2018 - APPROVED FUNDS FOR A RURAL EXPANSION PROVIDES AN ADDITIONAL 5 DAYS EACH WEEK OF PATH SERVICES PRIMARY FOCUS WAS ON THE FOLLOWING DISTRICTS GARRETSON, LENNOX, BRANDON VALLEY, AND SIOUX FALLS CATHOLIC "AUGUST 2018 - APPROVED FUNDS TO ADD FIVE ADDITIONAL SCHOOLS/DAYS WITHIN THE SIOUX FALLS SCHOOL DISTRICT "NOVEMBER 2018 - APPROVED FUNDING TO MAINTAIN SERVICES FOR 2020 FUNDING WILL SUPPORT SERVICES IN 40+ SCHOOLS, IMPACTING THE LIVES OF APPROXIMATELY 600 STUDENTS STRATEGIC PLANNING STRATEGY 1 REVIEW APPROACH TO FUNDING AGENCIES STRATEGY 2 REVIEW OUR RELATIONSHIP WITH FUNDED AGENCIES "ITEMS CURRENTLY BEING DISCUSSED AS POSSIBLE CHANGES FOR FUTURE YEARS "RESTRUCTURING OF TEAMS "EVERY OTHER YEAR REVIEW PROCESS "DEFICIT FUNDING APPROACH "ONLINE APPLICATION PROCESS "INITIATIVE/GRANT PRIORITIES AND PROCESS

Form 990, Part III, Line 4c:

CHILDREN AVERA MCKENNAN'S SUCCESS BY 6 PARENTING WITH SUCCESS PROGRAMMING INCLUDES RESOURCE BOOKLETS AND TEMPERAMENT PROGRAMMING THE RESOURCE BOOKLETS ARE PROVIDED TO ALL MOTHERS AFTER BIRTH AND INCLUDE PARENTING INFORMATION AND LOCAL RESOURCES LAST YEAR, 2,432 BOOKLETS WERE DISTRIBUTED TEMPERAMENT PROGRAMMING UTILIZES A THOROUGH QUESTIONNAIRE PROVIDED TO PARENTS WHEN THEIR CHILD IS 15 MONTHS OF AGE THE RESULTS HELP PARENTS UNDERSTAND THE TEMPERAMENT OF THEIR CHILD AND HOW TO PARENT BASED ON THAT LAST YEAR, 292 FAMILIES COMPLETED QUESTIONNAIRES BIG BROTHERS BIG SISTERS OF THE SIOUX EMPIRE 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 - THEREBY HELPING THE YOUTH TO BECOME CONFIDENT, COMPETENT, AND CARING INDIVIDUALS LAST YEAR, 355 MENTOR MATCHES WERE MADE OR MAINTAINED THROUGH THE PROGRAMS RECENT RESEARCH SHOWS THAT MENTORING RELATIONSHIPS SUPPORT A YOUTH'S GROWTH AND DEVELOPMENT IN MULTIPLE AREAS SIMULTANEOUSLY THIS INCLUDES BETTER DEVELOPMENT OF MORALS AND VALUES, IMPROVED DECISION MAKING, FEELING EMPOWERED TO SUCCEED, AND RECEIVING ENCOURAGEMENT TO ENTER OR FINISH COLLEGE BOYS & GIRLS CLUBS OF THE SIOUX EMPIRE'S EARLY CHILDHOOD EDUCATION PROGRAM PROVIDES QUALITY CHILDCARE AND EDUCATION PROGRAMS FOR YOUNG CHILDREN LAST YEAR, 268 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, 396 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 INFANT & TODDLER PROGRAM PROVIDES QUALITY CHILDCARE FOR INFANTS AND TODDLERS LAST YEAR, 277 CHILDREN RECEIVED QUALITY CHILD CARE CHALLENGE DAY PROVIDES AREA MIDDLE AND HIGH SCHOOL STUDENTS WITH A ONE-DAY PROGRAM THAT FOCUSES ON EMPATHY SKILL BUILDING LAST YEAR, CHALLENGE DAYS HAPPENED IN 14 DIFFERENT SCHOOLS ACROSS THE SIOUX EMPIRE FULL DAY PROGRAMS WERE ATTENDED BY 701 STUDENTS AND 2,834 STUDENTS PARTICIPATED IN A SHORTER ASSEMBLY STUDENTS COMPLETED SURVEYS AFTER THE EXPERIENCE AND AGREED WITH THE STATEMENT "AFTER PARTICIPATING IN CHALLENGE DAY I AM MORE AWARE OF THE EFFECTS OF TEASING," AN AVERAGE OF 4.09 ON A SCALE OF 1 TO 5 ONE SCHOOL DISTRICT'S COUNSELOR NOTED, "CHALLENGE DAY CONTINUES TO POSITIVELY IMPACT OUR SCHOOL BY ALLOWING STUDENTS TO CONNECT WITH EACH OTHER, AS WELL AS THE ADULTS IN THE ROOM, IN WAYS THEY HAVE NEVER DONE BEFORE THIS OPENS UP COMMUNICATION AND A LEVEL OF UNDERSTANDING THAT DOESN'T EXIST PRIOR TO CHALLENGE DAY " CHARACTER ON TRACK PROVIDES AN EDUCATIONAL FRAMEWORK FOR TEACHING TRUSTWORTHINESS, RESPECT, RESPONSIBILITY, FAIRNESS, CARING, AND CITIZENSHIP LAST YEAR, 96 ASSEMBLIES WERE HELD CHILDREN'S CONNECTION, A PROGRAM OF FAMILY CONNECTION PROVIDES WEEKLY SUPPORT GROUPS, FAMILY EVENTS, AND MORE TO CHILDREN WHOSE PARENT OR CLOSE FAMILY MEMBER HAS BEEN INCARCERATED LAST YEAR, 293 STUDENTS PARTICIPATED IN THE WEEKLY GROUPS AT 11 LOCAL ELEMENTARY AND MIDDLE SCHOOLS CONNECTING KIDS CREATES THE OPPORTUNITY FOR CHILDREN IN GRADES K-8 TO TAKE PART IN AN ACTIVITY FOR A FREE OR REDUCED RATE LAST YEAR, 658 USED THE CONNECTING KIDS CERTIFICATE CHILDREN HAVE THE OPPORTUNITY TO PARTICIPATE IN A WIDE VARIETY OF SPORTS, CAMPS, CLASSES, AND FINE ART ACTIVITIES THROUGH 25 DIFFERENT PARTNER ORGANIZATIONS A SURVEY OF PARENTS FOUND THAT 98% OF RESPONDENTS WOULD NOT HAVE BEEN ABLE TO PARTICIPATE IN ACTIVITIES WITHOUT CONNECTING KIDS DELTA DENTAL OF SD'S MOBILE DENTAL PROGRAM PROVIDES RESTORATIVE AND PREVENTIVE DENTAL CARE TO UNDERSERVED CHILDREN LAST YEAR, 288 LOCAL YOUTH WERE SCREENED, WITH 67 HAVING THEIR FIRST DENTAL VISIT THE ORAL HEALTH IN AMERICA REPORT ESTABLISHED THE LINK BETWEEN DENTAL DISEASE AND ABSENTEEISM AND REDUCED LEARNING IN CHILDREN AS WELL AS THE LINK BETWEEN DENTAL DISEASE AND OVERALL HEALTH AND DEVELOPMENT DOLLY PARTON'S IMAGINATION LIBRARY PROGRAM PROVIDES FREE BOOKS TO CHILDREN IN THE MAIL UNTIL AGE 5 OVER 11,188 CHILDREN RECEIVE BOOKS EACH MONTH ONE 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, 1,411 INDIVIDUALS TOOK PART IN SWIMMING LESSONS EMBE'S CHILDCARE PROGRAM SERVES CHILDREN AGES 4 WEEKS TO 5 YEARS LAST YEAR, AN AVERAGE OF 323 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, 867 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, 86 BOYS PARTICIPATED AT 8 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, 939 YOUTH PARTICIPATED IN VOLLEYBALL CLINICS/LEAGUES, 434 YOUTH PARTICIPATED IN FIRST LEGO LEAGUE, AND 427 IN THE OTHER YOUTH CAMPS AND CLASSES HARMONY SOUTH DAKOTA IS A FREE AFTER-SCHOOL MUSIC PROGRAM THAT PROVIDES OPPORTUNITIES FOR CHILDREN AGES 6 AND UP TO PARTICIPATE IN STRING ORCHESTRA, PERCUSSION ENSEMBLES, MUSICIANSHIP CLASSES, AND PRIVATE INSTRUMENTAL LESSONS LAST YEAR, 60 PARTICIPANTS SPENT 523 HOURS IN INSTRUCTION THROUGH THE PROGRAM INTER-LAKES COMMUNITY ACTION PARTNERSHIP'S SIOUX FALLS CENTER PROVIDES HIGH QUALITY EARLY CHILDHOOD DEVELOPMENT SERVICES TO LOW-INCOME AND SPECIAL NEEDS CHILDREN LAST YEAR, 98 CHILDREN WERE ENROLLED IN THE PROGRAM WHILE THEIR PARENTS EITHER WORKED OR ATTENDED SCHOOL KIDSTOP PROVIDES A FREE AFTER SCHOOL AND SUMMER RECREATION PROGRAM FOR STUDENTS IN GRADES K-8 LAST YEAR AN AVERAGE OF 50 CHILDREN AND 8 MIDDLE-SCHOOLERS ATTENDED DAILY EIGHTY-NINE PER CENT OF REGULARLY ATTENDING PARTICIPANTS MAKE PROGRESS ON A POWER OF ASSET BUILDING CHART, A TOOL TO TRACK STUDENT BEHAVIOR AND ACADEMIC PROGRESS, WHICH LEADS TO ACADEMIC SUCCESS LUTHERAN SOCIAL SERVICES' AFTER-SCHOOL AND SUMMER PROGRAMS EMPHASIZE HANDS-ON ACTIVITIES TO KEEP CHILDREN ENGAGED IN LEARNING OUTSIDE OF SCHOOL HOURS LAST YEAR, 134 CHILDREN PARTICIPATED IN AFTERSCHOOL AND SUMMER PROGRAMS, WITH AN AVERAGE DAILY ATTENDANCE OF 51 CHILDREN OF THOSE CHILDREN, 114 CAME FROM LOW-INCOME FAMILIES, ALLOWING THEM TO PARTICIPATE IN QUALITY PROGRAMS EVEN IF THEIR FAMILY CANNOT AFFORD TO PAY THE FULL COST OF ATTENDING LUTHERAN SOCIAL SERVICES' EVERY DAY HEROES MENTOR PROGRAM PROVIDES ELEMENTARY AND MIDDLE SCHOOL STUDENTS WITH POSITIVE ADULT ROLE MODELS AT THEIR SCHOOLS LAST YEAR, 1,414 VOLUNTEER MENTORS PROVIDED 43,834 HOURS OF SERVICE AT 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' HEREA4YOUTH PROVIDES OUT OF SCHOOL TIME CARE FOR YOUTH WITH SPECIAL NEEDS AND THEIR SIBLINGS LAST YEAR, THEY SERVED 69 YOUTH DURING OUT OF SCHOOL HOURS LUTHERAN SOCIAL SERVICES' USUCCEED PROGRAM PROVIDES AT-RISK HIGH SCHOOL STUDENTS WITH A LONG-TERM VOLUNTEER MENTOR TO ENCOURAGE AND SUPPORT HIGH SCHOOL GRADUATION LAST YEAR, 183 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 692 STUDENTS WITH AFTER SCHOOL AND SUMMER PROGRAMMING LAST YEAR SERVICES PROVIDED INCLUDE READING ASSISTANCE, MATH HELP, KARATE, AND PROGRAMS TO RECOGNIZE DIFFERENT CULTURES READY TO START PROVIDES A FIVE-WEEK PROGRAM FOR CHILDREN WHO MAY NOT HAVE HAD ACCESS TO PRE-KIND

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(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			
JAY POWELL PRESIDENT	40 00	X		X				189,600	0	17,877
TOM SIMMONS PAST CHAIR	1 00	X		X				0	0	0
BILL O'CONNOR CHAIR	1 00	X		X				0	0	0
DR DANIEL HEINEMANN FIRST VICE-C	1 00	X		X				0	0	0
MARIE FREDRICKSON SECOND VICE-	1 00	X		X				0	0	0
BRENDA KIBBE MEMBER	1 00	X						0	0	0
CHRIS KRAY SECRETARY/TR	1 00	X						0	0	0
DR BRIAN MAHER MEMBER	1 00	X						0	0	0
TOM MCDARAGH MEMBER	1 00	X						0	0	0
ALEX RAMIREZ MEMBER	1 00	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(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			
BEN ARNDT MEMBER	1 00	X						0	0	0
CURT ZASKE MEMBER	1 00	X						0	0	0
CLARA HART MEMBER	1 00	X						0	0	0
PAUL BRUFLAT MEMBER	1 00	X						0	0	0
JEFF EISELE MEMBER	1 00	X						0	0	0
TRACY DAHL-WEBB MEMBER	1 00	X						0	0	0
DANIEL DOYLE MEMBER	1 00	X						0	0	0
JIM JARDING JR MEMBER	1 00	X						0	0	0
SUE SIMONS MEMBER	1 00	X						0	0	0
JAY HUIZENGA MEMBER	1 00	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(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			
JACK MARSH MEMBER	1 00	X						0	0	0
ELIZABETH CARLSON MEMBER	1 00	X						0	0	0
KEN KARELS MEMBER	1 00	X						0	0	0
JEFF STRAND MEMBER	1 00	X						0	0	0
ANDREA LEESCH MEMBER	1 00	X						0	0	0
MILES BEACOM MEMBER	1 00	X						0	0	0
TOLCHA MESELE MEMBER	1 00	X						0	0	0
STEVE STATZ MEMBER	1 00	X						0	0	0
KATE KOTZEA MEMBER	1 00	X						0	0	0
DR MIKE FRANKMAN MEMBER	1 00	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(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	Instructional Trustee	Officer	Key employee	Highest compensated employee	Former				
RANDY KNECHT MEMBER	1 00	X						0	0	0	
HEATHER VIERGUTZ-MCDONALD FINANCE DIR	40 00			X				53,554	0	9,500	

SCHEDULE A
(Form 990 or
990EZ)

Public Charity Status and Public Support

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

2018

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

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

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

(Complete only if you checked the box on line 5, 7, 8, or 9 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

	Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant.")	8,678,410	10,131,132	9,052,442	9,162,344	9,851,510	46,875,838
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3	8,678,410	10,131,132	9,052,442	9,162,344	9,851,510	46,875,838
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4						46,875,838

Section B. Total Support

	Calendar year (or fiscal year beginning in) ▶	(a)2014	(b)2015	(c)2016	(d)2017	(e)2018	(f)Total	
7	Amounts from line 4	8,678,410	10,131,132	9,052,442	9,162,344	9,851,510	46,875,838	
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	81,829	60,020	78,637	101,375	84,079	405,940	
9	Net income from unrelated business activities, whether or not the business is regularly carried on							
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI.)							
11	Total support. Add lines 7 through 10						47,281,778	
12	Gross receipts from related activities, etc (see instructions)						12	

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

Section C. Computation of Public Support Percentage

14	Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f))	14	99.140 %
15	Public support percentage for 2017 Schedule A, Part II, line 14	15	99.180 %

- 16a 33 1/3% support test—2018.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization
- b 33 1/3% support test—2017.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization
- 17a 10%-facts-and-circumstances test—2018.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization
- b 10%-facts-and-circumstances test—2017.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization
- 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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►		(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15	Public support percentage for 2018 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2017 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

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

19a 33 1/3% support tests—2018. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ►

b 33 1/3% support tests—2017. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ►

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ►

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

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

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

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

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

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI) See instructions	
7 Total annual distributions. Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
9 Distributable amount for 2018 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

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

Additional Data

Software ID:

Software Version:

EIN: 46-0233701

Name: SIOUX EMPIRE UNITED WAY INC

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)

Facts And Circumstances Test

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements
▶ Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047
2018
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.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

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

1 Purpose(s) of conservation easements held by the organization (check all that apply)

Preservation of land for public use (e g , recreation or education) Preservation of an historically important land area

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

	Held at the End of the Year	
a Total number of conservation easements	2a	
b Total acreage restricted by conservation easements	2b	
c Number of conservation easements on a certified historic structure included in (a)	2c	
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d	

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Yes No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? Yes No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.
Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenue included on Form 990, Part VIII, line 1 ▶ \$ _____

(ii) Assets included in Form 990, Part X ▶ \$ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

a Revenue included on Form 990, Part VIII, line 1 ▶ \$ _____

b Assets included in Form 990, Part X ▶ \$ _____

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

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

Part IV Escrow and Custodial Arrangements.

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

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

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as
- a** Board designated or quasi-endowment ▶
 - b** Permanent endowment ▶
 - c** Temporarily restricted endowment ▶
- The percentages on lines 2a, 2b, and 2c should equal 100%
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by
- | | | |
|--|-----|----|
| (i) unrelated organizations | Yes | No |
| (ii) related organizations | | |
| b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? | | |
- 4** Describe in Part XIII the intended uses of the organization's endowment funds

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		36,733	17,949	18,784
d Equipment		97,563	79,454	18,109
e Other		40,492	40,492	
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) . . . ▶				36,893

Part VII Investments—Other Securities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other _____		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)		

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

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

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

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

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

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

2. Liability for uncertain tax positions In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements		1	9,819,260
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12			
a	Net unrealized gains (losses) on investments	2a	-116,329	
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII)	2d		
e	Add lines 2a through 2d		2e	-116,329
3	Subtract line 2e from line 1		3	9,935,589
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII)	4b		
c	Add lines 4a and 4b		4c	
5	Total revenue Add lines 3 and 4c . (This must equal Form 990, Part I, line 12)		5	9,935,589

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements		1	9,427,597
2	Amounts included on line 1 but not on Form 990, Part IX, line 25			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII)	2d		
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	9,427,597
4	Amounts included on Form 990, Part IX, line 25, but not on line 1 :			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII)	4b		
c	Add lines 4a and 4b		4c	
5	Total expenses Add lines 3 and 4c . (This must equal Form 990, Part I, line 18)		5	9,427,597

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

Return Reference	Explanation	
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Part XIII **Supplemental Information (continued)**

Return Reference	Explanation
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Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

**Schedule I
(Form 990)**

**Grants and Other Assistance to Organizations,
Governments and Individuals in the United States**

OMB No 1545-0047

2018

**Open to Public
Inspection**

Department of the
Treasury
Internal Revenue Service

Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990.

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

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.

(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) See Additional Data							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 56

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

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.

Return Reference	Explanation
SCHEDULE I, PAGE 1, PART I, LINE 2	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

Additional Data

Software ID:
Software Version:
EIN: 46-0233701
Name: SIOUX EMPIRE UNITED WAY INC

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AUGUSTANA COLLEGE - PATHWAYS 2001 S SUMMIT AVE SIOUX FALLS, SD 57197	42-1623480	3	10,000				PARTNER AGENCY ALLOC
AVERA MCKENNAN HOSPITAL 800 E 21ST STREET SIOUX FALLS, SD 57105	46-0224743	3	240,536				PARTNER AGENCY ALLOC

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BETHANY CHRISTIAN SERVICES 400 S SYCAMORE AVE 103-1 SIOUX FALLS, SD 57110	38-1405282	3	10,000				COMMUNITY IMPACT
BIG BROTHERS BIG SISTERS 1000 N WEST AVE 300 SIOUX FALLS, SD 57104	05-0593016	3	102,751				PARTNER AGENCY ALLOC

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BOY SCOUTS 800 N WEST AVE SIOUX FALLS, SD 57104	46-0224599	3	217,304				PARTNER AGENCY ALLOC
BOYS & GIRLS CLUB 824 E 14TH ST SIOUX FALLS, SD 57104	46-0399482	3	166,386				PARTNER AGENCY ALLOC

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CENTER FOR ACTIVE GENERATIONS 2300 W 46TH ST SIOUX FALLS, SD 57105	46-0305500	3	354,600				PARTNER AGENCY ALLOC
CHILDREN'S HOME SOCIETY 409 N WESTERN AVE SIOUX FALLS, SD 57104	46-0224542	3	879,840				PARTNER AGENCY ALLOC

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COMMUNITY OUTREACH 231 N WEBER AVE SIOUX FALLS, SD 57103	46-0416744	3	341,000				PARTNER AGENCY ALLOC
COMPASS CENTER 1800 W 12TH ST 100 SIOUX FALLS, SD 57104	46-0350199	3	143,011				PARTNER AGENCY ALLOC

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DAKOTA SMILES MOBILE DENTAL PROGRAM 201 E 38TH ST SIOUX FALLS, SD 57105	91-1776857	3	40,000				PARTNER AGENCY ALLOC
DAKOTABILITIES 3600 S DULUTH AVE SIOUX FALLS, SD 57105	46-0306216	3	85,000				PARTNER AGENCY ALLOC

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
EMBE 300 W 11TH ST SIOUX FALLS, SD 57104	46-0234998	3	306,503				PARTNER AGENCY
FAMILY CONNECTIONS 303 N MINNESOTA AVE SIOUX FALLS, SD 57104	46-0435140	3	28,052				PARTNER AGENCY ALLOC

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FAMILY SERVICE 2210 W BROWN PL SIOUX FALLS, SD 57105	46-0259350	3	203,236				PARTNER AGENCY ALLOC
FEEDING SOUTH DAKOTA 3511 N 1ST AVE SIOUX FALLS, SD 57104	36-3293534	3	230,000				PARTNER AGENCY ALLOC

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FIRST UNITED METHODIST CHURCH 401 S SPRING AVE SIOUX FALLS, SD 57104	46-0230392	3	91,106				PARTNER AGENCY ALLOC
FURNITURE MISSION 209 S NESMITH AVE SIOUX FALLS, SD 57103	81-0584500	3	61,000				PARTNER AGENCY ALLOC

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HARMONY SOUTH DAKOTA 2522 W 41ST ST 125 SIOUX FALLS, SD 57105	46-3296505	3	34,635				COMMUNITY IMPACT
HELPLINE CENTER 1000 N WEST AVE 310 SIOUX FALLS, SD 57104	23-7424387	3	307,000				PARTNER AGENCY ALLOC

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HELPLINE CENTER - NETWORK OF CARE 1000 N WEST AVE 310 SIOUX FALLS, SD 57104	23-7424387	3	20,000				COMMUNITY OUTREACH
HELPLINE CENTER - OUTREACH SUPPORT 1000 N WEST AVE 310 SIOUX FALLS, SD 57104	23-7424387	3	15,000				COMMUNITY IMPACT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HORSEPOWER PO BOX 1604 SIOUX FALLS, SD 57101	46-0378036	3	46,048				COMMUNITY IMPACT
INTERLAKES CAP - HEARTLAND HOUSE PO BOX 268 MADISON, SD 57042	46-0282131	3	116,197				COMMUNITY IMPACT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
INTERLAKES CAP - CHILD DEV CENTER PO BOX 268 MADISON, SD 57042	46-0282131	3	60,000				PARTNER AGENCY ALLOC
LUTHERAN SOCIAL SERVICES 705 E 41ST ST 200 SIOUX FALLS, SD 57105	46-0224731	3	738,350				PARTNER AGENCY ALLOC

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MULTI-CULTURAL CENTER 515 N MAIN AVE SIOUX FALLS, SD 57104	46-0445034	3	200,000				PARTNER AGENCY ALLOC
OUR SAVIOR'S LUTHERAN CHURCH - SAD 909 W 33RD ST SIOUX FALLS, SD 57105	46-0229996	3	14,000				COMMUNITY IMPACT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PATH SCHOOL BASED MENTAL HEALTH 909 W 33RD ST SIOUX FALLS, SD 57105	46-0229996	3	174,176				COMMUNITY IMPACT
PATH SCHOOL- LUTHERAN SOCIAL SERV 909 W 33RD ST SIOUX FALLS, SD 57105	46-0229996	3	25,000				COMMUNITY IMPACT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PHILLIP'S HOME 906 S PHILLIPS AVE SIOUX FALLS, SD 57104	46-3266257	3	7,350				COMMUNITY IMPACT
REACH 629 S MINNESOTA AVE 201 SIOUX FALLS, SD 57104	46-0396579	3	54,500				PARTNER AGENCY

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
READY TO START HARRISBURG SCHOOL DT 200 WILLOW STREET HARRISBURG, SD 57032	46-6002218	GOV	7,000				COMMUNITY IMPACT
READY TO START CANTON SCHOOL DT 800 N MAIN ST CANTON, SD 57013		GOV	5,300				COMMUNITY IMPACT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
READY TO START LENNOX SCHOOL DIST 305 WEST FIFTH AVE LENNOX, SD 57039		GOV	5,691				COMMUNITY IMPACT
READY TO START MCCOOK CENTRAL SC DT 200 E ESSEX AVE SALEM, SD 57058		GOV	6,700				COMMUNITY IMPACT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
READY TO START SIOUX FALLS SCH DIST 201 E 38TH ST SIOUX FALLS, SD 57105	46-6002586	GOV	58,713				COMMUNITY IMPACT
READY TO START TEA AREA SCHOOL DT 500 W BRIAN TEA, SD 57064	50-0005151	GOV	12,600				COMMUNITY IMPACT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SANFORD CHILDREN'S SERVICES 1305 W 18TH ST SIOUX FALLS, SD 57105	46-0227855	3	128,348				PARTNER AGENCY ALLOC
SIOUX EMPIRE CHARACTER ON TRACK 3220 W 57TH ST 109 SIOUX FALLS, SD 57108	46-6016086	3	55,000				PARTNER AGENCY ALLOC

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SIOUX FALLS AREA CASA PROGRAM PO BOX 1901 SIOUX FALLS, SD 57101	46-0430647	3	83,084				PARTNER AGENCY ALLOC
SIOUX FALLS AREA COMMUNITY FOUNDATI 300 N PHILLPS AVE 102 SIOUX FALLS, SD 57104	31-1748533	3	120,000				PARTNER AGENCY ALLOC

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SIOUX FALLS FAMILY YMCA 230 S MINNESOTA SIOUX FALLS, SD 57104	46-0225021	3	308,693				PARTNER AGENCY ALLOC
SIOUX FALLS HOUSING 630 S MINNESOTA AVE SIOUX FALLS, SD 57104	46-0333222	GOV	50,000				PARTNER AGENCY ALLOC

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SFSD - PRESCHOOL OPPORTUNITIES 201 E 38TH ST SIOUX FALLS, SD 57105	46-6002586	GOV	224,992				PARTNER AGENCY ALLOC
SFSD - HOME LIAISON REFUGEE & IMM 201 E 38TH ST SIOUX FALLS, SD 57105	46-6002586	GOV	125,000				PARTNER AGENCY ALLOC

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SF MINISTRY CENTER PROJECT HOPE 225 E 11TH ST SIOUX FALLS, SD 57104	26-4760861	3	50,000				COMMUNITY IMPACT
SOCIETY OF ST VINCENT DE PAUL 431 N CLIFF AVE SIOUX FALLS, SD 57103	46-0383607	3	15,000				COMMUNITY IMPACT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SOUTHEASTERN BEHAVIORAL HEALTH 2000 S SUMMIT AVE SIOUX FALLS, SD 57105	46-0232306	3	44,805				PARTNER AGENCY ALLOC
SD DENTAL FOUNDATION 804 N EUCLID AVE 103 PIERRE, SD 57501	46-0367045	3	12,000				COMMUNITY IMPACT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ST FRANCIS HOUSE 1301 E AUSTIN STREET SIOUX FALLS, SD 57103	46-0423202	3	121,175				PARTNER AGENCY
UNITED DAY CARE 401 S SPRING AVE SIOUX FALLS, SD 57104	46-0312397	3	79,526				PARTNER AGENCY ALLOC

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
USD SCOTTISH RITE 414 E CLARK ST VERMILLION, SD 57069	46-6000364	GOV	127,000				PARTNER AGENCY ALLOC
VOLUNTEERS OF AMERICA 1309 W 51ST ST SIOUX FALLS, SD 57106	23-7353508	3	834,442				PARTNER AGENCY ALLOC

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CENTER FOR PREVENTION OF CHILD MALT 1400 W 22ND ST SIOUX FALLS, SD 57105	46-6018891	3	7,000				PARTNER AGENCY ALLOC
CONSCIOUS YOUTH SOLUTIONS PO BOX 360 SIOUX FALLS, SD 57101	81-5361129	3	15,000				COMMUNITY IMPACT

Schedule J
(Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 23.**
▶ **Attach to Form 990.**
▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization
SIOUX EMPIRE UNITED WAY INC

Employer identification number
46-0233701

Part I Questions Regarding Compensation

		Yes	No		
<p>1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) </td> </tr> </table>	<input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)			
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<p>b If any of the boxes in 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>	1b				
<p>2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?</p>	2				
<p>3 Indicate which, if any, of the following the filing 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 style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input checked="" type="checkbox"/> Compensation committee <input type="checkbox"/> Independent compensation consultant <input type="checkbox"/> Form 990 of other organizations </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee </td> </tr> </table>	<input checked="" type="checkbox"/> Compensation committee <input type="checkbox"/> Independent compensation consultant <input type="checkbox"/> Form 990 of other organizations	<input type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee			
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<p>4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:</p> <p>a Receive a severance payment or change-of-control payment?</p> <p>b Participate in, or receive payment from, a supplemental nonqualified retirement plan?</p> <p>c 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>	4a		No		
	4b		No		
	4c		No		
<p>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</p>					
<p>5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:</p> <p>a The organization?</p> <p>b Any related organization?</p> <p>If "Yes," on line 5a or 5b, describe in Part III.</p>	5a		No		
	5b		No		
<p>6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:</p> <p>a The organization?</p> <p>b Any related organization?</p> <p>If "Yes," on line 6a or 6b, describe in Part III.</p>	6a		No		
	6b		No		
<p>7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III.</p>	7		No		
<p>8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.</p>	8		No		
<p>9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</p>	9				

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

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not 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)	189,600			17,877		207,477	
	(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.

Schedule L
(Form 990 or 990-EZ)

Transactions with Interested Persons

OMB No 1545-0047

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.**
 ▶ **Attach to Form 990 or Form 990-EZ.**
 ▶ **Go to www.irs.gov/Form990 for the latest information.**

2018

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 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

2 Enter the amount of tax incurred by organization managers or disqualified persons during the year under section 4958 ▶ \$ _____

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization ▶ \$ _____

Part II Loans to and/or From Interested Persons.
Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26, or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(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
Total						▶ \$						

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

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 organization's revenues?	
				Yes	No
(1) DR DANIEL HEINEMANN	1ST VICE-CHAIR		FUNDING		No
(2) DR BRIAN MAHER	MEMBER		FUNDING		No

Part V Supplemental Information

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

Return Reference	Explanation
SCHEDULE L, PART V	DR DANIEL HEINEMANN IS AN OFFICER OF SANFORD HEALTH SANFORD HEALTH RECEIVES FUNDING FROM SIOUX EMPIRE UNITED WAY, INC TO SUPPORT SANFORD HEALTH'S CHILDREN'S PROGRAMS DR BRIAN MAHER IS AN OFFICER OF SIOUX FALLS SCHOOL DISTRICT SIOUX FALLS SCHOOL DISTRICT RECEIVES FUNDING FROM SIOUX EMPIRE UNITED WAY, INC TO SUPPORT SIOUX FALLS SCHOOL DISTRICT'S CHILDREN'S PROGRAMS

SCHEDULE O
(Form 990 or 990-EZ)**Supplemental Information to Form 990 or 990-EZ**

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No 1545-0047

2018**Open to Public Inspection**

Department of the Treasury

Name of the organization

SIOUX EMPIRE UNITED WAY INC

Employer identification number

46-0233701

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 1, 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

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 2, PART III, LINE 4A	2018 MARKETING YEAR IN REVIEW 6 VOLUNTEERS SERVED ON THE MARKETING DIVISION YEAR ROUND MARKETING INCLUDED 76 COMPANIES EACH MONTH COMPANIES RECEIVE A SHORT STORY ABOUT A PARTICULAR INDIVIDUAL TOUCHED BY UNITED WAY, NEEDS FILLED IN THE COMMUNITY, OR IMPACT AREA THE INFORMATION IS DISTRIBUTED THROUGH THE COMPANIES BY EMAIL, BREAKROOM POSTINGS AND INTRANETS SIOUX EMPIRE UNITED WAY ONCE AGAIN PARTNERED WITH LAWRENCE & SCHILLER TO CREATE CAMPAIGN MATERIALS THAT ASKED THE COMMUNITY TO DONATE A DIFFERENCE THIS WAS THE FINAL YEAR OF THREE YEARS OF THE DONATE A DIFFERENCE MESSAGE THE WOMENUNITE EVENT WAS HELD ON AUGUST 15 AND ATTENDED BY NEARLY 1,000 INDIVIDUALS RAISED OVER 20,000 KICKOFF WAS HELD ON SEPTEMBER 18 AT HARMONY SOUTH DAKOTA ESTIMATE EVENT ATTENDANCE AT 250 PEOPLE THE FEBRUARY 2019 THANK YOU EVENT WAS ATTENDED BY ABOUT 300 PEOPLE THE EVENT INCLUDED THE 2019 CAMPAIGN TOTAL ANNOUNCEMENT AND RECOGNIZED SEVERAL INDIVIDUALS AND COMPANIES MORE THAN 160 SPEAKING ENGAGEMENTS WERE SCHEDULED THROUGH OUR SPEAKER'S BUREAU EMERGING LEADERS HAS 76 MEMBERS MEMBERS PARTICIPATED IN 17 DIFFERENT EVENTS IN 2018 THIS INCLUDED A NEW LUNCH & LEARN EVENT FOR MEMBERS TO LEARN IN-DEPTH ABOUT AN AGENCY THAT MAY NOT HAVE A GROUP VOLUNTEER OPPORTUNITY CAMPAIGN E-UPDATES WERE EMAILED EVERY TWO WEEKS FROM JULY 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 40% INFORMATIONAL E-UPDATES WERE DISTRIBUTED YEAR ROUND TO MORE THAN 9,500 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 2122 TO 2310 INCREASED TWITTER FOLLOWERS FROM 1094 TO 1118 INSTAGRAM FOLLOWERS FROM 502 TO 794 SOCIAL MEDIA PROMOTIONS SPENT 3,800 ON FACEBOOK AND INSTAGRAM PROMOTIONS TOTAL IMPRESSIONS WERE 434,156

990 Schedule O, Supplemental Information

Return Reference	Explanation
<p>FORM 990, PAGE 2, PART III, LINE 4B</p>	<p>CI DIVISION OVERVIEW O100 VOLUNTEERS ON 12 IMPACT TEAMS DONATED OVER 1,500 HOURS OF FUNDING PROCESSES O ONGOING FUNDING PROCESS - THROUGH THE ANNUAL FUNDING PROCESS, VOLUNTEERS MADE DIFFICULT DECISIONS SHIFTING DOLLARS TO MEET AREAS OF NEED FOR THE 2019 FUNDING YEAR APPROXIMATELY 8 MILLION TO 86 PROGRAM AND 39 NON-PROFIT ORGANIZATIONS O COMMUNITY IMPACT GRANTS "FUNDED 11 COMMUNITY IMPACT GRANTS (PROGRAMS IN EXISTENCE LESS THAN 3 YEARS) FOR A TOTAL OF 197,150 O INITIATIVE WORK HARMONY SOUTH DAKOTA "BEGAN RECEIVING COMMUNITY IMPACT GRANT FUNDS IN 2015 IN 2017, IT WAS DECIDED THAT 120,250 TO BE BUILT INTO THE 2019 CAMPAIGN AS THE INITIATIVE FUNDS RAISED IN FALL OF 2018 WILL PROVIDE 80 YOUTH WITH THE OPPORTUNITY TO GAIN IMPORTANT LIFE SKILLS AND ALLOW THEM TO BECOME OUR PRODUCTIVE CITIZENS OF TOMORROW THROUGH THIS PROGRAM, EACH CHILD IS GUARANTEED THE OPPORTUNITY TO SPEND 420 HOURS EACH YEAR IN AN ENCOURAGING, SAFE, AND STRUCTURED ENVIRONMENT THAT TEACHES SELF-DISCIPLINE, RESPECT, AND THE ABILITY TO WORK COOPERATIVELY WITH OTHERS THROUGH MUSIC PATH (CONTINUED EXPANSION OF OUR SCHOOL BASED MENTAL HEALTH INITIATIVE) "MAY 2018 - APPROVED FUNDS FOR PATH TO PROVIDE SERVICES IN 40+ SCHOOLS "JUNE 2018 - APPROVED FUNDS FOR A RURAL EXPANSION PROVIDES AN ADDITIONAL 5 DAYS EACH WEEK OF PATH SERVICES PRIMARY FOCUS WAS ON THE FOLLOWING DISTRICTS GARRETSON, LENNOX, BRANDON VALLEY, AND SIOUX FALLS CATHOLIC "AUGUST 2018 - APPROVED FUNDS TO ADD FIVE ADDITIONAL SCHOOLS/DAYS WITHIN THE SIOUX FALLS SCHOOL DISTRICT "NOVEMBER 2018 - APPROVED FUNDING TO MAINTAIN SERVICES FOR 2020 FUNDING WILL SUPPORT SERVICES IN 40+ SCHOOLS, IMPACTING THE LIVES OF APPROXIMATELY 600 STUDENTS O STRATEGIC PLANNING O STRATEGY 1 REVIEW APPROACH TO FUNDING AGENCIES O STRATEGY 2 REVIEW OUR RELATIONSHIP WITH FUNDED AGENCIES "ITEMS CURRENTLY BEING DISCUSSED AS POSSIBLE CHANGES FOR FUTURE YEARS "RESTRUCTURING OF TEAMS "EVERY OTHER YEAR REVIEW PROCESS "DEFICIT FUNDING APPROACH "ONLINE APPLICATION PROCESS "INITIATIVE/GRANT PRIORITIES AND PROCESS</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 2, PART III, LINE 4C	<p>CHILDREN AVERA MCKENNAN'S SUCCESS BY 6 PARENTING WITH SUCCESS PROGRAMMING INCLUDES RESOURCE BOOKLETS AND TEMPERAMENT PROGRAMMING THE RESOURCE BOOKLETS ARE PROVIDED TO ALL MOTHERS AFTER BIRTH AND INCLUDE PARENTING INFORMATION AND LOCAL RESOURCES LAST YEAR, 2,432 BOOKLETS WERE DISTRIBUTED TEMPERAMENT PROGRAMMING UTILIZES A THOROUGH QUESTIONNAIRE PROVIDED TO PARENTS WHEN THEIR CHILD IS 15 MONTHS OF AGE THE RESULTS HELP PARENTS UNDERSTAND THE TEMPERAMENT OF THEIR CHILD AND HOW TO PARENT BASED ON THAT LAST YEAR, 292 FAMILIES COMPLETE D QUESTIONNAIRES BIG BROTHERS BIG SISTERS OF THE SIOUX EMPIRE 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 - THEREBY HELPING THE YOUTH TO BECOME CONFIDENT, COMPETENT, AND CARING INDIVIDUALS LAST YEAR, 355 MENTOR MATCHES WERE MADE OR MAINTAINED THROUGH THE PROGRAMS RECENT RESEARCH SHOWS THAT MENTORING RELATIONSHIPS SUPPORT A YOUTH'S GROWTH AND DEVELOPMENT IN MULTIPLE AREAS SIMULTANEOUSLY THIS INCLUDES BETTER DEVELOPMENT OF MORALS AND VALUES, IMPROVED DECISION MAKING, FEELING EMPOWERED TO SUCCEED, AND RECEIVING ENCOURAGEMENT TO ENTER OR FINISH COLLEGE BOYS & GIRLS CLUBS OF THE SIOUX EMPIRE'S EARLY CHILDHOOD EDUCATION PROGRAM PROVIDES QUALITY CHILDCARE AND EDUCATION PROGRAMS FOR YOUNG CHILDREN LAST YEAR, 268 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, 396 STUDENTS PARTICIPATED IN THE PROGRAMMING AN ANALYSIS OF 68 AFTERSCHOOL STUDIES CONCLUDES 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 INFANT & TODDLER PROGRAM PROVIDES QUALITY CHILDCARE FOR INFANTS AND TODDLERS LAST YEAR, 277 CHILDREN RECEIVED QUALITY CHILD CARE CHALLENGE DAY PROVIDES AREA MIDDLE AND HIGH SCHOOL STUDENTS WITH A ONE-DAY PROGRAM THAT FOCUSES ON EMPATHY SKILL BUILDING LAST YEAR, CHALLENGE DAYS HAPPENED IN 14 DIFFERENT SCHOOLS ACROSS THE SIOUX EMPIRE FULL DAY PROGRAMS WERE ATTENDED BY 701 STUDENTS AND 2,834 STUDENTS PARTICIPATED IN A SHORTER ASSEMBLY STUDENTS COMPLETED SURVEYS AFTER THE EXPERIENCE AND AGREED WITH THE STATEMENT "AFTER PARTICIPATING IN CHALLENGE DAY I AM MORE AWARE OF THE EFFECTS OF TEASING," AN AVERAGE OF 4.09 ON A SCALE OF 1 TO 5 ONE SCHOOL DISTRICT'S COUNSELOR NOTED, "CHALLENGE DAY CONTINUES TO POSITIVELY IMPACT OUR SCHOOL BY ALLOWING STUDENTS TO CONNECT WITH EA</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
<p>FORM 990, PAGE 2, PART III, LINE 4C</p>	<p>CH OTHER, AS WELL AS THE ADULTS IN THE ROOM, IN WAYS THEY HAVE NEVER DONE BEFORE THIS OPE NS UP COMMUNICATION AND A LEVEL OF UNDERSTANDING THAT DOESN'T EXIST PRIOR TO CHALLENGE DAY " CHARACTER ON TRACK PROVIDES AN EDUCATIONAL FRAMEWORK FOR TEACHING TRUSTWORTHINESS, RESP ECT, RESPONSIBILITY, FAIRNESS, CARING, AND CITIZENSHIP LAST YEAR, 96 ASSEMBLIES WERE HELD CHILDREN'S CONNECTION, A PROGRAM OF FAMILY CONNECTION PROVIDES WEEKLY SUPPORT GROUPS, FA MILY EVENTS, AND MORE TO CHILDREN WHOSE PARENT OR CLOSE FAMILY MEMBER HAS BEEN INCARCERATE D LAST YEAR, 293 STUDENTS PARTICIPATED IN THE WEEKLY GROUPS AT 11 LOCAL ELEMENTARY AND MI DDLE SCHOOLS CONNECTING KIDS CREATES THE OPPORTUNITY FOR CHILDREN IN GRADES K-8 TO TAKE P ART IN AN ACTIVITY FOR A FREE OR REDUCED RATE LAST YEAR, 658 USED THE CONNECTING KIDS CER TIFICATE 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 ACTIVITIE S WITHOUT CONNECTING KIDS DELTA DENTAL OF SD'S MOBILE DENTAL PROGRAM PROVIDES RESTORATIVE AND PREVENTIVE DENTAL CARE TO UNDERSERVED CHILDREN LAST YEAR, 288 LOCAL YOUTH WERE SCREE NED, WITH 67 HAVING THEIR FIRST DENTAL VISIT THE ORAL HEALTH IN AMERICA REPORT ESTABLISHE D 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 IMA GINATION LIBRARY PROGRAM PROVIDES FREE BOOKS TO CHILDREN IN THE MAIL UNTIL AGE 5 OVER 11, 188 CHILDREN RECEIVE BOOKS EACH MONTH ONE 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, A ND OPEN SWIM OPPORTUNITIES LAST YEAR, 1,411 INDIVIDUALS TOOK PART IN SWIMMING LESSONS EMBE'S CHILDCARE PROGRAM SERVES CHILDREN AGES 4 WEEKS TO 5 YEARS LAST YEAR, AN AVERAGE OF 3 23 CHILDREN ATTENDED THE CENTERS DAILY EMBE'S GIRLS ON THE RUN/HEART & SOLE IS A CHARACTE R DEVELOPMENT AND EMPOWERMENT PROGRAM FOR GIRLS IN GRADES 3RD - 5TH AND 6TH - 8TH THAT USE S NON-COMPETITIVE RUNNING AND TRAINING TO ACHIEVE THE GOAL OF PARTICIPATION IN A 5K RUN/WA LK LAST YEAR, 867 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 THE MSELVES, TO BUILD HEALTHY RELATIONSHIPS, AND TO LIVE AN ACTIVE LIFESTYLE LAST YEAR, 86 BO YS PARTICIPATED AT 8 DIFFERENT SCHOOLS EMBE'S YOUTH RECREATION PROGRAMMING PROVIDES A VAR IETY OF YOUTH ACTIVITIES FOR CHILDREN ACTIVITIES INCLUDE VOLLEYBALL, BABYSITTING CAMP, C AMP CEO, CAMP CHANGEMAKER, YOUTH TAEKWONDO, AND FIRST LEGO LEAGUE LAST YEAR, 939 YOUTH PA RTICIPATED IN VOLLEYBALL CLINI</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 2, PART III, LINE 4C	<p>CS/LEAGUES, 434 YOUTH PARTICIPATED IN FIRST LEGO LEAGUE, AND 427 IN THE OTHER YOUTH CAMPS AND CLASSES HARMONY SOUTH DAKOTA IS A FREE AFTER-SCHOOL MUSIC PROGRAM THAT PROVIDES OPPORTUNITIES FOR CHILDREN AGES 6 AND UP TO PARTICIPATE IN STRING ORCHESTRA, PERCUSSION ENSEMBLES, MUSICIANSHIP CLASSES, AND PRIVATE INSTRUMENTAL LESSONS LAST YEAR, 60 PARTICIPANTS SPENT 523 HOURS IN INSTRUCTION THROUGH THE PROGRAM INTER-LAKES COMMUNITY ACTION PARTNERSHIP'S SIOUX FALLS CENTER PROVIDES HIGH QUALITY EARLY CHILDHOOD DEVELOPMENT SERVICES TO LOW-INCOME AND SPECIAL NEEDS CHILDREN LAST YEAR, 98 CHILDREN WERE ENROLLED IN THE PROGRAM WHILE THEIR PARENTS EITHER WORKED OR ATTENDED SCHOOL KIDSTOP PROVIDES A FREE AFTER SCHOOL AND SUMMER RECREATION PROGRAM FOR STUDENTS IN GRADES K-8 LAST YEAR AN AVERAGE OF 50 CHILDREN AND 8 MIDDLE-SCHOOLERS ATTENDED DAILY EIGHTY-NINE PER CENT OF REGULARLY ATTENDING PARTICIPANTS MAKE PROGRESS ON A POWER OF ASSET BUILDING CHART, A TOOL TO TRACK STUDENT BEHAVIOR AND ACADEMIC PROGRESS, WHICH LEADS TO ACADEMIC SUCCESS LUTHERAN SOCIAL SERVICES' AFTER-SCHOOL AND SUMMER PROGRAMS EMPHASIZE HANDS-ON ACTIVITIES TO KEEP CHILDREN ENGAGED IN LEARNING OUTSIDE OF SCHOOL HOURS LAST YEAR, 134 CHILDREN PARTICIPATED IN AFTERSCHOOL AND SUMMER PROGRAMS, WITH AN AVERAGE DAILY ATTENDANCE OF 51 CHILDREN OF THOSE CHILDREN, 114 CAME FROM LOW-INCOME FAMILIES, ALLOWING THEM TO PARTICIPATE IN QUALITY PROGRAMS EVEN IF THEIR FAMILY CANNOT AFFORD TO PAY THE FULL COST OF ATTENDING LUTHERAN SOCIAL SERVICES' EVERY DAY HER OES MENTOR PROGRAM PROVIDES ELEMENTARY AND MIDDLE SCHOOL STUDENTS WITH POSITIVE ADULT ROLE MODELS AT THEIR SCHOOLS LAST YEAR, 1,414 VOLUNTEER MENTORS PROVIDED 43,834 HOURS OF SERVICE AT 11 PUBLIC SCHOOL DISTRICTS IN MINNEHAHA AND LINCOLN COUNTIES NATIONAL RESEARCH SHOWS THAT STRONG RELATIONSHIPS BETWEEN MENTORS AND STUDENTS PROMOTE LONG-TERM POSITIVE OUTCOMES THAT INCLUDE ACHIEVEMENT, A STRONGER SENSE OF SELF-WORTH, IMPROVED RELATIONSHIPS WITH PARENTS, AND DECREASED DRUG AND ALCOHOL USE LUTHERAN SOCIAL SERVICES' HERE4YOUTH PROVIDES OUT OF SCHOOL TIME CARE FOR YOUTH WITH SPECIAL NEEDS AND THEIR SIBLINGS LAST YEAR, THEY SERVED 69 YOUTH DURING OUT OF SCHOOL HOURS LUTHERAN SOCIAL SERVICES' USUCCESS PROGRAM PROVIDES AT-RISK HIGH SCHOOL STUDENTS WITH A LONG-TERM VOLUNTEER MENTOR TO ENCOURAGE AND SUPPORT HIGH SCHOOL GRADUATION LAST YEAR, 183 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 692 STUDENTS WITH AFTER SCHOOL AND SUMMER PROGRAMMING LAST YEAR SERVICES PROVIDED INCLUDE READING ASSISTANCE, MATH HELP, KARATE, AND PROGRAMS TO RECOGNIZE DIFFERENT CULTURES READY TO START PROVIDES A FIVE-WEEK PROGRAM FOR CHILDREN WHO MAY NOT HAVE HAD ACCESS TO PRE-KIND</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 6	MEMBERS

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 7A	EACH DIRECTOR SHALL BE SELECTED FOR A TERM OF THREE (3) YEAR BY THE CORPORATION'S MEMBERSHIP AT THE ANNUAL MEMBERSHIP MEETING

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 11B	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

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 12C	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

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 15A	UNITED WAY OF AMERICA SURVEYS ALL UNITED WAYS AND PUBLISHES A GRID THAT SUMMARIZES SALARIES BASED ON AMOUNTS RAISED THE SIOUX EMPIRE UNITED WAY, INC USES THE MEDIAN FOR COMPARISON AND THEN DEDUCTS 5% TO MAKE IT COMPARABLE TO THE LOWER COST OF LIVING IN SIOUX FALLS, SOUTH DAKOTA NEW EMPLOYEES ARE HIRED AT 85% OF THE "LOCALIZED" MEDIAN EACH YEAR THE UNITED WAY OF AMERICA STUDY OF THE MEDIANS IS USED TO PREPARE A PERFORMANCE ADJUSTMENT CHART THAT TAKES INTO ACCOUNT THE CURRENT ECONOMIC CONDITIONS THIS IS REVIEWED AND APPROVED BY THE HUMAN RESOURCES COMMITTEE AND THE BOARD OF DIRECTORS AFTER PERFORMANCE REVIEWS ARE COMPLETED THE SALARY ADJUSTMENT DECISIONS ARE MADE BY THE SIOUX EMPIRE UNITED WAY, INC EXECUTIVE COMMITTEE BASED ON ORGANIZATIONAL PERFORMANCE, PERSONAL PERFORMANCE AND ECONOMIC CONDITIONS MAKING SURE TO STAY WITHIN THE GUIDELINES APPROVED BY THE HUMAN RESOURCES DIVISION AND THE BOARD OF DIRECTORS

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 15B	SAME PROCESS AS COMPENSATION PROCESS FOR TOP OFFICIAL IN PART VI, LINE 15A

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Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 19	UPON REQUEST