

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

OMB No. 1545-0047  
**2019**  
Open to Public Inspection

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

**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 \$ 10,955,243

**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.

<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	30
<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	29
<b>5</b> Total number of individuals employed in calendar year 2019 (Part V, line 2a)	<b>5</b>	10
<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	764
<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	0
<b>7b</b> Net unrelated business taxable income from Form 990-T, line 39	<b>7b</b>	

	Prior Year	Current Year
<b>8</b> Contributions and grants (Part VIII, line 1h)	9,851,510	10,793,275
<b>9</b> Program service revenue (Part VIII, line 2g)		0
<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	84,079	161,968
<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0
<b>12</b> Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	9,935,589	10,955,243
<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1–3)	7,822,450	7,841,650
<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)		0
<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	807,489	814,984
<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)		0
<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶534,167		
<b>17</b> Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	797,658	820,943
<b>18</b> Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	9,427,597	9,477,577
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	507,992	1,477,666
	Beginning of Current Year	End of Year
<b>20</b> Total assets (Part X, line 16)	11,082,266	13,069,661
<b>21</b> Total liabilities (Part X, line 26)	234,246	520,025
<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	10,848,020	12,549,636

**Part II Signature Block**

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

**Sign Here**  
Signature of officer: \*\*\*\*\*  
Date: 2020-06-16  
JAY POWELL PRESIDENT  
Type or print name and title

**Paid Preparer Use Only**  
Print/Type preparer's name: Preparer's signature: Date: 2020-11-16  
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 \$ 147,660 including grants of \$ ) (Revenue \$ )  
See Additional Data

**4b** (Code: ) (Expenses \$ 169,291 including grants of \$ ) (Revenue \$ )  
See Additional Data

**4c** (Code: ) (Expenses \$ 8,250,723 including grants of \$ 7,841,650 ) (Revenue \$ )  
See Additional Data

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

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

**Part IV Checklist of Required Schedules**

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

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 22 through 38 regarding organizational reporting, compensation, tax-exempt bonds, and controlled entities.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

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

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

Main form area containing questions 2a through 16, including sub-questions like 2b, 3a, 3b, 4a, 4b, 5a, 5b, 5c, 6a, 6b, 7a, 7b, 7c, 7d, 7e, 7f, 7g, 7h, 8, 9a, 9b, 10a, 10b, 11a, 11b, 12a, 12b, 13a, 13b, 13c, 14a, 14b, 15, and 16. Each question is followed by a grid for 'Yes/No' or numerical answers.

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 (30), 1b (29), 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, 9.

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

Table with 3 columns: Question, Yes, No. Rows include: 10a, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15a, 15b, 16a, 16b.

Section C. Disclosure

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







**Part VIII Statement of Revenue**

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b> Federated campaigns . . . . .	<b>1a</b>			
	<b>b</b> Membership dues . . . . .	<b>1b</b>			
	<b>c</b> Fundraising events . . . . .	<b>1c</b>			
	<b>d</b> Related organizations . . . . .	<b>1d</b>			
	<b>e</b> Government grants (contributions) . . . . .	<b>1e</b>			
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above . . . . .	<b>1f</b>	10,793,275		
	<b>g</b> Noncash contributions included in lines 1a - 1f:\$ . . . . .	<b>1g</b>			
	<b>h Total.</b> Add lines 1a-1f . . . . .		10,793,275		

<b>Program Service Revenue</b>			(A)	(B)	(C)	(D)
		Business Code				
<b>2a</b>						
<b>b</b>						
<b>c</b>						
<b>d</b>						
<b>e</b>						
<b>f</b> All other program service revenue . . . . .						
<b>g Total.</b> Add lines 2a-2f. . . . .						

<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) . . . . .			161,968			161,968	
	<b>4</b> Income from investment of tax-exempt bond proceeds . . . . .							
	<b>5</b> Royalties . . . . .							
	<b>6a</b> Gross rents		(i) Real	(ii) Personal				
			<b>6a</b>					
		<b>b</b> Less: rental expenses . . . . .	<b>6b</b>					
		<b>c</b> Rental income or (loss) . . . . .	<b>6c</b>					
	<b>d</b> Net rental income or (loss) . . . . .							
	<b>7a</b> Gross amount from sales of assets other than inventory		(i) Securities	(ii) Other				
			<b>7a</b>					
		<b>b</b> Less: cost or other basis and sales expenses . . . . .	<b>7b</b>					
		<b>c</b> Gain or (loss) . . . . .	<b>7c</b>					
	<b>d</b> Net gain or (loss) . . . . .							
	<b>8a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 . . . . .		<b>8a</b>					
			<b>b</b> Less: direct expenses . . . . .	<b>8b</b>				
	<b>c</b> Net income or (loss) from fundraising events . . . . .							
	<b>9a</b> Gross income from gaming activities. See Part IV, line 19 . . . . .		<b>9a</b>					
			<b>b</b> Less: direct expenses . . . . .	<b>9b</b>				
	<b>c</b> Net income or (loss) from gaming activities . . . . .							
	<b>10a</b> Gross sales of inventory, less returns and allowances . . . . .		<b>10a</b>					
<b>b</b> Less: cost of goods sold . . . . .			<b>10b</b>					
<b>c</b> Net income or (loss) from sales of inventory . . . . .								
<b>11a</b> Miscellaneous Revenue		Business Code						
<b>b</b>								
<b>c</b>								
<b>d</b> All other revenue . . . . .								
<b>e Total.</b> Add lines 11a-11d . . . . .								
<b>12 Total revenue.</b> See instructions . . . . .				10,955,243			161,968	

**Part IX Statement of Functional Expenses**

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

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

<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>	<b>(A)</b> Total expenses	<b>(B)</b> Program service expenses	<b>(C)</b> Management and general expenses	<b>(D)</b> Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 . . . . .	7,841,650	7,841,650		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22 . . . . .				
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16. . . . .				
<b>4</b> Benefits paid to or for members . . . . .				
<b>5</b> Compensation of current officers, directors, trustees, and key employees . . . . .	281,723	44,064	203,346	34,313
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .				
<b>7</b> Other salaries and wages . . . . .	414,119	176,968	48,312	188,839
<b>8</b> Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions) . . . . .	40,593	16,872	4,820	18,901
<b>9</b> Other employee benefits . . . . .	35,188	12,843	9,845	12,500
<b>10</b> Payroll taxes . . . . .	43,361	14,175	14,879	14,307
<b>11</b> Fees for services (non-employees):				
<b>a</b> Management . . . . .				
<b>b</b> Legal . . . . .				
<b>c</b> Accounting . . . . .	16,749		15,760	989
<b>d</b> Lobbying . . . . .				
<b>e</b> Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees . . . . .				
<b>g</b> Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)				
<b>12</b> Advertising and promotion . . . . .	101,432	10,228		91,204
<b>13</b> Office expenses . . . . .	35,044	2,668	2,957	29,419
<b>14</b> Information technology . . . . .				
<b>15</b> Royalties . . . . .				
<b>16</b> Occupancy . . . . .	72,179	18,769	33,910	19,500
<b>17</b> Travel . . . . .	11,750	3,806	3,044	4,900
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .				
<b>19</b> Conferences, conventions, and meetings . . . . .	352	1,524	-1,873	701
<b>20</b> Interest . . . . .				
<b>21</b> Payments to affiliates . . . . .	98,643			98,643
<b>22</b> Depreciation, depletion, and amortization . . . . .	12,720	4,140	4,398	4,182
<b>23</b> Insurance . . . . .	2,984	1,093	829	1,062
<b>24</b> 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.)				
<b>a</b> IMAGINATION LIBRARY	270,999	270,999		
<b>b</b> CHALLENGE DAY	69,558	69,558		
<b>c</b> CONNECTING KIDS	52,054	52,054		
<b>d</b> EQUIPMENT LEASES & MAINTENANCE	21,201	7,280	7,975	5,946
<b>e</b> All other expenses	55,278	18,983	27,534	8,761
<b>25</b> Total functional expenses. Add lines 1 through 24e	9,477,577	8,567,674	375,736	534,167
<b>26</b> Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash—non-interest-bearing . . . . .	130,523	<b>1</b>	434,346
	<b>2</b> Savings and temporary cash investments . . . . .	1,755,692	<b>2</b>	1,633,817
	<b>3</b> Pledges and grants receivable, net . . . . .	6,563,463	<b>3</b>	6,933,174
	<b>4</b> Accounts receivable, net . . . . .		<b>4</b>	
	<b>5</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons . . . . .		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) . . . . .		<b>6</b>	
	<b>7</b> Notes and loans receivable, net . . . . .		<b>7</b>	
	<b>8</b> Inventories for sale or use . . . . .		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges . . . . .		<b>9</b>	8,500
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	192,258		
	<b>b</b> Less: accumulated depreciation	150,614	36,893	<b>10c</b> style="text-align: right;">41,644
	<b>11</b> Investments—publicly traded securities . . . . .	2,595,695	<b>11</b>	4,018,180
	<b>12</b> Investments—other securities. See Part IV, line 11 . . . . .		<b>12</b>	
	<b>13</b> Investments—program-related. See Part IV, line 11 . . . . .		<b>13</b>	
	<b>14</b> Intangible assets . . . . .		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 . . . . .		<b>15</b>	
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .	11,082,266	<b>16</b>	13,069,661	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	234,141	<b>17</b>	201,941
	<b>18</b> Grants payable . . . . .	105	<b>18</b>	105
	<b>19</b> Deferred revenue . . . . .		<b>19</b>	
	<b>20</b> Tax-exempt bond liabilities . . . . .		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D		<b>21</b>	
	<b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons . . . . .		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .		<b>24</b>	
	<b>25</b> 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		<b>25</b>	317,979
	<b>26 Total liabilities.</b> Add lines 17 through 25 . . . . .	234,246	<b>26</b>	520,025
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions . . . . .	2,911,339	<b>27</b>	3,289,330
	<b>28</b> Net assets with donor restrictions . . . . .	7,936,681	<b>28</b>	9,260,306
	<b>Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds . . . . .		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building or equipment fund . . . . .		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds		<b>31</b>	
<b>32</b> Total net assets or fund balances . . . . .	10,848,020	<b>32</b>	12,549,636	
<b>33</b> Total liabilities and net assets/fund balances . . . . .	11,082,266	<b>33</b>	13,069,661	

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	10,955,243
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	9,477,577
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	1,477,666
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	10,848,020
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	223,950
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	12,549,636

**Part XII Financial Statements and Reporting**

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

- 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
<b>2a</b>		No
<b>2b</b>	Yes	
<b>2c</b>	Yes	
<b>3a</b>		No
<b>3b</b>		

# Additional Data

**Software ID:**

**Software Version:**

**EIN:** 46-0233701

**Name:** SIOUX EMPIRE UNITED WAY INC

Form 990 (2019)

---

## Form 990, Part III, Line 4a:

MARKETING OVERVIEW COMMUNICATING OUR MESSAGE EFFECTIVELY IS ESSENTIAL TO RAISE AWARENESS ABOUT SIOUX EMPIRE UNITED WAY AND THE IMPACT WE HAVE ON THE COMMUNITY. THE MARKETING TEAM, WHICH CONSISTS OF TWO STAFF MEMBERS AND A TEAM OF SEVEN COMMUNITY VOLUNTEERS, USES THE FOLLOWING STRATEGIES TO COMMUNICATE TO THE PUBLIC TO BUILD GREATER AWARENESS WITH BOTH EXISTING DONORS AND VOLUNTEERS AS WELL AS POTENTIAL NEW ONES. EVENTS "WOMENUNITE EVENT. HELD ANNUALLY IN AUGUST. THE EVENT EDUCATES AND INSPIRES WOMEN ABOUT THE UNITED WAY. WOMEN ARE ASKED TO SPREAD THE CAMPAIGN MESSAGE, ARE PROVIDED VOLUNTEER OPPORTUNITIES, AND ARE ENCOURAGED TO INVEST IN SIOUX EMPIRE UNITED WAY. APPROXIMATELY 900 WOMEN ARE EXPECTED TO ATTEND THE EVENT THIS YEAR. (NOTE: THIS EVENT IS EXECUTED BY A SEPARATE COMMITTEE) "CAMPAIGN KICKOFF. HELD ANNUALLY IN SEPTEMBER. EVALUATING EVENT GOAL AND OPPORTUNITIES FOR 2020 WITH CAMPAIGN LEADERSHIP. "THANK YOU EVENT. HELD ANNUALLY IN FEBRUARY. EACH YEAR WE HOST A SOUP AND SALAD LUNCHEON TO THANK OUR VOLUNTEERS AND TO RECOGNIZE OUTSTANDING VOLUNTEERS, BUSINESSES, AND COMMUNITY LEADERS. OVER 300 INDIVIDUALS ATTENDED THE EVENT IN FEBRUARY OF 2020. MARKETING CHANNELS & MESSAGING "EMAIL MARKETING. EMAIL NEWSLETTERS ARE SENT THROUGHOUT THE YEAR TO KEEP SEUW TOP OF MIND TO VOLUNTEERS AND DONORS. PRIMARY EMAILS EFFORTS ARE: OCAMPAIGN UPDATES - SENT TO VOLUNTEERS ON A BI-WEEKLY BASIS FROM JULY THROUGH JANUARY. INCLUDES HIGHLIGHTS OF COMPANY CAMPAIGNS, RALLY IDEAS, SUCCESS STORIES, AND CURRENT EVENTS. OVER 600 VOLUNTEERS RECEIVED THE UPDATES DURING THE 2020 CAMPAIGN. OMONTHLY NEWSLETTER - SENT TO SIOUX EMPIRE UNITED WAY SUPPORTERS AND INCLUDE TIMELY INFORMATION, UPDATES ON SPECIFIC PROGRAMS, AREA VOLUNTEER OPPORTUNITIES, STORIES FROM LOCAL CLIENTS, AND INFORMATION ABOUT UNITED WAY. NEARLY 9,500 SUBSCRIBERS. "WEBSITE. THE WEBSITE IS USED A MARKETING TOOL TO SHOWCASE THE IMPACT WE HAVE ON THE COMMUNITY AS WELL AS A RESOURCE FOR OUR VOLUNTEERS. "SOCIAL MEDIA. SOCIAL MEDIA PROVIDES THE UNITED WAY A PLATFORM TO ENGAGE AND EDUCATE MEMBERS OF THE COMMUNITY ABOUT OUR MISSION AND IMPACT. THESE CHANNELS ARE ALSO USED TO ADDRESS ANY QUESTIONS OR CONCERNS THAT MAY ARISE ABOUT UNITED WAY IN A TIMELY FASHION. SEUW HAS A PRESENCE ON FACEBOOK, TWITTER, INSTAGRAM, AND LINKEDIN. "MEDIA COVERAGE. WE RECEIVE MEDIA COVERAGE ON OUR EVENTS AND THROUGH DIFFERENT STORY IDEAS SUBMITTED TO LOCAL MEDIA. THIS PAST YEAR, WE WORKED WITH FUNDED AGENCIES AND PROGRAMS TO PROVIDE EDUCATIONAL STORIES ABOUT UW AND FUNDED PROGRAMS EACH MONTH. WE ALSO ENCOURAGE OUR FUNDED AGENCIES AND PROGRAMS TO INCLUDE THAT THEY ARE A SIOUX EMPIRE UNITED WAY PROGRAM IN ANY OF THEIR MEDIA RELEASES. MARKETING MATERIALS "CAMPAIGN MATERIALS. THE COMMITTEE AND CAMPAIGN CHAIR WORK WITH LAWRENCE & SCHILLER TO DEVELOP THE CAMPAIGN VIDEO, BROCHURE AND PRINT COLLATERAL. "OTHER MATERIALS. ALL OTHER MATERIALS INCLUDING INVITATIONS, EVENT PROGRAMS, SOME PLEDGE CARDS, AND MORE ARE CREATED IN-HOUSE BY SIOUX EMPIRE UNITED WAY STAFF. OTHER OUTREACH EFFORTS "EMERGING LEADERS. THE GROUP IS GEARED TOWARDS YOUNG PROFESSIONALS, FOCUSED ON VOLUNTEERISM AND LEARNING MORE ABOUT THE NEEDS OF UNITED WAY FUNDED AGENCIES. "YEAR ROUND COMMUNICATION. WE PARTNER WITH MORE THAN 70 COMPANIES TO PROVIDE IN-HOUSE YEAR ROUND COMMUNICATION. WE WORK WITH DESIGNATED INDIVIDUALS WITHIN THE COMPANIES TO COMMUNICATE WITH OUR SUPPORTERS ALL YEAR LONG. "AGENCY TOURS. MARKETING STAFF ENSURE THAT ALL UNITED WAY VOLUNTEERS RECEIVE AN INVITE TO ATTEND AN AGENCY TOUR DURING THE SUMMER. TOURS ARE PROVIDED BY FUNDED AGENCIES AS A TOOL FOR OUR VOLUNTEERS AND SUPPORTERS TO LEARN MORE ABOUT HOW THEIR GIFT IS WORKING IN THE SIOUX EMPIRE. "SPEAKER'S BUREAU. EACH SUMMER, WE IDENTIFY AND TRAIN SPEAKERS FROM EACH OF UNITED WAY'S PARTNER AGENCIES. THESE AGENCY SPEAKERS ARE THEN OUR VOICE WHILE SPEAKING AT VARIOUS COMPANIES' UNITED WAY RALLIES IN THE FALL. WE ALSO ASSIST THOSE COMPANIES IN SELECTING AND SCHEDULING SPEAKERS FOR THEIR RALLIES.

---

**Form 990, Part III, Line 4b:**

COMMUNITY IMPACT DIVISION STRATEGIES "ONGOING FUNDING PROCESS: UNITED WAY PROVIDES FUNDING TO PROGRAMS WITHIN NON-PROFIT AGENCIES THAT HAVE BEEN IN EXISTENCE FOR AT LEAST 2 FULL YEARS AND CAN SUBSTANTIATE THE NEED AND IMPACT OF THEIR PROGRAM. THIS IMPACT PROCESS BEGINS WITH APPLICATIONS BEING MADE AVAILABLE IN DECEMBER AND CONCLUDES WITH FINAL DECISIONS IN MAY. APPROXIMATELY 60 VOLUNTEERS TYPICALLY SPEND MORE THAN 1000 HOURS EACH YEAR REVIEWING FUNDING REQUESTS. IMPACT AREAS INCLUDE: AT-RISK INDIVIDUALS & FAMILIES, AT-RISK YOUTH, CHILDCARE, CHILDREN AND YOUTH EDUCATION, DISABILITIES, INDIVIDUALS & FAMILIES IN CRISIS, MENTAL HEALTH, OUT OF SCHOOL TIME, SENIORS, AND YOUTH OUTREACH. EACH TEAM REVIEWS THE APPLICATIONS AND HOLDS AN IN-PERSON REVIEW MEETING WITH EACH OF THE NON-PROFIT APPLICANTS. THE FUNDING RECOMMENDATIONS FROM EACH IMPACT TEAM ARE BROUGHT FORTH TO THE COMMUNITY IMPACT CHAIRS AND THEN TO THE BOARD OF DIRECTORS FOR FINAL APPROVAL IN MAY. FOR 2020, THE COMMUNITY IMPACT DIVISION RECOMMENDED APPROXIMATELY 8 MILLION IN FUNDING TO 85 PROGRAMS WITHIN 40 NON-PROFIT AGENCIES. "NEW STRATEGIES FOR 2020: OONLINE PROCESS: "BEGAN USING AN ONLINE GRANT APPLICATION MANAGEMENT SYSTEM, E-CIMPACT. SYSTEM WILL ALLOW AGENCIES, VOLUNTEERS, AND STAFF TO ACCESS THE INFORMATION FROM ANYWHERE. IT WILL ALSO ALLOW FOR GREATER TRACKING AND REPORTING ON OUTPUT AND OUTCOME DATA FOR EACH OF THE FUNDED PROGRAMS. OTWO-YEAR FUNDING PROCESS: "BEGAN TRANSITIONING TO A TWO-YEAR FUNDING PROCESS. THIS WILL PROVIDE THE FUNDED PROGRAMS WITH A CLEARER PICTURE OF THEIR UNITED WAY SUPPORT FOR THE NEXT TWO YEARS. "IN 2020, HALF OF THE PROGRAMS WILL COMPLETE THE FULL APPLICATION PROCESS. THIS INCLUDES THE ONLINE APPLICATION AND IN-PERSON REVIEW MEETINGS. WHILE THE FINAL DECISION WILL BE MADE BY THE BOARD OF DIRECTORS IN MAY, IT IS ANTICIPATED THAT THE PROGRAMS THAT DID NOT GO THROUGH THE FULL REVIEW PROCESS WILL RECEIVE LEVEL FUNDING IN 2021 (UNLESS THE VOLUNTEERS HAVE DETERMINED OTHERWISE). OCHANGE IN FOCUS: "FOCUS ON ACTUALS VS. PROJECTIONS "SINCE PROJECTIONS HAVE ALWAYS BEEN CHALLENGING FOR THE AGENCIES TO COMPILE AND FOR OUR VOLUNTEERS TO REVIEW, THE FOCUS WILL NOW BE ON THREE YEARS OF ACTUALS RATHER THAN PROJECTIONS. THIS WILL ALLOW US TO TRANSITION FROM A MODEL OF PRIMARILY REVIEWING FUNDING REQUESTS BASED ON PROJECTED DEFICITS TO A MODEL WHERE UNITED WAY SUPPORT IS MORE DIRECTLY TIED TO A SPECIFIC OUTPUT AND OUTCOME. "IN-PERSON REVIEW MEETINGS: "A MORE FOCUSED AGENDA WILL BE IMPLEMENTED. IT WILL INCLUDE THE FOLLOWING KEY ITEMS: OUTPUTS, OUTCOMES, AND FINANCIALS. ORESTRUCTURING OF TEAMS: "REORGANIZED OUR VOLUNTEER TEAM STRUCTURE TO BETTER ALIGN WITH OUR TRUE IMPACT IN THE COMMUNITY. IN ADDITION, THIS BETTER ALIGNS WITH OUR FOCUS ON HELPING CHILDREN, VULNERABLE ADULTS, AND PEOPLE IN CRISIS. "COMMUNITY IMPACT GRANTS: HISTORICALLY, COMMUNITY IMPACT GRANT FUNDS WERE MADE AVAILABLE TO SUPPORT NEW PROGRAMS, IN EXISTENCE LESS THAN 3 YEARS. AFTER MUCH DISCUSSION, THE DECISION WAS MADE TO NOT OPEN THIS PROCESS UP FOR APPLICANTS FOR 2021 FUNDING. THIS DECISION WAS THE RESULT OF A SUCCESSFUL PILOT YEAR OF UNITED WAY FOCUSING ON THE ONGOING FUNDING NEEDS OF LOCAL NON-PROFITS WHILE ALLOWING THE SIOUX FALLS AREA COMMUNITY FOUNDATION TO FOCUS ON START-UP PROGRAMS. THIS DECISION WILL BE REEVALUATED NEXT YEAR. "FOCUS ON A PRIORITY AREA: THIS NEW APPROACH REPLACES WHAT WE PREVIOUSLY REFERRED TO AS OUR ANNUAL INITIATIVE PROCESS. BY MOVING TO PRIORITY AREA FUNDING, UNITED WAY WILL BE ABLE TO FOCUS ON A SPECIFIC COMMUNITY NEED FOR A LONGER PERIOD OF TIME IN ORDER TO HAVE A GREATER IMPACT. OVER THE LAST SEVERAL YEARS, A LOT OF TIME HAS BEEN SPENT LOOKING INTO THE AREA OF CHILDCARE. AT THIS TIME, UNITED WAY IS PUTTING TOGETHER A PROPOSED PLAN TO TARGET THIS IMPACT AREA. THIS PLAN WILL BE BROUGHT FORWARD TO THE VOLUNTEERS AND FULL BOARD OF DIRECTORS LATER THIS YEAR.

---

## Form 990, Part III, Line 4c:

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. BOYS & GIRLS CLUBS OF THE SIOUX EMPIRE'S EARLY CHILDHOOD EDUCATION PROGRAM PROVIDES QUALITY CHILDCARE AND EDUCATION PROGRAMS FOR YOUNG CHILDREN. LAST YEAR, 454 CHILDREN RECEIVED QUALITY CHILD CARE THAT INCLUDES EARLY CHILDHOOD EDUCATION CURRICULUM. BOYS & GIRLS CLUBS OF THE SIOUX EMPIRE'S EASTSIDE CLUB SUPPORTS YOUTH AND FAMILIES BY GIVING STUDENTS A SAFE, SUPERVISED, ENGAGING PLACE TO SPEND TIME. THE PROGRAM FOCUSES ON FIVE CORE AREAS: THE ARTS, EDUCATION AND CAREER DEVELOPMENT, HEALTH AND LIFE SKILLS, CHARACTER AND LEADERSHIP SKILLS, AND SPORTS AND RECREATION. LAST YEAR, 358 STUDENTS PARTICIPATED IN THE PROGRAMMING. AN ANALYSIS OF 68 AFTERSCHOOL STUDIES CONCLUDED THAT HIGH-QUALITY AFTERSCHOOL PROGRAMS CAN LEAD TO IMPROVED ATTENDANCE, BEHAVIOR, AND COURSEWORK. STUDENTS PARTICIPATING IN A HIGH-QUALITY AFTERSCHOOL PROGRAM WENT TO SCHOOL MORE OFTEN, BEHAVED BETTER, RECEIVED BETTER GRADES, AND DID BETTER ON TESTS COMPARED TO NON-PARTICIPATING STUDENTS. CHALLENGE DAY PROVIDES AREA MIDDLE AND HIGH SCHOOL STUDENTS WITH A ONE-DAY PROGRAM THAT FOCUSES ON EMPATHY SKILL BUILDING. LAST YEAR, CHALLENGE DAYS HAPPENED IN 13 DIFFERENT SCHOOLS ACROSS THE SIOUX EMPIRE. FULL DAY PROGRAMS WERE ATTENDED BY 800 STUDENTS AND 1,884 STUDENTS PARTICIPATED IN A SHORTER ASSEMBLY. STUDENTS COMPLETED SURVEYS AFTER THE EXPERIENCE AND 76% AGREED WITH THE STATEMENT, "I FEEL EMPOWERED TO INFLUENCE CHANGE IN MY SCHOOL, COMMUNITY, AND/OR WORLD." CHARACTER ON TRACK PROVIDES AN EDUCATIONAL FRAMEWORK FOR TEACHING TRUSTWORTHINESS, RESPECT, RESPONSIBILITY, FAIRNESS, CARING, AND CITIZENSHIP. LAST YEAR, ASSEMBLIES WERE HELD IN 20 AREA SCHOOL DISTRICTS. CHILDREN'S CONNECTION, A PROGRAM OF FAMILY CONNECTION PROVIDES WEEKLY SUPPORT GROUPS, FAMILY EVENTS, AND MORE TO CHILDREN WHOSE PARENT OR CLOSE FAMILY MEMBER HAS BEEN INCARCERATED. LAST YEAR, 293 STUDENTS PARTICIPATED IN THE WEEKLY GROUPS AT 11 LOCAL ELEMENTARY AND MIDDLE SCHOOLS. CONNECTING KIDS CREATES THE OPPORTUNITY FOR CHILDREN IN GRADES K-8 TO TAKE PART IN AN ACTIVITY FOR A FREE OR REDUCED RATE. LAST YEAR, 687 USED THE CONNECTING KIDS CERTIFICATE. CHILDREN HAVE THE OPPORTUNITY TO PARTICIPATE IN A WIDE VARIETY OF SPORTS, CAMPS, CLASSES, AND FINE ART ACTIVITIES THROUGH 25 DIFFERENT PARTNER ORGANIZATIONS. A SURVEY OF PARENTS FOUND THAT 98% OF RESPONDENTS WOULD NOT HAVE BEEN ABLE TO PARTICIPATE IN ACTIVITIES WITHOUT CONNECTING KIDS. DELTA DENTAL OF SD'S MOBILE DENTAL PROGRAM PROVIDES RESTORATIVE AND PREVENTIVE DENTAL CARE TO UNDERSERVED CHILDREN. LAST YEAR, 288 LOCAL YOUTH WERE SCREENED, WITH 67 HAVING THEIR FIRST DENTAL VISIT. THE ORAL HEALTH IN AMERICA REPORT ESTABLISHED THE LINK BETWEEN DENTAL DISEASE AND ABSENTEEISM AND REDUCED LEARNING IN CHILDREN AS WELL AS THE LINK BETWEEN DENTAL DISEASE AND OVERALL HEALTH AND DEVELOPMENT. DOLLY PARTON'S IMAGINATION LIBRARY PROGRAM PROVIDES FREE BOOKS TO CHILDREN IN THE MAIL UNTIL AGE 5. OVER 11,188 CHILDREN RECEIVE BOOKS EACH MONTH. ONE STUDY REPORTS CHILDREN READ TO ONE HOUR PER DAY ENTER SCHOOL WITH A VOCABULARY 3 TIMES LARGER THAN STUDENTS ONLY READ TO 30 HOURS DURING THEIR FIRST 5 YEARS. EMBE'S AQUATICS PROGRAM OFFERS SWIMMING LESSONS, SPECIALTY CLASSES, AND OPEN SWIM OPPORTUNITIES. LAST YEAR, 1,416 INDIVIDUALS TOOK PART IN SWIMMING LESSONS. EMBE'S CHILDCARE PROGRAM SERVES CHILDREN AGES 4 WEEKS TO 5 YEARS. LAST YEAR, AN AVERAGE OF 347 CHILDREN ATTENDED THE CENTERS DAILY. EMBE'S GIRLS ON THE RUN/HEART & SOLE IS A CHARACTER DEVELOPMENT AND EMPOWERMENT PROGRAM FOR GIRLS IN GRADES 3RD - 5TH AND 6TH - 8TH THAT USES NON-COMPETITIVE RUNNING AND TRAINING TO ACHIEVE THE GOAL OF PARTICIPATION IN A 5K RUN/WALK. LAST YEAR, 871 GIRLS PARTICIPATED IN GIRLS ON THE RUN OR HEART & SOLE AT 46 DIFFERENT SCHOOLS IN THE SIOUX EMPIRE. EMBE'S LET ME RUN IS A SEVEN-WEEK AFTER SCHOOL PROGRAM WHOSE MISSION IS TO INSPIRE BOYS THROUGH THE POWER OF RUNNING, TO BE COURAGEOUS ENOUGH TO BE THEMSELVES, TO BUILD HEALTHY RELATIONSHIPS, AND TO LIVE AN ACTIVE LIFESTYLE. LAST YEAR, 127 BOYS PARTICIPATED AT 6 DIFFERENT SCHOOLS. EMBE'S YOUTH RECREATION PROGRAMMING PROVIDES A VARIETY OF YOUTH ACTIVITIES FOR CHILDREN. ACTIVITIES INCLUDE: VOLLEYBALL, BABYSITTING CAMP, CAMP CEO, CAMP CHANGEMAKER, YOUTH TAEKWONDO, AND FIRST LEGO LEAGUE. LAST YEAR, 1,709 YOUTH PARTICIPATED IN A VARIETY OF PROGRAMS. HARMONY SOUTH DAKOTA IS A FREE AFTER-SCHOOL MUSIC PROGRAM THAT PROVIDES OPPORTUNITIES FOR CHILDREN AGES 6 AND UP TO PARTICIPATE IN STRING ORCHESTRA, PERCUSSION ENSEMBLES, MUSICIANSHIP CLASSES, AND PRIVATE INSTRUMENTAL LESSONS. LAST YEAR, 60 PARTICIPANTS SPENT 523 HOURS IN INSTRUCTION THROUGH THE PROGRAM. INTER-LAKES COMMUNITY ACTION PARTNERSHIP'S SIOUX FALLS CENTER PROVIDES HIGH QUALITY EARLY CHILDHOOD DEVELOPMENT SERVICES TO LOW-INCOME AND SPECIAL NEEDS CHILDREN. LAST YEAR, 94 CHILDREN WERE ENROLLED IN THE PROGRAM WHILE THEIR PARENTS EITHER WORKED OR ATTENDED SCHOOL. KIDSTOP PROVIDES A FREE AFTER SCHOOL AND SUMMER RECREATION PROGRAM FOR STUDENTS IN GRADES K-8. LAST YEAR AN AVERAGE OF 50 CHILDREN AND 8 MIDDLE- SCHOOLERS ATTENDED DAILY. EIGHTY-NINE PER CENT OF REGULARLY ATTENDING PARTICIPANTS MAKE PROGRESS ON A POWER OF ASSET BUILDING CHART, A TOOL TO TRACK STUDENT BEHAVIOR AND ACADEMIC PROGRESS, WHICH LEADS TO ACADEMIC SUCCESS. LUTHERAN SOCIAL SERVICES' AFTER-SCHOOL AND SUMMER PROGRAMS EMPHASIZE HANDS-ON ACTIVITIES TO KEEP CHILDREN ENGAGED IN LEARNING OUTSIDE OF SCHOOL HOURS. LAST YEAR, 134 CHILDREN PARTICIPATED IN AFTERSCHOOL AND SUMMER PROGRAMS, WITH AN AVERAGE DAILY ATTENDANCE OF 51 CHILDREN. OF THOSE CHILDREN, 114 CAME FROM LOW-INCOME FAMILIES, ALLOWING THEM TO PARTICIPATE IN QUALITY PROGRAMS EVEN IF THEIR FAMILY CANNOT AFFORD TO PAY THE FULL COST OF ATTENDING. LUTHERAN SOCIAL SERVICES' CLIMB PROGRAM PROVIDES YOUTH WHO ARE AT-RISK FOR LOW ACHIEVEMENT SOCIALLY, EMOTIONALLY, AND ECONOMICALLY WITH A MENTOR WHO IS ABLE TO PROVIDE SUPPORT, GUIDANCE, AND FRIENDSHIP. MENTOR RELATIONSHIPS ARE DEVELOPED THROUGH COMMUNITY-BASED ACTIVITIES. LAST YEAR, 140 MENTOR MATCHES WERE MADE OR MAINTAINED THROUGH THE PROGRAMS. RECENT RESEARCH SHOWS THAT MENTORING RELATIONSHIPS SUPPORT A YOUTH'S GROWTH AND DEVELOPMENT IN MULTIPLE AREAS SIMULTANEOUSLY. THIS INCLUDES BETTER DEVELOPMENT OF MORALS AND VALUES, IMPROVED DECISION MAKING, FEELING EMPOWERED TO SUCCEED, AND RECEIVING ENCOURAGEMENT TO ENTER OR FINISH COLLEGE. LUTHERAN SOCIAL SERVICES' EVERY DAY HEROES MENTOR PROGRAM PROVIDES ELEMENTARY AND MIDDLE SCHOOL STUDENTS WITH POSITIVE ADULT ROLE MODELS AT THEIR SCHOOLS. LAST YEAR, 1,378 VOLUNTEER MENTORS SERVED WITHIN 11 PUBLIC SCHOOL DISTRICTS IN MINNEHAHA AND LINCOLN COUNTIES. NATIONAL RESEARCH SHOWS THAT STRONG RELATIONSHIPS BETWEEN MENTORS AND STUDENTS PROMOTE LONG-TERM POSITIVE OUTCOMES THAT INCLUDE ACHIEVEMENT, A STRONGER SENSE OF SELF-WORTH, IMPROVED RELATIONSHIPS WITH PARENTS, AND DECREASED DRUG AND ALCOHOL USE. LUTHERAN SOCIAL SERVICES' HERE4YOUTH PROVIDES OUT OF SCHOOL TIME CARE FOR YOUTH WITH SPECIAL NEEDS AND THEIR SIBLINGS. LAST YEAR, THEY SERVED 69 YOUTH DURING OUT OF SCHOOL HOURS. LUTHERAN SOCIAL SERVICES' USUCCEED PROGRAM PROVIDES AT-RISK HIGH SCHOOL STUDENTS WITH A LONG-TERM VOLUNTEER MENTOR TO ENCOURAGE AND SUPPORT HIGH SCHOOL GRADUATION. LAST YEAR, 187 MENTORS AND STUDENTS WERE MATCHED. OF THOSE, 97% OF THE STUDENTS PROGRESSED TO THE NEXT GRADE LEVEL. ONE STUDY FOUND THAT AT-RISK YOUNG PEOPLE WHO HAD MENTORS WERE MORE LIKELY TO SET GOALS FOR HIGHER EDUCATION AND WERE MORE LIKELY TO ATTEND COLLEGE THAN NON-MENTORED PEERS. MULTI-CULTURAL CENTER'S AFTER SCHOOL AND OUT OF SCHOOL PROGRAMS SERVES 692 STUDENTS WITH AFTER SCHOOL AND SUMMER PROGRAMMING LAST YEAR. SERVICES PROVIDED INCLUDE READING ASSISTANCE, MATH HELP, KARATE, AND PROGRAMS TO RECOGNIZE DIFFERENT CULTURES. READY TO START PROVIDES A FIVE-WEEK PROGRAM FOR CHILDREN WHO MAY NOT HAVE HAD ACCESS TO PRE-KINDERGARTEN SERVICES, OR WHO MAY HAVE DEMONSTRATED A NEED FOR ADDITIONAL SERVICES PRIOR TO THEIR FIRST DAY OF SCHOOL. LAST YEAR THE PROGRAM SERVED 176 CHILDREN IN CANTON, HARRISBURG, MCCOOK CENTRAL, LENNOX, SIOUX FALLS, AND TEA AREA SCHOOL DISTRICTS. PARTICIPANTS HAVE AN AVERAGE GAIN OF 35% IN MATH SKILLS, 25% IN READING SKILLS, AND 22% IN SUPPORTIVE SKILLS. SANFORD CHILDREN'S CHILD SERVICES' SUCCESS BY 6 WATCH ME GROW HELP ME GROW PROGRAMMING INCLUDES PARENT RESOURCE MATERIAL AT BIRTH, CHILD AND PARENT RESOURCES ONLINE, HOME VISITS, AND TEMPERAMENT PROGRAMMING. LAST YEAR, 2,814 PACKETS WERE DISTRIBUTED TO NEW PARENTS AT BIRTH, 117

**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				195,000	0	19,626
HEATHER VIERGUTZ-MCDONALD ..... FINANCE DIR	40.00 .....			X				58,040	0	10,785
BEN ARNDT ..... MEMBER	1.00 .....	X						0	0	0
MILES BEACOM ..... CAMPAIGN DIV	1.00 .....	X						0	0	0
ELIZABETH CARLSON ..... MEMBER	1.00 .....	X						0	0	0
DANIEL DOYLE ..... MEMBER	1.00 .....	X						0	0	0
DR MIKE FRANKMAN ..... MEMBER	1.00 .....	X						0	0	0
MARIE FREDRICKSON ..... FIRST VICE-C	1.00 .....	X		X				0	0	0
CLARA HART ..... MEMBER	1.00 .....	X						0	0	0
COREY HEATEN ..... 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			
KELLY HEFTI ..... MEMBER	1.00 .....	X						0	0	0
DR DANIEL HEINEMANN ..... CHAIR	1.00 .....	X		X				0	0	0
JAY HUIZENGA ..... MEMBER	1.00 .....	X						0	0	0
JAMES PAYER II ..... MEMBER	1.00 .....	X						0	0	0
JIM JARDING JR ..... MEMBER	1.00 .....	X						0	0	0
BRENDA KIBBE ..... TREASURER	1.00 .....	X		X				0	0	0
TIM KINTNER ..... MEMBER	1.00 .....	X						0	0	0
RANDY KNECHT ..... MEMBER	1.00 .....	X						0	0	0
KATE KOTZEA ..... MARKETING DI	1.00 .....	X						0	0	0
CHRIS KRAY ..... SECOND VICE-	1.00 .....	X		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			
ANGELA LAMMERS ..... MEMBER	1.00 .....	X						0	0	0
DR BRIAN MAHER ..... MEMBER	1.00 .....	X						0	0	0
JACK MARSH ..... MEMBER	1.00 .....	X						0	0	0
TOLCHA MESELE ..... MEMBER	1.00 .....	X						0	0	0
BILL O'CONNOR ..... PAST CHAIR	1.00 .....	X		X				0	0	0
ALEX RAMIREZ ..... MEMBER	1.00 .....	X						0	0	0
SUE SIMONS ..... MEMBER	1.00 .....	X						0	0	0
STEVE STATZ ..... MEMBER	1.00 .....	X						0	0	0
JESSICA STIENSTRA ..... MEMBER	1.00 .....	X						0	0	0
JEFF STRAND ..... COMM. IMPACT	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			
JOEL SYLVESTER ..... MEMBER	1.00 .....	X						0	0	0

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

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

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

OMB No. 1545-0047

**2019**

**Open to Public Inspection**

**Name of the organization**  
SIOUX EMPIRE UNITED WAY INC

**Employer identification number**  
46-0233701

**Part I 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		
<b>Total</b>						

**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**  
 (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III.  
 If the organization failed to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶		(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>1</b>	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . . .	10,131,132	9,052,442	9,162,344	9,851,510	10,793,275	48,990,703
<b>2</b>	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . .						
<b>3</b>	The value of services or facilities furnished by a governmental unit to the organization without charge..						
<b>4</b>	<b>Total.</b> Add lines 1 through 3	10,131,132	9,052,442	9,162,344	9,851,510	10,793,275	48,990,703
<b>5</b>	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) . . . .						51,524
<b>6</b>	<b>Public support.</b> Subtract line 5 from line 4.						48,939,179

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶		(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>7</b>	Amounts from line 4. . . . .	10,131,132	9,052,442	9,162,344	9,851,510	10,793,275	48,990,703
<b>8</b>	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. . . . .	60,020	78,637	101,375	84,079	161,968	486,079
<b>9</b>	Net income from unrelated business activities, whether or not the business is regularly carried on. . . . .						
<b>10</b>	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . . .						
<b>11</b>	<b>Total support.</b> Add lines 7 through 10						49,476,782

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

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

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

<b>14</b>	Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f)) . . . . .	<b>14</b>	98.910 %
<b>15</b>	Public support percentage for 2018 Schedule A, Part II, line 14 . . . . .	<b>15</b>	99.140 %

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

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

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

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

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

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

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

**Section A. Public Support**

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

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶		(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>9</b>	Amounts from line 6. . . . .						
<b>10a</b>	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. . .						
<b>b</b>	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						
<b>c</b>	Add lines 10a and 10b.						
<b>11</b>	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.						
<b>12</b>	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . . .						
<b>13</b>	<b>Total support.</b> (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**

<b>15</b>	Public support percentage for 2019 (line 8, column (f) divided by line 13, column (f)) . . . . .	<b>15</b>	
<b>16</b>	Public support percentage from 2018 Schedule A, Part III, line 15 . . . . .	<b>16</b>	

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

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

**19a 33 1/3% support tests—2019.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . .

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

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

**Part IV Supporting Organizations**

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

**Part IV Supporting Organizations** (continued)

		Yes	No
<b>11</b>	Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b>	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
<b>b</b>	A family member of a person described in (a) above?		
<b>c</b>	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
<b>1</b>	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>		
<b>2</b>	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.</i>		

**Section C. Type II Supporting Organizations**

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

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

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

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



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

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

<b>Section A - Adjusted Net Income</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b>	Net short-term capital gain	<b>1</b>	
<b>2</b>	Recoveries of prior-year distributions	<b>2</b>	
<b>3</b>	Other gross income (see instructions)	<b>3</b>	
<b>4</b>	Add lines 1 through 3	<b>4</b>	
<b>5</b>	Depreciation and depletion	<b>5</b>	
<b>6</b>	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)	<b>6</b>	
<b>7</b>	Other expenses (see instructions)	<b>7</b>	
<b>8</b>	<b>Adjusted Net Income</b> (subtract lines 5, 6 and 7 from line 4)	<b>8</b>	
<b>Section B - Minimum Asset Amount</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b>	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	<b>1</b>	
<b>a</b>	Average monthly value of securities	<b>1a</b>	
<b>b</b>	Average monthly cash balances	<b>1b</b>	
<b>c</b>	Fair market value of other non-exempt-use assets	<b>1c</b>	
<b>d</b>	<b>Total</b> (add lines 1a, 1b, and 1c)	<b>1d</b>	
<b>e</b>	<b>Discount</b> claimed for blockage or other factors (explain in detail in Part VI):		
<b>2</b>	Acquisition indebtedness applicable to non-exempt use assets	<b>2</b>	
<b>3</b>	Subtract line 2 from line 1d	<b>3</b>	
<b>4</b>	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	<b>4</b>	
<b>5</b>	Net value of non-exempt-use assets (subtract line 4 from line 3)	<b>5</b>	
<b>6</b>	Multiply line 5 by .035	<b>6</b>	
<b>7</b>	Recoveries of prior-year distributions	<b>7</b>	
<b>8</b>	<b>Minimum Asset Amount</b> (add line 7 to line 6)	<b>8</b>	
<b>Section C - Distributable Amount</b>			Current Year
<b>1</b>	Adjusted net income for prior year (from Section A, line 8, Column A)	<b>1</b>	
<b>2</b>	Enter 85% of line 1	<b>2</b>	
<b>3</b>	Minimum asset amount for prior year (from Section B, line 8, Column A)	<b>3</b>	
<b>4</b>	Enter greater of line 2 or line 3	<b>4</b>	
<b>5</b>	Income tax imposed in prior year	<b>5</b>	
<b>6</b>	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	<b>6</b>	
<b>7</b>	<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)

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

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

## 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

OMB No. 1545-0047  
**2019**  
**Open to Public Inspection**

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

**Name of the organization**  
SIOUX EMPIRE UNITED WAY INC

**Employer identification number**  
46-0233701

**Part I 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
<b>1</b> Total number at end of year . . . . .		
<b>2</b> Aggregate value of contributions to (during year)		
<b>3</b> Aggregate value of grants from (during year)		
<b>4</b> 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? . . . . .  Yes  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? . . . . .  Yes  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
<b>a</b> Total number of conservation easements . . . . .	<b>2a</b>
<b>b</b> Total acreage restricted by conservation easements . . . . .	<b>2b</b>
<b>c</b> Number of conservation easements on a certified historic structure included in (a) . . . . .	<b>2c</b>
<b>d</b> Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register . . . . .	<b>2d</b>

**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:

- c** Beginning balance . . . . .
- d** Additions during the year . . . . .
- e** Distributions during the year . . . . .
- f** Ending balance . . . . .

	Amount
<b>1c</b>	
<b>1d</b>	
<b>1e</b>	
<b>1f</b>	

- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? . . .  **Yes**  **No**
- b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided 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
<b>1a</b> Beginning of year balance . . . . .	180,539	193,460	167,592	163,231	177,912
<b>b</b> Contributions . . . . .	888,887	150			15,082
<b>c</b> Net investment earnings, gains, and losses	105,203	-11,535	25,868	4,361	-29,763
<b>d</b> Grants or scholarships . . . . .					
<b>e</b> Other expenditures for facilities and programs . . . . .					
<b>f</b> Administrative expenses . . . . .	6,116	-1,536			
<b>g</b> End of year balance . . . . .	1,168,513	1,800,539	193,460	167,592	163,231

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

- a** Board designated or quasi-endowment ▶ 18.000 %
- b** Permanent endowment ▶ 82.000 %
- 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 . . . . .
- (ii)** related organizations . . . . .

	Yes	No
<b>3a(i)</b>		No
<b>3a(ii)</b>		No
<b>3b</b>		

- 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
<b>1a</b> Land . . . . .				
<b>b</b> Buildings . . . . .				
<b>c</b> Leasehold improvements		36,733	21,991	14,742
<b>d</b> Equipment . . . . .		106,605	86,258	20,347
<b>e</b> Other . . . . .		48,920	42,365	6,555
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶				41,644

**Part VII Investments—Other Securities.**

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives . . . . .		
(2) Closely-held equity interests . . . . .		
(3) Other _____		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
<b>Total.</b> (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)		
<b>Total.</b> (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)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col.(B) line 15.)	

**Part X Other Liabilities.**

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

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

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under 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.

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

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

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

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

**Part XIII Supplemental Information**

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Return Reference	Explanation	
------------------	-------------	--

**Part XIII** **Supplemental Information (continued)**

Return Reference	Explanation
------------------	-------------



Note: To capture the full content of this document as Filed, 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

**2019**

**Open to Public  
Inspection**

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](http://www.irs.gov/Form990) for the latest information.

Department of the  
Treasury  
Internal Revenue Service

Name of the organization  
SIOUX EMPIRE UNITED WAY INC

Employer identification number  
46-0233701

**Part I General Information on Grants and Assistance**

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

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

(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 . . . . . ▶ 57  
 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.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
CENTER FOR ACTIVE GENERATIONS 2300 W 46TH ST SIOUX FALLS, SD 57105	46-0305500	3	333,500				PARTNER AGENCY ALLOC
CENTER FOR ACTIVE GENERATIONSCIG 2300 W 46TH SIOUX FALLS, SD 57105	46-0305500	3	16,500				COMMUNITY IMPACT

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
AUGUSTANA COLLEGE - PATHWAYS 2001 S SUMMIT AVE SIOUX FALLS, SD 57197	42-1623480	3	8,000				PARTNER AGENCY ALLOC
AVERA HEALTH FOUNDATION 3900 W AVERA DR SIOUX FALLS, SD 57108	46-0422673	3	193,575				PARTNER AGENCY ALLOC

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
AVERA MCKENNAN HOSPITAL 800 E 21ST STREET SIOUX FALLS, SD 57105	46-0224743	3	34,227				PARTNER AGENCY ALLOC
BETHANY CHRISTIAN SERVICES 400 S SYCAMORE AVE 103-1 SIOUX FALLS, SD 57110	38-1405282	3	15,000				COMMUNITY IMPACT

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
BIG BROTHERS BIG SISTERS 1000 N WEST AVE 300 SIOUX FALLS, SD 57104	05-0593016	3	129,776				PARTNER AGENCY ALLOC
BOY SCOUTS 800 N WEST AVE SIOUX FALLS, SD 57104	46-0224599	3	226,304				PARTNER AGENCY ALLOC

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
BOYS & GIRLS CLUB 824 E 14TH ST SIOUX FALLS, SD 57104	46-0399482	3	238,196				PARTNER AGENCY ALLOC
CENTER FOR PREVENTION OF CHILD MALT 1400 W 22ND ST SIOUX FALLS, SD 57105	46-6018891	3	7,800				PARTNER AGENCY ALLOC

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
CHILDREN'S HOME SOCIETY 409 N WESTERN AVE SIOUX FALLS, SD 57104	46-0224542	3	861,800				PARTNER AGENCY ALLOC
COMMUNITY OUTREACH 231 N WEBER AVE SIOUX FALLS, SD 57103	46-0416744	3	360,000				PARTNER AGENCY ALLOC



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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> 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.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
EMBE 300 W 11TH ST SIOUX FALLS, SD 57104	46-0234998	3	236,294				PARTNER AGENCY
FAMILY CONNECTIONS 303 N MINNESOTA AVE SIOUX FALLS, SD 57104	46-0435140	3	28,717				PARTNER AGENCY ALLOC

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
FAMILY SERVICE 2210 W BROWN PL SIOUX FALLS, SD 57105	46-0259350	3	150,815				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.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
FIRST UNITED METHODIST CHURCH 401 S SPRING AVE SIOUX FALLS, SD 57104	46-0230392	3	92,770				PARTNER AGENCY ALLOC
FURNITURE MISSION 209 S NESMITH AVE SIOUX FALLS, SD 57103	81-0584500	3	62,000				PARTNER AGENCY ALLOC

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
HARMONY SOUTH DAKOTA 2522 W 41ST ST 125 SIOUX FALLS, SD 57105	46-3296505	3	120,250				COMMUNITY IMPACT
HELPLINE CENTER 1000 N WEST AVE 310 SIOUX FALLS, SD 57104	23-7424387	3	313,440				PARTNER AGENCY ALLOC

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
HELPLINE CENTER - NETWORK OF CARE 1000 N WEST AVE 310 SIOUX FALLS, SD 57104	23-7424387	3	25,000				COMMUNITY OUTREACH
HELPLINE CENTER - OUTREACH SUPPORT 1000 N WEST AVE 310 SIOUX FALLS, SD 57104	23-7424387	3	17,726				COMMUNITY IMPACT

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
HORSEPOWER 26659 BLUE SAGE LANE SIOUX FALLS, SD 57106	46-0378036	3	50,000				COMMUNITY IMPACT
INTERLAKES CAP - HEARTLAND HOUSE PO BOX 268 MADISON, SD 57042	46-0282131	3	108,000				COMMUNITY IMPACT

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> 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	897,430				PARTNER AGENCY ALLOC



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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
LUTHERAN SOCIAL SERVICES - CIG 705 E 41ST 200 SIOUX FALLS, SD 57105	46-0224731	3	45,772				COMMUNITY IMPACT
LUTHERAN SOCIAL SERVICES - PATH 705 E 41ST 200 SIOUX FALLS, SD 57105	46-0224731	3	39,394				PARTNER AGENCY ALLOC

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> 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	12,000				COMMUNITY IMPACT

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
REACH 629 S MINNESOTA AVE 201 SIOUX FALLS, SD 57104	46-0396579	3	59,500				PARTNER AGENCY
READY TO START HARRISBURG SCHOOL DT 200 WILLOW STREET HARRISBURG, SD 57032	46-6002218	GOV	17,000				COMMUNITY IMPACT

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
READY TO START CANTON SCHOOL DT 800 N MAIN ST CANTON, SD 57013		GOV	5,300				COMMUNITY IMPACT
READY TO START MCCOOK CENTRAL SC DT 200 E ESSEX AVE SALEM, SD 57058		GOV	8,970				COMMUNITY IMPACT

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
READY TO START SIOUX FALLS SCH DIST 201 E 38TH ST SIOUX FALLS, SD 57105	46-6002586	GOV	62,524				COMMUNITY IMPACT
READY TO START TEA AREA SCHOOL DT 500 W BRIAN TEA, SD 57064	50-0005151	GOV	12,000				COMMUNITY IMPACT

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
SANFORD HEALTH - SB6 1305 W 18TH ST SIOUX FALLS, SD 57105	46-0227855	3	103,698				PARTNER AGENCY ALLOC
SANFORD CHILDREN'S SERVICES 1305 W 18TH ST SIOUX FALLS, SD 57105	46-0227855	3	25,129				PARTNER AGENCY ALLOC

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
SIOUX EMPIRE CHARACTER ON TRACK 3220 W 57TH ST 109 SIOUX FALLS, SD 57108	46-6016086	3	55,000				PARTNER AGENCY ALLOC
SIOUX FALLS AREA CASA PROGRAM PO BOX 1901 SIOUX FALLS, SD 57101	46-0430647	3	112,084				PARTNER AGENCY ALLOC

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
SIOUX FALLS AREA COMMUNITY FOUNDATI 200 N CHERAPA PLACE SIOUX FALLS, SD 57103	31-1748533	3	115,000				PARTNER AGENCY ALLOC
SIOUX FALLS FAMILY YMCA 230 S MINNESOTA SIOUX FALLS, SD 57104	46-0225021	3	142,616				PARTNER AGENCY ALLOC



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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
SIOUX FALLS FAMILY YMCA - YOUTH CTR 230 S MINNESOTA AVE SIOUX FALLS, SD 57104	46-0225021	3	120,000				COMMUNITY IMPACT
SIOUX FALLS HOPE COALITION 2211 W CHERRYWOOD CIRCLE SIOUX FALLS, SD 57108	26-4760861	3	25,000				COMMUNITY IMPACT

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
SIOUX FALLS HOUSING 630 S MINNESOTA AVE SIOUX FALLS, SD 57104	46-0333222	GOV	50,000				PARTNER AGENCY ALLOC
SFSD - PRESCHOOL OPPORTUNITIES 201 E 38TH ST SIOUX FALLS, SD 57105	46-6002586	GOV	227,772				PARTNER AGENCY ALLOC

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
SFSD - HOME LIAISON REFUGEE & IMM 201 E 38TH ST SIOUX FALLS, SD 57105	46-6002586	GOV	125,000				PARTNER AGENCY ALLOC
SFSD - WHS ELL TUTORING SUPPORT 201 N SYCAMORE SIOUX FALLS, SD 57110	46-6002586	GOV	7,200				COMMUNIT IMPACT

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
SIOUX FALLS THRIVE 122 S PHILLIPS AVE 350 SIOUX FALLS, SD 57104	81-4491870	3	24,000				COMMUNITY IMPACT
SOUTHEASTERN BEHAVIORAL HEALTH 2000 S SUMMIT AVE SIOUX FALLS, SD 57105	46-0232306	3	25,000				PARTNER AGENCY ALLOC

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
ST FRANCIS HOUSE 1301 E AUSTIN STREET SIOUX FALLS, SD 57103	46-0423202	3	131,100				PARTNER AGENCY
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.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
UNITED DAY CARE 401 S SPRING AVE SIOUX FALLS, SD 57104	46-0312397	3	88,063				PARTNER AGENCY ALLOC
USD SCOTTISH RITE 414 E CLARK ST VERMILLION, SD 57069	46-6000364	GOV	118,000				PARTNER AGENCY ALLOC

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
VOLUNTEERS OF AMERICA 1309 W 51ST ST SIOUX FALLS, SD 57106	23-7353508	3	794,122				PARTNER AGENCY ALLOC

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

OMB No. 1545-0047

**2019**

**Open to Public Inspection**

Name of the organization  
SIOUX EMPIRE UNITED WAY INC

Employer identification number  
46-0233701

**Part I Questions Regarding Compensation**

	Yes	No
<b>1a</b> Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.		
<input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax idemnification 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)		
<b>b</b> If any of the boxes on Line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	<b>1b</b>	
<b>2</b> 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 on Line 1a?	<b>2</b>	
<b>3</b> 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.		
<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		
<b>4</b> During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:		
<b>a</b> Receive a severance payment or change-of-control payment?	<b>4a</b>	No
<b>b</b> Participate in, or receive payment from, a supplemental nonqualified retirement plan?	<b>4b</b>	No
<b>c</b> Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.	<b>4c</b>	No
<b>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</b>		
<b>5</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:		
<b>a</b> The organization?	<b>5a</b>	No
<b>b</b> Any related organization? If "Yes," on line 5a or 5b, describe in Part III.	<b>5b</b>	No
<b>6</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:		
<b>a</b> The organization?	<b>6a</b>	No
<b>b</b> Any related organization? If "Yes," on line 6a or 6b, describe in Part III.	<b>6b</b>	No
<b>7</b> 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.	<b>7</b>	No
<b>8</b> Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.	<b>8</b>	No
<b>9</b> If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	<b>9</b>	



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

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that 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)	195,000			19,626		214,626	
	(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.

Return Reference	Explanation
------------------	-------------

Schedule L (Form 990 or 990-EZ)

Transactions with Interested Persons

OMB No. 1545-0047

2019

Open to Public Inspection

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 instructions and the latest information.

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 section 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.

Table with 5 columns: (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 the organization managers or disqualified persons during the year under section 4958.
3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization.

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

Table with 9 columns: (a) Name of interested person, (b) Relationship with organization, (c) Purpose of loan, (d) Loan to or from the organization (To/From), (e) Original principal amount, (f) Balance due, (g) In default? (Yes/No), (h) Approved by board or committee? (Yes/No), (i) Written agreement? (Yes/No)

Total \$

Part III Grants or Assistance Benefiting Interested Persons. Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

Table with 5 columns: (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](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2019****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, Optional Information

Return Reference	Explanation
FORM 990, PAGE 2, PART III, LINE 4A	<p>MARKETING OVERVIEW COMMUNICATING OUR MESSAGE EFFECTIVELY IS ESSENTIAL TO RAISE AWARENESS ABOUT SIOUX EMPIRE UNITED WAY AND THE IMPACT WE HAVE ON THE COMMUNITY. THE MARKETING TEAM, WHICH CONSISTS OF TWO STAFF MEMBERS AND A TEAM OF SEVEN COMMUNITY VOLUNTEERS, USES THE FOLLOWING STRATEGIES TO COMMUNICATE TO THE PUBLIC TO BUILD GREATER AWARENESS WITH BOTH EXISTING DONORS AND VOLUNTEERS AS WELL AS POTENTIAL NEW ONES. EVENTS "WOMENUNITE EVENT. HELD ANNUALLY IN AUGUST. THE EVENT EDUCATES AND INSPIRES WOMEN ABOUT THE UNITED WAY. WOMEN ARE ASKED TO SPREAD THE CAMPAIGN MESSAGE, ARE PROVIDED VOLUNTEER OPPORTUNITIES, AND ARE ENCOURAGED TO INVEST IN SIOUX EMPIRE UNITED WAY. APPROXIMATELY 900 WOMEN ARE EXPECTED TO ATTEND THE EVENT THIS YEAR. (NOTE: THIS EVENT IS EXECUTED BY A SEPARATE COMMITTEE) "CAMPAIGN KICKOFF . HELD ANNUALLY IN SEPTEMBER. EVALUATING EVENT GOAL AND OPPORTUNITIES FOR 2020 WITH CAMPAIGN LEADERSHIP. "THANK YOU EVENT. HELD ANNUALLY IN FEBRUARY. EACH YEAR WE HOST A SOUP AND SALAD LUNCHEON TO THANK OUR VOLUNTEERS AND TO RECOGNIZE OUTSTANDING VOLUNTEERS, BUSINESSES, AND COMMUNITY LEADERS. OVER 300 INDIVIDUALS ATTENDED THE EVENT IN FEBRUARY OF 2020. MARKETING CHANNELS &amp; MESSAGING "EMAIL MARKETING. EMAIL NEWSLETTERS ARE SENT THROUGHOUT THE YEAR TO KEEP SEUW TOP OF MIND TO VOLUNTEERS AND DONORS. PRIMARY EMAILS EFFORTS ARE: OCAMPAIGN UPDATES - SENT TO VOLUNTEERS ON A BI-WEEKLY BASIS FROM JULY THROUGH JANUARY. INCLUDES HIGH LIGHTS OF COMPANY CAMPAIGNS, RALLY IDEAS, SUCCESS STORIES, AND CURRENT EVENTS. OVER 600 VOLUNTEERS RECEIVED THE UPDATES DURING THE 2020 CAMPAIGN. MONTHLY NEWSLETTER - SENT TO SIOUX EMPIRE UNITED WAY SUPPORTERS AND INCLUDE TIMELY INFORMATION, UPDATES ON SPECIFIC PROGRAMS, AREA VOLUNTEER OPPORTUNITIES, STORIES FROM LOCAL CLIENTS, AND INFORMATION ABOUT UNITED WAY. NEARLY 9,500 SUBSCRIBERS. "WEBSITE. THE WEBSITE IS USED A MARKETING TOOL TO SHOWCASE THE IMPACT WE HAVE ON THE COMMUNITY AS WELL AS A RESOURCE FOR OUR VOLUNTEERS. "SOCIAL MEDIA. SOCIAL MEDIA PROVIDES THE UNITED WAY A PLATFORM TO ENGAGE AND EDUCATE MEMBERS OF THE COMMUNITY ABOUT OUR MISSION AND IMPACT. THESE CHANNELS ARE ALSO USED TO ADDRESS ANY QUESTIONS OR CONCERNS THAT MAY ARISE ABOUT UNITED WAY IN A TIMELY FASHION. SEUW HAS A PRESENCE ON FACEBOOK, TWITTER, INSTAGRAM, AND LINKEDIN. "MEDIA COVERAGE. WE RECEIVE MEDIA COVERAGE ON OUR EVENTS AND THROUGH DIFFERENT STORY IDEAS SUBMITTED TO LOCAL MEDIA. THIS PAST YEAR, WE WORKED WITH FUNDED AGENCIES AND PROGRAMS TO PROVIDE EDUCATIONAL STORIES ABOUT UW AND FUNDED PROGRAMS EACH MONTH. WE ALSO ENCOURAGE OUR FUNDED AGENCIES AND PROGRAMS TO INCLUDE THAT THEY ARE A SIOUX EMPIRE UNITED WAY PROGRAM IN ANY OF THEIR MEDIA RELEASES. MARKETING MATERIALS "CAMPAIGN MATERIALS. THE COMMITTEE AND CAMPAIGN CHAIR WORK WITH LAWRENCE &amp; SCHILLER TO DEVELOP THE CAMPAIGN VIDEO, BROCHURE AND PRINT COLLATERAL. "OTHER MATERIALS. ALL OTHER MATERIALS INCLUDING INVITATIONS, EVENT PROGRAMS, SOME PLEDGE CARDS, AND MORE ARE CREATED IN-HOUSE BY SIOUX EMPIRE UNITED</p>

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990, PAGE 2, PART III, LINE 4A	WAY STAFF. OTHER OUTREACH EFFORTS "EMERGING LEADERS. THE GROUP IS GEARED TOWARDS YOUNG PROFESSIONALS, FOCUSED ON VOLUNTEERISM AND LEARNING MORE ABOUT THE NEEDS OF UNITED WAY FUNDED AGENCIES. "YEAR ROUND COMMUNICATION. WE PARTNER WITH MORE THAN 70 COMPANIES TO PROVIDE IN -HOUSE YEAR ROUND COMMUNICATION. WE WORK WITH DESIGNATED INDIVIDUALS WITHIN THE COMPANIES TO COMMUNICATE WITH OUR SUPPORTERS ALL YEAR LONG. "AGENCY TOURS. MARKETING STAFF ENSURE TH AT ALL UNITED WAY VOLUNTEERS RECEIVE AN INVITE TO ATTEND AN AGENCY TOUR DURING THE SUMMER. TOURS ARE PROVIDED BY FUNDED AGENCIES AS A TOOL FOR OUR VOLUNTEERS AND SUPPORTERS TO LEAR N MORE ABOUT HOW THEIR GIFT IS WORKING IN THE SIOUX EMPIRE. "SPEAKER'S BUREAU. EACH SUMMER , WE IDENTIFY AND TRAIN SPEAKERS FROM EACH OF UNITED WAY'S PARTNER AGENCIES. THESE AGENCY SPEAKERS ARE THEN OUR VOICE WHILE SPEAKING AT VARIOUS COMPANIES' UNITED WAY RALLIES IN THE FALL. WE ALSO ASSIST THOSE COMPANIES IN SELECTING AND SCHEDULING SPEAKERS FOR THEIR RALLI ES.

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
<p>FORM 990, PAGE 2, PART III, LINE 4B</p>	<p>COMMUNITY IMPACT DIVISION STRATEGIES "ONGOING FUNDING PROCESS: UNITED WAY PROVIDES FUNDING TO PROGRAMS WITHIN NON-PROFIT AGENCIES THAT HAVE BEEN IN EXISTENCE FOR AT LEAST 2 FULL YEARS AND CAN SUBSTANTIATE THE NEED AND IMPACT OF THEIR PROGRAM. THIS IMPACT PROCESS BEGINS WITH APPLICATIONS BEING MADE AVAILABLE IN DECEMBER AND CONCLUDES WITH FINAL DECISIONS IN MAY. APPROXIMATELY 60 VOLUNTEERS TYPICALLY SPEND MORE THAN 1000 HOURS EACH YEAR REVIEWING FUNDING REQUESTS. IMPACT AREAS INCLUDE: AT-RISK INDIVIDUALS &amp; FAMILIES, AT-RISK YOUTH, CHILD CARE, CHILDREN AND YOUTH EDUCATION, DISABILITIES, INDIVIDUALS &amp; FAMILIES IN CRISIS, MENTAL HEALTH, OUT OF SCHOOL TIME, SENIORS, AND YOUTH OUTREACH. EACH TEAM REVIEWS THE APPLICATIONS AND HOLDS AN IN-PERSON REVIEW MEETING WITH EACH OF THE NON-PROFIT APPLICANTS. THE FUNDING RECOMMENDATIONS FROM EACH IMPACT TEAM ARE BROUGHT FORTH TO THE COMMUNITY IMPACT CHAIRS AND THEN TO THE BOARD OF DIRECTORS FOR FINAL APPROVAL IN MAY. FOR 2020, THE COMMUNITY IMPACT DIVISION RECOMMENDED APPROXIMATELY 8 MILLION IN FUNDING TO 85 PROGRAMS WITHIN 40 NON-PROFIT AGENCIES. "NEW STRATEGIES FOR 2020: ONLINE PROCESS: "BEGAN USING AN ONLINE GRANT APPLICATION MANAGEMENT SYSTEM, E-CIMPACT. SYSTEM WILL ALLOW AGENCIES, VOLUNTEERS, AND STAFF TO ACCESS THE INFORMATION FROM ANYWHERE. IT WILL ALSO ALLOW FOR GREATER TRACKING AND REPORTING ON OUTPUT AND OUTCOME DATA FOR EACH OF THE FUNDED PROGRAMS. TWO-YEAR FUNDING PROCESS : "BEGAN TRANSITIONING TO A TWO-YEAR FUNDING PROCESS. THIS WILL PROVIDE THE FUNDED PROGRAMS WITH A CLEARER PICTURE OF THEIR UNITED WAY SUPPORT FOR THE NEXT TWO YEARS. "IN 2020, HALF OF THE PROGRAMS WILL COMPLETE THE FULL APPLICATION PROCESS. THIS INCLUDES THE ONLINE APPLICATION AND IN-PERSON REVIEW MEETINGS. WHILE THE FINAL DECISION WILL BE MADE BY THE BOARD OF DIRECTORS IN MAY, IT IS ANTICIPATED THAT THE PROGRAMS THAT DID NOT GO THROUGH THE FULL REVIEW PROCESS WILL RECEIVE LEVEL FUNDING IN 2021 (UNLESS THE VOLUNTEERS HAVE DETERMINED OTHERWISE). CHANGE IN FOCUS: "FOCUS ON ACTUALS VS. PROJECTIONS "SINCE PROJECTIONS HAVE ALWAYS BEEN CHALLENGING FOR THE AGENCIES TO COMPILE AND FOR OUR VOLUNTEERS TO REVIEW, THE FOCUS WILL NOW BE ON THREE YEARS OF ACTUALS RATHER THAN PROJECTIONS. THIS WILL ALLOW US TO TRANSITION FROM A MODEL OF PRIMARILY REVIEWING FUNDING REQUESTS BASED ON PROJECTED DEFICITS TO A MODEL WHERE UNITED WAY SUPPORT IS MORE DIRECTLY TIED TO A SPECIFIC OUTPUT AND OUTCOME. "IN-PERSON REVIEW MEETINGS: "A MORE FOCUSED AGENDA WILL BE IMPLEMENTED. IT WILL INCLUDE THE FOLLOWING KEY ITEMS: OUTPUTS, OUTCOMES, AND FINANCIALS. RESTRUCTURING OF TEAMS: "REORGANIZED OUR VOLUNTEER TEAM STRUCTURE TO BETTER ALIGN WITH OUR TRUE IMPACT IN THE COMMUNITY. IN ADDITION, THIS BETTER ALIGNS WITH OUR FOCUS ON HELPING CHILDREN, VULNERABLE ADULTS, AND PEOPLE IN CRISIS. "COMMUNITY IMPACT GRANTS: HISTORICALLY, COMMUNITY IMPACT GRANT FUNDS WERE MADE AVAILABLE TO SUPPORT NEW PROGRAMS, IN EXISTENCE LESS THAN 3 YEARS. AFTER MUCH DISCUSSION, THE DECISION WAS MA</p>



**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990, PAGE 2, PART III, LINE 4B	<p>DE TO NOT OPEN THIS PROCESS UP FOR APPLICANTS FOR 2021 FUNDING. THIS DECISION WAS THE RESULT OF A SUCCESSFUL PILOT YEAR OF UNITED WAY FOCUSING ON THE ONGOING FUNDING NEEDS OF LOCAL NON-PROFITS WHILE ALLOWING THE SIOUX FALLS AREA COMMUNITY FOUNDATION TO FOCUS ON START-UP PROGRAMS. THIS DECISION WILL BE REEVALUATED NEXT YEAR. "FOCUS ON A PRIORITY AREA: THIS NEW APPROACH REPLACES WHAT WE PREVIOUSLY REFERRED TO AS OUR ANNUAL INITIATIVE PROCESS. BY MOVING TO PRIORITY AREA FUNDING, UNITED WAY WILL BE ABLE TO FOCUS ON A SPECIFIC COMMUNITY NEED FOR A LONGER PERIOD OF TIME IN ORDER TO HAVE A GREATER IMPACT. OVER THE LAST SEVERAL YEARS, A LOT OF TIME HAS BEEN SPENT LOOKING INTO THE AREA OF CHILDCARE. AT THIS TIME, UNITED WAY IS PUTTING TOGETHER A PROPOSED PLAN TO TARGET THIS IMPACT AREA. THIS PLAN WILL BE BROUGHT FORWARD TO THE VOLUNTEERS AND FULL BOARD OF DIRECTORS LATER THIS YEAR.</p>

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
<p>FORM 990, PAGE 2, PART III, LINE 4C</p>	<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 COMPLETED QUESTIONNAIRES. BOYS &amp; GIRLS CLUBS OF THE SIOUX EMPIRE'S EARLY CHILDHOOD EDUCATION PROGRAM PROVIDES QUALITY CHILDCARE AND EDUCATION PROGRAMS FOR YOUNG CHILDREN. LAST YEAR, 454 CHILDREN RECEIVED QUALITY CHILD CARE THAT INCLUDES EARLY CHILDHOOD EDUCATION CURRICULUM. BOYS &amp; GIRLS CLUBS OF THE SIOUX EMPIRE'S EASTSIDE CLUB SUPPORTS YOUTH AND FAMILIES BY GIVING STUDENTS A SAFE, SUPERVISED, ENGAGING PLACE TO SPEND TIME. THE PROGRAM FOCUSES ON FIVE CORE AREAS: THE ARTS, EDUCATION AND CAREER DEVELOPMENT, HEALTH AND LIFE SKILLS, CHARACTER AND LEADERSHIP SKILLS, AND SPORTS AND RECREATION. LAST YEAR, 358 STUDENTS PARTICIPATED IN THE PROGRAMMING. AN ANALYSIS OF 68 AFTERSCHOOL STUDIES CONCLUDED THAT HIGH-QUALITY AFTERSCHOOL PROGRAMS CAN LEAD TO IMPROVED ATTENDANCE, BEHAVIOR, AND COURSEWORK. STUDENTS PARTICIPATING IN A HIGH-QUALITY AFTERSCHOOL PROGRAM WENT TO SCHOOL MORE OFTEN, BEHAVED BETTER, RECEIVED BETTER GRADES, AND DID BETTER ON TESTS COMPARED TO NON-PARTICIPATING STUDENTS. CHALLENGE DAY PROVIDES AREA MIDDLE AND HIGH SCHOOL STUDENTS WITH A ONE-DAY PROGRAM THAT FOCUSES ON EMPATHY SKILL BUILDING. LAST YEAR, CHALLENGE DAYS HAPPENED IN 13 DIFFERENT SCHOOLS ACROSS THE SIOUX EMPIRE. FULL DAY PROGRAMS WERE ATTENDED BY 800 STUDENTS AND 1,884 STUDENTS PARTICIPATED IN A SHORTER ASSEMBLY. STUDENTS COMPLETED SURVEYS AFTER THE EXPERIENCE AND 76% AGREED WITH THE STATEMENT, "I FEEL EMPOWERED TO INFLUENCE CHANGE IN MY SCHOOL, COMMUNITY, AND/OR WORLD." CHARACTER ON TRACK PROVIDES AN EDUCATIONAL FRAMEWORK FOR TEACHING TRUSTWORTHINESS, RESPECT, RESPONSIBILITY, FAIRNESS, CARING, AND CITIZENSHIP. LAST YEAR, ASSEMBLIES WERE HELD IN 20 AREA SCHOOLS DISTRICTS. CHILDREN'S CONNECTION, A PROGRAM OF FAMILY CONNECTION PROVIDES WEEKLY SUPPORT GROUPS, FAMILY EVENTS, AND MORE TO CHILDREN WHOSE PARENT OR CLOSE FAMILY MEMBER HAS BEEN INCARCERATED. LAST YEAR, 293 STUDENTS PARTICIPATED IN THE WEEKLY GROUPS AT 11 LOCAL ELEMENTARY AND MIDDLE SCHOOLS. CONNECTING KIDS CREATES THE OPPORTUNITY FOR CHILDREN IN GRADES K-8 TO TAKE PART IN AN ACTIVITY FOR A FREE OR REDUCED RATE. LAST YEAR, 687 USED THE CONNECTING KIDS CERTIFICATE. CHILDREN HAVE THE OPPORTUNITY TO PARTICIPATE IN A WIDE VARIETY OF SPORTS, CAMPS, CLASSES, AND FINE ART ACTIVITIES THROUGH 25 DIFFERENT PARTNER ORGANIZATIONS. A SURVEY OF PARENTS FOUND THAT 98% OF RESPONDENTS WOULD NOT HAVE BEEN ABLE TO PARTICIPATE IN ACTIVITIES WITHOUT CONNECTING KIDS. DELTA DENTAL OF SD'S MOBILE DENTAL PROGRAM PROVIDES RESTOR</p>

**990 Schedule O, Optional Information**

Return Reference	Explanation
<p>FORM 990, PAGE 2, PART III, LINE 4C</p>	<p>ACTIVE 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, 1,416 INDIVIDUALS TOOK PART IN SWIMMING LESSONS. EMBE'S CHILDCARE PROGRAM SERVES CHILDREN AGES 4 WEEKS TO 5 YEARS. LAST YEAR, AN AVERAGE OF 347 CHILDREN ATTENDED THE CENTERS DAILY. EMBE'S GIRLS ON THE RUN/HEART &amp; SOLE IS A CHARACTER DEVELOPMENT AND EMPOWERMENT PROGRAM FOR GIRLS IN GRADES 3RD - 5TH AND 6TH - 8TH THAT USES NON-COMPETITIVE RUNNING AND TRAINING TO ACHIEVE THE GOAL OF PARTICIPATION IN A 5K RUN/WALK. LAST YEAR, 871 GIRLS PARTICIPATED IN GIRLS ON THE RUN OR HEART &amp; SOLE AT 46 DIFFERENT SCHOOLS IN THE SIOUX EMPIRE. EMBE'S LET ME RUN IS A SEVEN-WEEK AFTER SCHOOL PROGRAM WHOSE MISSION IS TO INSPIRE BOYS THROUGH THE POWER OF RUNNING, TO BE COURAGEOUS ENOUGH TO BE THEMSELVES, TO BUILD HEALTHY RELATIONSHIPS, AND TO LIVE AN ACTIVE LIFESTYLE. LAST YEAR, 127 BOYS PARTICIPATED AT 6 DIFFERENT SCHOOLS. EMBE'S YOUTH RECREATION PROGRAMMING PROVIDES A VARIETY OF YOUTH ACTIVITIES FOR CHILDREN. ACTIVITIES INCLUDE: VOLLEYBALL, BABYSITTING CAMP, CAMP CEO, CAMP CHANGEMAKER, YOUTH TAEKWONDO, AND FIRST LEGO LEAGUE. LAST YEAR, 1,709 YOUTH PARTICIPATED IN A VARIETY OF PROGRAMS. HARMONY SOUTH DAKOTA IS A FREE AFTER-SCHOOL MUSIC PROGRAM THAT PROVIDES OPPORTUNITIES FOR CHILDREN AGES 6 AND UP TO PARTICIPATE IN STRING ORCHESTRA, PERCUSSION ENSEMBLES, MUSICIANSHIP CLASSES, AND PRIVATE INSTRUMENTAL LESSONS. LAST YEAR, 60 PARTICIPANTS SPENT 523 HOURS IN INSTRUCTION THROUGH THE PROGRAM. INTER-LAKES COMMUNITY ACTION PARTNERSHIP'S SIOUX FALLS CENTER PROVIDES HIGH QUALITY EARLY CHILDHOOD DEVELOPMENT SERVICES TO LOW-INCOME AND SPECIAL NEEDS CHILDREN. LAST YEAR, 94 CHILDREN WERE ENROLLED IN THE PROGRAM WHILE THEIR PARENTS EITHER WORKED OR ATTENDED SCHOOL. KIDSTOP PROVIDES A FREE AFTER SCHOOL AND SUMMER RECREATION PROGRAM FOR STUDENTS IN GRADES K-8. LAST YEAR AN AVERAGE OF 50 CHILDREN AND 8 MIDDLE-SCHOOLERS ATTENDED DAILY. EIGHTY-NINE PERCENT 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</p>

## 990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 2, PART III, LINE 4C	<p>PROGRAMS, WITH AN AVERAGE DAILY ATTENDANCE OF 51 CHILDREN. OF THOSE CHILDREN, 114 CAME FROM LOW-INCOME FAMILIES, ALLOWING THEM TO PARTICIPATE IN QUALITY PROGRAMS EVEN IF THEIR FAMILY CANNOT AFFORD TO PAY THE FULL COST OF ATTENDING. LUTHERAN SOCIAL SERVICES' CLIMB PROGRAM PROVIDES YOUTH WHO ARE AT-RISK FOR LOW ACHIEVEMENT SOCIALLY, EMOTIONALLY, AND ECONOMICALLY WITH A MENTOR WHO IS ABLE TO PROVIDE SUPPORT, GUIDANCE, AND FRIENDSHIP. MENTOR RELATIONSHIPS ARE DEVELOPED THROUGH COMMUNITY-BASED ACTIVITIES. LAST YEAR, 140 MENTOR MATCHES WERE MADE OR MAINTAINED THROUGH THE PROGRAMS. RECENT RESEARCH SHOWS THAT MENTORING RELATIONSHIPS SUPPORT A YOUTH'S GROWTH AND DEVELOPMENT IN MULTIPLE AREAS SIMULTANEOUSLY. THIS INCLUDES BETTER DEVELOPMENT OF MORALS AND VALUES, IMPROVED DECISION MAKING, FEELING EMPOWERED TO SUCCEED, AND RECEIVING ENCOURAGEMENT TO ENTER OR FINISH COLLEGE. LUTHERAN SOCIAL SERVICES' EVERY DAY HEROES MENTOR PROGRAM PROVIDES ELEMENTARY AND MIDDLE SCHOOL STUDENTS WITH POSITIVE ADULT ROLE MODELS AT THEIR SCHOOLS. LAST YEAR, 1,378 VOLUNTEER MENTORS SERVED WITHIN 11 PUBLIC SCHOOL DISTRICTS IN MINNEHAHA AND LINCOLN COUNTIES. NATIONAL RESEARCH SHOWS THAT STRONG RELATIONSHIPS BETWEEN MENTORS AND STUDENTS PROMOTE LONG-TERM POSITIVE OUTCOMES THAT INCLUDE ACHIEVEMENT, A STRONGER SENSE OF SELF-WORTH, IMPROVED RELATIONSHIPS WITH PARENTS, AND DECREASED DRUG AND ALCOHOL USE. LUTHERAN SOCIAL SERVICES' HERE4YOUTH PROVIDES OUT OF SCHOOL TIME CARE FOR YOUTH WITH SPECIAL NEEDS AND THEIR SIBLINGS. LAST YEAR, THEY SERVED 69 YOUTH DURING OUT OF SCHOOL HOURS. LUTHERAN SOCIAL SERVICES' USUCCESS PROGRAM PROVIDES AT-RISK HIGH SCHOOL STUDENTS WITH A LONG-TERM VOLUNTEER MENTOR TO ENCOURAGE AND SUPPORT HIGH SCHOOL GRADUATION. LAST YEAR, 187 MENTORS AND STUDENTS WERE MATCHED. OF THOSE, 97% OF THE STUDENTS PROGRESSED TO THE NEXT GRADE LEVEL. ONE STUDY FOUND THAT AT-RISK YOUNG PEOPLE WHO HAD MENTORS WERE MORE LIKELY TO SET GOALS FOR HIGHER EDUCATION AND WERE MORE LIKELY TO ATTEND COLLEGE THAN NON-MENTORED PEERS. MULTI-CULTURAL CENTER'S AFTER SCHOOL AND OUT OF SCHOOL PROGRAMS SERVES 692 STUDENTS WITH AFTER SCHOOL AND SUMMER PROGRAMMING LAST YEAR. SERVICES PROVIDED INCLUDE READING ASSISTANCE, MATH HELP, KARATE, AND PROGRAMS TO RECOGNIZE DIVERSE CULTURES. READY TO START PROVIDES A FIVE-WEEK PROGRAM FOR CHILDREN WHO MAY NOT HAVE HAD ACCESS TO PRE-KINDERGARTEN SERVICES, OR WHO MAY HAVE DEMONSTRATED A NEED FOR ADDITIONAL SERVICES PRIOR TO THEIR FIRST DAY OF SCHOOL. LAST YEAR THE PROGRAM SERVED 176 CHILDREN IN CANTON, HARRISBURG, MCCOOK CENTRAL, LENNOX, SIOUX FALLS, AND TEA AREA SCHOOL DISTRICTS. PARTICIPANTS HAVE AN AVERAGE GAIN OF 35% IN MATH SKILLS, 25% IN READING SKILLS, AND 22% IN SUPPORTIVE SKILLS. SANFORD CHILDREN'S CHILD SERVICES' SUCCESS BY 6 WATCH ME GROW HELP ME GROW PROGRAMMING INCLUDES PARENT RESOURCE MATERIAL AT BIRTH, CHILD AND PARENT RESOURCES ONLINE, HOME VISITS, AND TEMPERAMENT PROGRAMMING. LAST YEAR, 2,814 PACKETS WERE DISTRIBUTED TO NEW PARENTS AT BIRTH, 117</p>

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
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**

<b>Return Reference</b>	<b>Explanation</b>
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**

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

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990, PAGE 6, PART VI, LINE 19	UPON REQUEST