

Sioux Empire United Way, Inc.

2018 Income Tax Return

Prepared By

Woltman Group, PC

Certified Public Accountants & Business Advisors

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

OMB No. 1545-0047

2018
Open to Public Inspection

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

A For the 2018 calendar year, or tax year beginning , **and ending** _____

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 57104-1314

D Employer identification number: **46-0233701**
E Telephone number: **605-336-2095**
G Gross receipts \$: **9,935,589**

F Name and address of principal officer:
JAY POWELL

H(a) Is this a group return for subordinates? Yes No
H(b) Are all subordinates included? Yes No
 If "No," attach a list. (see instructions)

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

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

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

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: TO LEAD, SUSTAIN AND NURTURE A UNIFIED, EFFECTIVE RESPONSE TO COMMUNITY NEEDS.		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	30
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	29
	5 Total number of individuals employed in calendar year 2018 (Part V, line 2a)	5	10
	6 Total number of volunteers (estimate if necessary)	6	765
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
7b Net unrelated business taxable income from Form 990-T, line 38	7b	0	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	9,162,344	9,851,510
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	101,337	84,079
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0
	12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	9,263,681	9,935,589
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	8,003,374	7,822,450
	14 Benefits paid to or for members (Part IX, column (A), line 4)		0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	834,113	807,489
	16a Professional fundraising fees (Part IX, column (A), line 11e)		0
	b Total fundraising expenses (Part IX, column (D), line 25) u 471,820		
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	797,269	797,658
	18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	9,634,756	9,427,597
19 Revenue less expenses. Subtract line 18 from line 12	-371,075	507,992	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	10,684,801	11,082,266
	22 Net assets or fund balances. Subtract line 21 from line 20	228,444	234,246
		10,456,357	10,848,020

Part II Signature Block

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

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

Paid Preparer Use Only
 Print/Type preparer's name: **TRENT R. PRINS** Preparer's signature: **TRENT R. PRINS** Date: **09/10/19** 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 57108-2599** Phone no.: **605-361-1200**

Part III Statement of Program Service Accomplishments

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



1 Briefly describe the organization's mission:

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

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

Yes No



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

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

Yes No



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

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

4a (Code:) (Expenses \$ 163,326 including grants of \$) (Revenue \$)

SEE SCHEDULE O

4b (Code:) (Expenses \$ 214,278 including grants of \$) (Revenue \$)

SEE SCHEDULE O

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

SEE SCHEDULE O

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

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

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

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules *(continued)*

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

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

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

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

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a (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 u NONE
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
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 u

HEATHER VIERGUTZ-MCDONALD

1000 N WEST AVENUE #120

SIOUX FALLS

SD 57104-1314 605-336-2095

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

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

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

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

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

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) JAY POWELL	40.00									
PRESIDENT	0.00	X		X			189,600	0	17,877	
(2) TOM SIMMONS	1.00									
PAST CHAIR	0.00	X		X			0	0	0	
(3) BILL O'CONNOR	1.00									
CHAIR	0.00	X		X			0	0	0	
(4) DR. DANIEL HEINEMANN	1.00									
FIRST VICE-CHAIR	0.00	X		X			0	0	0	
(5) MARIE FREDRICKSON	1.00									
SECOND VICE-CHAIR	0.00	X		X			0	0	0	
(6) BRENDA KIBBE	1.00									
MEMBER	0.00	X					0	0	0	
(7) CHRIS KRAY	1.00									
SECRETARY/TREASURER	0.00	X					0	0	0	
(8) DR. BRIAN MAHER	1.00									
MEMBER	0.00	X					0	0	0	
(9) TOM MCADARAGH	1.00									
MEMBER	0.00	X					0	0	0	
(10) ALEX RAMIREZ	1.00									
MEMBER	0.00	X					0	0	0	
(11) BEN ARNDT	1.00									
MEMBER	0.00	X					0	0	0	

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(12) CURT ZASKE	1.00									
MEMBER	0.00	X					0	0	0	
(13) CLARA HART	1.00									
MEMBER	0.00	X					0	0	0	
(14) PAUL BRUFLAT	1.00									
MEMBER	0.00	X					0	0	0	
(15) JEFF EISELE	1.00									
MEMBER	0.00	X					0	0	0	
(16) TRACY DAHL-WEBB	1.00									
MEMBER	0.00	X					0	0	0	
(17) DANIEL DOYLE	1.00									
MEMBER	0.00	X					0	0	0	
(18) JIM JARDING, JR.	1.00									
MEMBER	0.00	X					0	0	0	
(19) SUE SIMONS	1.00									
MEMBER	0.00	X					0	0	0	
1b Sub-total							189,600		17,877	
c Total from continuation sheets to Part VII, Section A							53,554		9,500	
d Total (add lines 1b and 1c)							243,154		27,377	

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

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

Section B. Independent Contractors

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

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

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

Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c				
	d Related organizations	1d				
	e Government grants (contributions)	1e				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	9,851,510			
	g Noncash contributions included in lines 1a-1f: \$					
	h Total. Add lines 1a-1f	u	9,851,510			
Program Service Revenue	2a	Busn. Code				
	b					
	c					
	d					
	e					
	f All other program service revenue					
	g Total. Add lines 2a-2f	u				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)	u	84,079			84,079
	4 Income from investment of tax-exempt bond proceeds	u				
	5 Royalties	u				
	6a Gross rents	(i) Real (ii) Personal				
	b Less: rental exps.					
	c Rental inc. or (loss)					
	d Net rental income or (loss)	u				
	7a Gross amount from sales of assets other than inventory	(i) Securities (ii) Other				
	b Less: cost or other basis & sales exps.					
	c Gain or (loss)					
	d Net gain or (loss)	u				
	8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	a				
	b Less: direct expenses	b				
	c Net income or (loss) from fundraising events	u				
	9a Gross income from gaming activities. See Part IV, line 19	a				
b Less: direct expenses	b					
c Net income or (loss) from gaming activities	u					
10a Gross sales of inventory, less returns and allowances	a					
b Less: cost of goods sold	b					
c Net income or (loss) from sales of inventory	u					
Miscellaneous Revenue		Busn. Code				
11a						
b						
c						
d All other revenue						
e Total. Add lines 11a-11d	u					
12 Total revenue. See instructions.	u	9,935,589	0	0	84,079	

Part IX Statement of Functional Expenses

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

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

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

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest bearing	155,118	1	130,523
	2 Savings and temporary cash investments	1,917,973	2	1,755,692
	3 Pledges and grants receivable, net	6,381,007	3	6,563,463
	4 Accounts receivable, net	2,662	4	
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges		9	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 174,788		
	b Less: accumulated depreciation	10b 137,895	46,408	10c 36,893
	11 Investments—publicly traded securities	2,181,633	11	2,595,695
	12 Investments—other securities. See Part IV, line 11		12	
	13 Investments—program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11		15	
16 Total assets. Add lines 1 through 15 (must equal line 34)		10,684,801	16	11,082,266
Liabilities	17 Accounts payable and accrued expenses	228,339	17	234,141
	18 Grants payable	105	18	105
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25		228,444	26
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	2,848,038	27	2,911,339
	28 Temporarily restricted net assets	7,608,319	28	7,936,681
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	10,456,357	33	10,848,020	
34 Total liabilities and net assets/fund balances	10,684,801	34	11,082,266	

Part XI Reconciliation of Net Assets

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

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

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
2b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
2c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	X	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
3b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(20) JAY HUIZENGA	1.00									
MEMBER	0.00	X					0	0	0	
(21) JACK MARSH	1.00									
MEMBER	0.00	X					0	0	0	
(22) ELIZABETH CARLSON	1.00									
MEMBER	0.00	X					0	0	0	
(23) KEN KARELS	1.00									
MEMBER	0.00	X					0	0	0	
(24) JEFF STRAND	1.00									
MEMBER	0.00	X					0	0	0	
(25) ANDREA LEESCH	1.00									
MEMBER	0.00	X					0	0	0	
(26) MILES BEACOM	1.00									
MEMBER	0.00	X					0	0	0	
(27) TOLCHA MESELE	1.00									
MEMBER	0.00	X					0	0	0	
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

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

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

Section B. Independent Contractors

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(28) STEVE STATZ	1.00									
MEMBER	0.00	X					0	0	0	
(29) KATE KOTZEA	1.00									
MEMBER	0.00	X					0	0	0	
(30) DR. MIKE FRANKMAN	1.00									
MEMBER	0.00	X					0	0	0	
(31) RANDY KNECHT	1.00									
MEMBER	0.00	X					0	0	0	
(32) HEATHER VIERGUTZ-MCDONALD	40.00									
FINANCE DIR	0.00			X			53,554	0	9,500	
1b Sub-total							53,554		9,500	
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

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

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

Section B. Independent Contractors

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

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

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

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

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

2018

Department of the Treasury
Internal Revenue Service

u Attach to Form 990 or Form 990-EZ.

Open to Public Inspection

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

Name of the organization

SIOUX EMPIRE UNITED WAY, INC.

Employer identification number

46-0233701

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

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

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

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

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

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

Section A. Public Support

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

Section B. Total Support

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

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

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f))	14	99.14 %
15 Public support percentage from 2017 Schedule A, Part II, line 14	15	99.18 %

16a 33 1/3% support test—2018. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3% support test—2017. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here**. The organization qualifies as a publicly supported organization

17a 10%-facts-and-circumstances test—2018. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here**. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

b 10%-facts-and-circumstances test—2017. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here**. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

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

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) u	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) u	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

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

Section D. Computation of Investment Income Percentage

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

- 19a 33 1/3% support tests—2018.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization
- b 33 1/3% support tests—2017.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization
- 20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations *(continued)*

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
a <input type="checkbox"/> The organization satisfied the Activities Test. <i>Complete line 2 below.</i>		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>		
c <input type="checkbox"/> The organization supported a governmental entity. <i>Describe in Part VI how you supported a government entity (see instructions).</i>		
2 Activities Test. <i>Answer (a) and (b) below.</i>		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>		
2a		
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>		
2b		
3 Parent of Supported Organizations. <i>Answer (a) and (b) below.</i>		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>		
3a		
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>		
3b		

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

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

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

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

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

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

Schedule of Contributors

2018

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

Name of the organization

Employer identification number

SIOUX EMPIRE UNITED WAY, INC.

46-0233701

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33¹/₃% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ► \$

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

Name of organization

SIOUX EMPIRE UNITED WAY, INC.

Employer identification number

46-0233701

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	AVERA MCKENNAN HOSPITAL 1325 S. CLIFF AVENUE SIOUX FALLS SD 57117-5045	\$ 325,909	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	CITI 701 E. 60TH STREET N. SIOUX FALLS SD 57117-6000	\$ 348,181	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	FIRST PREMIER BANK/ PREMIER BANKCARD 601 S. MINNESOTA AVENUE SIOUX FALLS SD 57101-1348	\$ 538,330	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	SANFORD HEALTH 1305 W. 18TH STREET SIOUX FALLS SD 57117-5039	\$ 381,698	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	SMITHFIELD 1400 N WEBER AVENUE SIOUX FALLS SD 57117-5266	\$ 513,434	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	WELLS FARGO 101 N. PHILLIPS AVENUE SIOUX FALLS SD 57117-5128	\$ 201,894	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2018

Open to Public Inspection

Name of the organization

SIoux EMPIRE UNITED WAY, INC.

Employer identification number

46-0233701

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 3 columns: Question number, (a) Donor advised funds, (b) Funds and other accounts. Includes questions 1-6 regarding donor advised funds.

Part II Conservation Easements.

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

Table with 3 columns: Question number, Description, and Held at the End of the Tax Year. Includes questions 1-9 regarding 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.

Table with 3 columns: Question number, Description, and Amount. Includes questions 1a, 1b, 2a, 2b regarding art and historical treasures.

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
1c	
1d	
1e	
1f	

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

Part V Endowment Funds.

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

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

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

- a** Board designated or quasi-endowment **u**
- b** Permanent endowment **u**
- c** Temporarily restricted endowment **u**

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i)** unrelated organizations
- (ii)** related organizations

	Yes	No
3a(i)		
3a(ii)		
3b		

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		36,733	17,949	18,784
d Equipment		97,563	79,454	18,109
e Other		40,492	40,492	

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) **u** **36,893**

Part VII Investments—Other Securities.

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

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

Part VIII Investments—Program Related.

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

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

Part IX Other Assets.

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

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

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)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) u	

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

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2018

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

Name of the organization

SIOUX EMPIRE UNITED WAY, INC.

Employer identification number
46-0233701

Part I General Information on Grants and Assistance

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

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

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	AUGUSTANA COLLEGE - PATHWAYS 2001 S SUMMIT AVE SIOUX FALLS SD 57197	42-1623480	3	10,000				PARTNER AGENCY ALLOC
(2)	AVERA MCKENNAN HOSPITAL 800 E 21ST STREET SIOUX FALLS SD 57105	46-0224743	3	240,536				PARTNER AGENCY ALLOC
(3)	BETHANY CHRISTIAN SERVICES 400 S SYCAMORE AVE #103-1 SIOUX FALLS SD 57110	38-1405282	3	10,000				COMMUNITY IMPACT
(4)	BIG BROTHERS BIG SISTERS 1000 N WEST AVE #300 SIOUX FALLS SD 57104	05-0593016	3	102,751				PARTNER AGENCY ALLOC
(5)	BOY SCOUTS 800 N WEST AVE SIOUX FALLS SD 57104	46-0224599	3	217,304				PARTNER AGENCY ALLOC
(6)	BOYS & GIRLS CLUB 824 E 14TH ST SIOUX FALLS SD 57104	46-0399482	3	166,386				PARTNER AGENCY ALLOC
(7)	CENTER FOR ACTIVE GENERATIONS 2300 W 46TH ST SIOUX FALLS SD 57105	46-0305500	3	354,600				PARTNER AGENCY ALLOC
(8)	CHILDREN'S HOME SOCIETY 409 N WESTERN AVE SIOUX FALLS SD 57104	46-0224542	3	879,840				PARTNER AGENCY ALLOC
(9)	COMMUNITY OUTREACH 231 N WEBER AVE SIOUX FALLS SD 57103	46-0416744	3	341,000				PARTNER AGENCY ALLOC

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **u 56**
- 3 Enter total number of other organizations listed in the line 1 table **u 0**

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

Schedule I (Form 990) (2018)

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2018

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

Name of the organization

SIOUX EMPIRE UNITED WAY, INC.

Employer identification number
46-0233701

Part I General Information on Grants and Assistance

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

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

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	COMPASS CENTER 1800 W 12TH ST #100 SIOUX FALLS SD 57104	46-0350199	3	143,011				PARTNER AGENCY ALLOC
(2)	DAKOTA SMILES MOBILE DENTAL PROGRAM 201 E 38TH ST SIOUX FALLS SD 57105	91-1776857	3	40,000				PARTNER AGENCY ALLOC
(3)	DAKOTABILITIES 3600 S DULUTH AVE SIOUX FALLS SD 57105	46-0306216	3	85,000				PARTNER AGENCY ALLOC
(4)	EMBE 300 W 11TH ST SIOUX FALLS SD 57104	46-0234998	3	306,503				PARTNER AGENCY
(5)	FAMILY CONNECTIONS 303 N MINNESOTA AVE SIOUX FALLS SD 57104	46-0435140	3	28,052				PARTNER AGENCY ALLOC
(6)	FAMILY SERVICE 2210 W BROWN PL SIOUX FALLS SD 57105	46-0259350	3	203,236				PARTNER AGENCY ALLOC
(7)	FEEDING SOUTH DAKOTA 3511 N 1ST AVE SIOUX FALLS SD 57104	36-3293534	3	230,000				PARTNER AGENCY ALLOC
(8)	FIRST UNITED METHODIST CHURCH 401 S SPRING AVE SIOUX FALLS SD 57104	46-0230392	3	91,106				PARTNER AGENCY ALLOC
(9)	FURNITURE MISSION 209 S NESMITH AVE SIOUX FALLS SD 57103	81-0584500	3	61,000				PARTNER AGENCY ALLOC

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

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

Schedule I (Form 990) (2018)

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

OMB No. 1545-0047

2018

**Open to Public
Inspection**

Name of the organization

SIOUX EMPIRE UNITED WAY, INC.

Employer identification number

46-0233701

Part I General Information on Grants and Assistance

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

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

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	HARMONY SOUTH DAKOTA 2522 W 41ST ST #125 SIOUX FALLS SD 57105	46-3296505	3	34,635				COMMUNITY IMPACT
(2)	HELP!LINE CENTER 1000 N WEST AVE #310 SIOUX FALLS SD 57104	23-7424387	3	307,000				PARTNER AGENCY ALLOC
(3)	HELP!LINE CENTER - NETWORK OF CARE 1000 N WEST AVE #310 SIOUX FALLS SD 57104	23-7424387	3	20,000				COMMUNITY OUTREACH
(4)	HELP!LINE CENTER - OUTREACH SUPPORT 1000 N WEST AVE #310 SIOUX FALLS SD 57104	23-7424387	3	15,000				COMMUNITY IMPACT
(5)	HORSEPOWER PO BOX 1604 SIOUX FALLS SD 57101	46-0378036	3	46,048				COMMUNITY IMPACT
(6)	INTERLAKES CAP - HEARTLAND HOUSE PO BOX 268 MADISON SD 57042	46-0282131	3	116,197				COMMUNITY IMPACT
(7)	INTERLAKES CAP - CHILD DEV CENTER PO BOX 268 MADISON SD 57042	46-0282131	3	60,000				PARTNER AGENCY ALLOC
(8)	LUTHERAN SOCIAL SERVICES 705 E 41ST ST #200 SIOUX FALLS SD 57105	46-0224731	3	738,350				PARTNER AGENCY ALLOC
(9)	MULTI-CULTURAL CENTER 515 N MAIN AVE SIOUX FALLS SD 57104	46-0445034	3	200,000				PARTNER AGENCY ALLOC

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

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

Schedule I (Form 990) (2018)

**SCHEDULE I
(Form 990)**

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

OMB No. 1545-0047

2018

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

u Attach to Form 990.

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Name of the organization

SIOUX EMPIRE UNITED WAY, INC.

Employer identification number

46-0233701

Part I General Information on Grants and Assistance

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

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

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	OUR SAVIOR'S LUTHERAN CHURCH - SAD 909 W 33RD ST SIOUX FALLS SD 57105	46-0229996	3	14,000				COMMUNITY IMPACT
(2)	PATH SCHOOL BASED MENTAL HEALTH 909 W 33RD ST SIOUX FALLS SD 57105	46-0229996	3	174,176				COMMUNITY IMPACT
(3)	PATH SCHOOL- LUTHERAN SOCIAL SERV. 909 W 33RD ST SIOUX FALLS SD 57105	46-0229996	3	25,000				COMMUNITY IMPACT
(4)	PHILLIP'S HOME 906 S PHILLIPS AVE SIOUX FALLS SD 57104	46-3266257	3	7,350				COMMUNITY IMPACT
(5)	REACH 629 S MINNESOTA AVE #201 SIOUX FALLS SD 57104	46-0396579	3	54,500				PARTNER AGENCY
(6)	READY TO START HARRISBURG SCHOOL DT 200 WILLOW STREET HARRISBURG SD 57032	46-6002218	GOV	7,000				COMMUNITY IMPACT
(7)	READY TO START CANTON SCHOOL DT 800 N MAIN ST CANTON SD 57013		GOV	5,300				COMMUNITY IMPACT
(8)	READY TO START LENNOX SCHOOL DIST 305 WEST FIFTH AVE LENNOX SD 57039		GOV	5,691				COMMUNITY IMPACT
(9)	READY TO START MCCOOK CENTRAL SC DT 200 E ESSEX AVE SALEM SD 57058		GOV	6,700				COMMUNITY IMPACT

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

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

Schedule I (Form 990) (2018)

**SCHEDULE I
(Form 990)**

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

OMB No. 1545-0047

2018

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

u Attach to Form 990.

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Name of the organization

SIOUX EMPIRE UNITED WAY, INC.

Employer identification number

46-0233701

Part I General Information on Grants and Assistance

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

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

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	READY TO START SIOUX FALLS SCH DIST 201 E. 38TH ST SIOUX FALLS SD 57105	46-6002586	GOV	58,713				COMMUNITY IMPACT
(2)	READY TO START TEA AREA SCHOOL DT 500 W BRIAN TEA SD 57064	50-0005151	GOV	12,600				COMMUNITY IMPACT
(3)	SANFORD CHILDREN'S SERVICES 1305 W 18TH ST SIOUX FALLS SD 57105	46-0227855	3	128,348				PARTNER AGENCY ALLOC
(4)	SIOUX EMPIRE CHARACTER ON TRACK 3220 W 57TH ST #109 SIOUX FALLS SD 57108	46-6016086	3	55,000				PARTNER AGENCY ALLOC
(5)	SIOUX FALLS AREA CASA PROGRAM PO BOX 1901 SIOUX FALLS SD 57101	46-0430647	3	83,084				PARTNER AGENCY ALLOC
(6)	SIOUX FALLS AREA COMMUNITY FOUNDATI 300 N PHILLPS AVE #102 SIOUX FALLS SD 57104	31-1748533	3	120,000				PARTNER AGENCY ALLOC
(7)	SIOUX FALLS FAMILY YMCA 230 S MINNESOTA SIOUX FALLS SD 57104	46-0225021	3	308,693				PARTNER AGENCY ALLOC
(8)	SIOUX FALLS HOUSING 630 S MINNESOTA AVE SIOUX FALLS SD 57104	46-0333222	GOV	50,000				PARTNER AGENCY ALLOC
(9)	SFSD - PRESCHOOL OPPORTUNITIES 201 E 38TH ST SIOUX FALLS SD 57105	46-6002586	GOV	224,992				PARTNER AGENCY ALLOC

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

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

Schedule I (Form 990) (2018)

**SCHEDULE I
(Form 990)**

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

OMB No. 1545-0047

2018

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

u Attach to Form 990.

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

Name of the organization

SIOUX EMPIRE UNITED WAY, INC.

Employer identification number

46-0233701

Part I General Information on Grants and Assistance

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

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

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	SFSD - HOME LIAISON REFUGEE & IMM 201 E 38TH ST SIOUX FALLS SD 57105	46-6002586	GOV	125,000				PARTNER AGENCY ALLOC
(2)	SF MINISTRY CENTER PROJECT HOPE 225 E 11TH ST SIOUX FALLS SD 57104	26-4760861	3	50,000				COMMUNITY IMPACT
(3)	SOCIETY OF ST VINCENT DE PAUL 431 N CLIFF AVE SIOUX FALLS SD 57103	46-0383607	3	15,000				COMMUNITY IMPACT
(4)	SOUTHEASTERN BEHAVIORAL HEALTH 2000 S SUMMIT AVE SIOUX FALLS SD 57105	46-0232306	3	44,805				PARTNER AGENCY ALLOC
(5)	SD DENTAL FOUNDATION 804 N EUCLID AVE #103 PIERRE SD 57501	46-0367045	3	12,000				COMMUNITY IMPACT
(6)	ST. FRANCIS HOUSE 1301 E AUSTIN STREET SIOUX FALLS SD 57103	46-0423202	3	121,175				PARTNER AGENCY
(7)	UNITED DAY CARE 401 S SPRING AVE SIOUX FALLS SD 57104	46-0312397	3	79,526				PARTNER AGENCY ALLOC
(8)	USD SCOTTISH RITE 414 E CLARK ST VERMILLION SD 57069	46-6000364	GOV	127,000				PARTNER AGENCY ALLOC
(9)	VOLUNTEERS OF AMERICA 1309 W 51ST ST SIOUX FALLS SD 57106	23-7353508	3	834,442				PARTNER AGENCY ALLOC

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

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

Schedule I (Form 990) (2018)

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

OMB No. 1545-0047

2018

**Open to Public
Inspection**

Name of the organization

SIOUX EMPIRE UNITED WAY, INC.

Employer identification number

46-0233701

Part I General Information on Grants and Assistance

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

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

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	CENTER FOR PREVENTION OF CHILD MALT 1400 W 22ND ST SIOUX FALLS SD 57105	46-6018891	3	7,000				PARTNER AGENCY ALLOC
(2)	CONSCIOUS YOUTH SOLUTIONS PO BOX 360 SIOUX FALLS SD 57101	81-5361129	3	15,000				COMMUNITY IMPACT
(3)								
(4)								
(5)								
(6)								
(7)								
(8)								
(9)								

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

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
1					
2					
3					
4					
5					
6					
7					

Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

PART I, LINE 2 - PROCEDURES FOR MONITORING THE USE OF GRANT FUNDS

AGENCY ALLOCATIONS - THE UNITED WAY REVIEWS BUDGETS AND ALLOCATION REPORTS

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

COMMUNITY IMPACT DIVISION WILL MAKE ITS RECOMMENDATIONS TO THE UNITED WAY

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

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

COMMUNITY IMPACT GRANTS - APPLICATIONS SELECTED FOR FUNDING WILL BE

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

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

REQUIRED AT THE COMPLETION OF THE PROJECT.

SCHEDULE J
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization

Compensation Information
For certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees
u Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
u Attach to Form 990.
u Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2018

**Open to Public
Inspection**

SIOUX EMPIRE UNITED WAY, INC.

Employer identification number
46-0233701

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|--|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (such as maid, chauffeur, chef) |

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?

3 Indicate which, if any, of the following the 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"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment?
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
- c** 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.

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5–9.

5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization?
- b** Any related organization?
- If "Yes" on line 5a or 5b, describe in Part III.

6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization?
- b** Any related organization?
- If "Yes" on line 6a or 6b, describe in Part III.

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III

8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

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

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

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)–(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 JAY POWELL PRESIDENT	(i)	189,600	0	0	17,877	0	207,477	0
	(ii)	0	0	0	0	0	0	0
2	(i)							
	(ii)							
3	(i)							
	(ii)							
4	(i)							
	(ii)							
5	(i)							
	(ii)							
6	(i)							
	(ii)							
7	(i)							
	(ii)							
8	(i)							
	(ii)							
9	(i)							
	(ii)							
10	(i)							
	(ii)							
11	(i)							
	(ii)							
12	(i)							
	(ii)							
13	(i)							
	(ii)							
14	(i)							
	(ii)							
15	(i)							
	(ii)							
16	(i)							
	(ii)							

Part III Supplemental Information

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

Area with horizontal dotted lines for providing supplemental information.

SCHEDULE L
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Name of the organization

Transactions With Interested Persons

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

u Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2018

Open To Public Inspection

Employer identification number

46-0233701

SIOUX EMPIRE UNITED WAY, INC.

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

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

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

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

Part II Loans to and/or From Interested Persons.

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

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

Total u \$ _____

Part III Grants or Assistance Benefiting Interested Persons.

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

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

Part IV Business Transactions Involving Interested Persons.

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

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

Part V Supplemental Information

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

SCHEDULE L, PART V - ADDITIONAL INFORMATION

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

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

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

u Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2018

**Open to Public
Inspection**

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FORM 990, PART I, LINE 6

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

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

2018 MARKETING YEAR IN REVIEW

6 VOLUNTEERS SERVED ON THE MARKETING DIVISION.

**YEAR ROUND MARKETING INCLUDED 76 COMPANIES. EACH MONTH COMPANIES RECEIVE A
SHORT STORY ABOUT A PARTICULAR INDIVIDUAL TOUCHED BY UNITED WAY, NEEDS
FILLED IN THE COMMUNITY, OR IMPACT AREA. THE INFORMATION IS DISTRIBUTED
THROUGH THE COMPANIES BY EMAIL, BREAKROOM POSTINGS AND INTRANETS.**

**SIoux EMPIRE UNITED WAY ONCE AGAIN PARTNERED WITH LAWRENCE & SCHILLER TO
CREATE CAMPAIGN MATERIALS THAT ASKED THE COMMUNITY TO DONATE A DIFFERENCE.
THIS WAS THE FINAL YEAR OF THREE YEARS OF THE DONATE A DIFFERENCE MESSAGE.
THE WOMENUNITE EVENT WAS HELD ON AUGUST 15 AND ATTENDED BY NEARLY 1,000
INDIVIDUALS. RAISED OVER \$20,000.**

**KICKOFF WAS HELD ON SEPTEMBER 18 AT HARMONY SOUTH DAKOTA. ESTIMATE EVENT
ATTENDANCE AT 250 PEOPLE.**

**THE FEBRUARY 2019 THANK YOU EVENT WAS ATTENDED BY ABOUT 300 PEOPLE. THE
EVENT INCLUDED THE 2019 CAMPAIGN TOTAL ANNOUNCEMENT AND RECOGNIZED SEVERAL
INDIVIDUALS AND COMPANIES.**

**MORE THAN 160 SPEAKING ENGAGEMENTS WERE SCHEDULED THROUGH OUR SPEAKER'S
BUREAU.**

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EMERGING LEADERS HAS 76 MEMBERS. MEMBERS PARTICIPATED IN 17 DIFFERENT EVENTS IN 2018. THIS INCLUDED A NEW LUNCH & LEARN EVENT FOR MEMBERS TO LEARN IN-DEPTH ABOUT AN AGENCY THAT MAY NOT HAVE A GROUP VOLUNTEER OPPORTUNITY.

CAMPAIGN E-UPDATES WERE EMAILED EVERY TWO WEEKS FROM JULY THRU END OF CAMPAIGN WITH TIPS AND TOOLS FOR VOLUNTEERS, AND FEATURES ON COMPANY CAMPAIGNS. 650+ VOLUNTEERS RECEIVED THE CAMPAIGN UPDATES WITH AN AVERAGE OPEN RATE OF 40%.

INFORMATIONAL E-UPDATES WERE DISTRIBUTED YEAR ROUND TO MORE THAN 9,500 SUPPORTERS WITH AN AVERAGE OPEN RATE OF 25%. THESE UPDATES INCLUDED INFORMATION ABOUT FUNDED PROGRAMS, RESULTS, SUCCESS STORIES AND MORE.

WITHIN SOCIAL MEDIA:

INCREASED FACEBOOK FOLLOWERS FROM 2122 TO 2310.

INCREASED TWITTER FOLLOWERS FROM 1094 TO 1118.

INSTAGRAM FOLLOWERS FROM 502 TO 794.

SOCIAL MEDIA PROMOTIONS: SPENT \$3,800 ON FACEBOOK AND INSTAGRAM PROMOTIONS.

TOTAL IMPRESSIONS WERE 434,156.

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

CI DIVISION OVERVIEW

0100 VOLUNTEERS ON 12 IMPACT TEAMS DONATED OVER 1,500 HOURS.

OFUNDING PROCESSES:

OONGOING FUNDING PROCESS - THROUGH THE ANNUAL FUNDING PROCESS, VOLUNTEERS MADE DIFFICULT DECISIONS SHIFTING DOLLARS TO MEET AREAS OF NEED FOR THE 2019 FUNDING YEAR. APPROXIMATELY \$8 MILLION TO 86 PROGRAM AND 39 NON-PROFIT ORGANIZATIONS.

OCOMMUNITY IMPACT GRANTS

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"FUNDED 11 COMMUNITY IMPACT GRANTS (PROGRAMS IN EXISTENCE LESS THAN 3 YEARS) FOR A TOTAL OF \$197,150.

INITIATIVE WORK:

CHARMONY SOUTH DAKOTA

"BEGAN RECEIVING COMMUNITY IMPACT GRANT FUNDS IN 2015. IN 2017, IT WAS DECIDED THAT \$120,250 TO BE BUILT INTO THE 2019 CAMPAIGN AS THE INITIATIVE. FUNDS RAISED IN FALL OF 2018 WILL PROVIDE 80 YOUTH WITH THE OPPORTUNITY TO GAIN IMPORTANT LIFE SKILLS AND ALLOW THEM TO BECOME OUR PRODUCTIVE CITIZENS OF TOMORROW. THROUGH THIS PROGRAM, EACH CHILD IS GUARANTEED THE OPPORTUNITY TO SPEND 420 HOURS EACH YEAR IN AN ENCOURAGING, SAFE, AND STRUCTURED ENVIRONMENT THAT TEACHES SELF-DISCIPLINE, RESPECT, AND THE ABILITY TO WORK COOPERATIVELY WITH OTHERS THROUGH MUSIC.

PATH (CONTINUED EXPANSION OF OUR SCHOOL BASED MENTAL HEALTH INITIATIVE)

"MAY 2018 - APPROVED FUNDS FOR PATH TO PROVIDE SERVICES IN 40+ SCHOOLS.

"JUNE 2018 - APPROVED FUNDS FOR A RURAL EXPANSION. PROVIDES AN ADDITIONAL 5 DAYS EACH WEEK OF PATH SERVICES. PRIMARY FOCUS WAS ON THE FOLLOWING DISTRICTS: GARRETSON, LENNOX, BRANDON VALLEY, AND SIOUX FALLS CATHOLIC.

"AUGUST 2018 - APPROVED FUNDS TO ADD FIVE ADDITIONAL SCHOOLS/DAYS WITHIN THE SIOUX FALLS SCHOOL DISTRICT.

"NOVEMBER 2018 - APPROVED FUNDING TO MAINTAIN SERVICES FOR 2020. FUNDING WILL SUPPORT SERVICES IN 40+ SCHOOLS, IMPACTING THE LIVES OF APPROXIMATELY 600 STUDENTS.

STRATEGIC PLANNING:

STRATEGY # 1: REVIEW APPROACH TO FUNDING AGENCIES

STRATEGY #2: REVIEW OUR RELATIONSHIP WITH FUNDED AGENCIES.

"ITEMS CURRENTLY BEING DISCUSSED AS POSSIBLE CHANGES FOR FUTURE YEARS:

"RESTRUCTURING OF TEAMS

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"EVERY OTHER YEAR REVIEW PROCESS

"DEFICIT FUNDING APPROACH

"ONLINE APPLICATION PROCESS

"INITIATIVE/GRANT PRIORITIES AND PROCESS

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

CHILDREN:

AVERA MCKENNAN'S SUCCESS BY 6 PARENTING WITH SUCCESS PROGRAMMING INCLUDES RESOURCE BOOKLETS AND TEMPERAMENT PROGRAMMING. THE RESOURCE BOOKLETS ARE PROVIDED TO ALL MOTHERS AFTER BIRTH AND INCLUDE PARENTING INFORMATION AND LOCAL RESOURCES. LAST YEAR, 2,432 BOOKLETS WERE DISTRIBUTED. TEMPERAMENT PROGRAMMING UTILIZES A THOROUGH QUESTIONNAIRE PROVIDED TO PARENTS WHEN THEIR CHILD IS 15 MONTHS OF AGE. THE RESULTS HELP PARENTS UNDERSTAND THE TEMPERAMENT OF THEIR CHILD AND HOW TO PARENT BASED ON THAT. LAST YEAR, 292 FAMILIES COMPLETED QUESTIONNAIRES.

BIG BROTHERS BIG SISTERS OF THE SIOUX EMPIRE PROVIDES YOUTH WHO ARE AT-RISK FOR LOW ACHIEVEMENT SOCIALLY, EMOTIONALLY, AND ECONOMICALLY WITH A MENTOR WHO IS ABLE TO PROVIDE SUPPORT, GUIDANCE, AND FRIENDSHIP - THEREBY HELPING THE YOUTH TO BECOME CONFIDENT, COMPETENT, AND CARING INDIVIDUALS. LAST YEAR, 355 MENTOR MATCHES WERE MADE OR MAINTAINED THROUGH THE PROGRAMS.

RECENT RESEARCH SHOWS THAT MENTORING RELATIONSHIPS SUPPORT A YOUTH'S GROWTH AND DEVELOPMENT IN MULTIPLE AREAS SIMULTANEOUSLY. THIS INCLUDES BETTER DEVELOPMENT OF MORALS AND VALUES, IMPROVED DECISION MAKING, FEELING EMPOWERED TO SUCCEED, AND RECEIVING ENCOURAGEMENT TO ENTER OR FINISH COLLEGE.

BOYS & GIRLS CLUBS OF THE SIOUX EMPIRE'S EARLY CHILDHOOD EDUCATION PROGRAM

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PROVIDES QUALITY CHILDCARE AND EDUCATION PROGRAMS FOR YOUNG CHILDREN. LAST YEAR, 268 CHILDREN RECEIVED QUALITY CHILD CARE THAT INCLUDES EARLY CHILDHOOD EDUCATION CURRICULUM.

BOYS & GIRLS CLUBS OF THE SIOUX EMPIRE'S EASTSIDE CLUB SUPPORTS YOUTH AND FAMILIES BY GIVING STUDENTS A SAFE, SUPERVISED, ENGAGING PLACE TO SPEND TIME. THE PROGRAM FOCUSES ON FIVE CORE AREAS: THE ARTS, EDUCATION AND CAREER DEVELOPMENT, HEALTH AND LIFE SKILLS, CHARACTER AND LEADERSHIP SKILLS, AND SPORTS AND RECREATION. LAST YEAR, 396 STUDENTS PARTICIPATED IN THE PROGRAMMING. AN ANALYSIS OF 68 AFTERSCHOOL STUDIES CONCLUDED THAT HIGH-QUALITY AFTERSCHOOL PROGRAMS CAN LEAD TO IMPROVED ATTENDANCE, BEHAVIOR, AND COURSEWORK. STUDENTS PARTICIPATING IN A HIGH-QUALITY AFTERSCHOOL PROGRAM WENT TO SCHOOL MORE OFTEN, BEHAVED BETTER, RECEIVED BETTER GRADES, AND DID BETTER ON TESTS COMPARED TO NON-PARTICIPATING STUDENTS.

BOYS & GIRLS CLUBS OF THE SIOUX EMPIRE'S INFANT & TODDLER PROGRAM PROVIDES QUALITY CHILDCARE FOR INFANTS AND TODDLERS. LAST YEAR, 277 CHILDREN RECEIVED QUALITY CHILD CARE.

CHALLENGE DAY PROVIDES AREA MIDDLE AND HIGH SCHOOL STUDENTS WITH A ONE-DAY PROGRAM THAT FOCUSES ON EMPATHY SKILL BUILDING. LAST YEAR, CHALLENGE DAYS HAPPENED IN 14 DIFFERENT SCHOOLS ACROSS THE SIOUX EMPIRE. FULL DAY PROGRAMS WERE ATTENDED BY 701 STUDENTS AND 2,834 STUDENTS PARTICIPATED IN A SHORTER ASSEMBLY. STUDENTS COMPLETED SURVEYS AFTER THE EXPERIENCE AND AGREED WITH THE STATEMENT "AFTER PARTICIPATING IN CHALLENGE DAY I AM MORE AWARE OF THE EFFECTS OF TEASING," AN AVERAGE OF 4.09 ON A SCALE OF 1 TO 5. ONE SCHOOL DISTRICT'S COUNSELOR NOTED, "CHALLENGE DAY CONTINUES TO POSITIVELY IMPACT OUR SCHOOL BY ALLOWING STUDENTS TO CONNECT WITH EACH OTHER, AS WELL AS THE ADULTS IN THE ROOM, IN WAYS THEY HAVE NEVER DONE BEFORE. THIS OPENS UP

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COMMUNICATION AND A LEVEL OF UNDERSTANDING THAT DOESN'T EXIST PRIOR TO CHALLENGE DAY."

CHARACTER ON TRACK PROVIDES AN EDUCATIONAL FRAMEWORK FOR TEACHING TRUSTWORTHINESS, RESPECT, RESPONSIBILITY, FAIRNESS, CARING, AND CITIZENSHIP. LAST YEAR, 96 ASSEMBLIES WERE HELD.

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

CONNECTING KIDS CREATES THE OPPORTUNITY FOR CHILDREN IN GRADES K-8 TO TAKE PART IN AN ACTIVITY FOR A FREE OR REDUCED RATE. LAST YEAR, 658 USED THE CONNECTING KIDS CERTIFICATE. CHILDREN HAVE THE OPPORTUNITY TO PARTICIPATE IN A WIDE VARIETY OF SPORTS, CAMPS, CLASSES, AND FINE ART ACTIVITIES THROUGH 25 DIFFERENT PARTNER ORGANIZATIONS. A SURVEY OF PARENTS FOUND THAT 98% OF RESPONDENTS WOULD NOT HAVE BEEN ABLE TO PARTICIPATE IN ACTIVITIES WITHOUT CONNECTING KIDS.

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

DOLLY PARTON'S IMAGINATION LIBRARY PROGRAM PROVIDES FREE BOOKS TO CHILDREN IN THE MAIL UNTIL AGE 5. OVER 11,188 CHILDREN RECEIVE BOOKS EACH MONTH. ONE STUDY REPORTS CHILDREN READ TO ONE HOUR PER DAY ENTER SCHOOL WITH A VOCABULARY 3 TIMES LARGER THAN STUDENTS ONLY READ TO 30 HOURS DURING THEIR FIRST 5 YEARS.

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EMBE'S AQUATICS PROGRAM OFFERS SWIMMING LESSONS, SPECIALTY CLASSES, AND OPEN SWIM OPPORTUNITIES. LAST YEAR, 1,411 INDIVIDUALS TOOK PART IN SWIMMING LESSONS.

EMBE'S CHILDCARE PROGRAM SERVES CHILDREN AGES 4 WEEKS TO 5 YEARS. LAST YEAR, AN AVERAGE OF 323 CHILDREN ATTENDED THE CENTERS DAILY.

EMBE'S GIRLS ON THE RUN/HEART & SOLE IS A CHARACTER DEVELOPMENT AND EMPOWERMENT PROGRAM FOR GIRLS IN GRADES 3RD - 5TH AND 6TH - 8TH THAT USES NON-COMPETITIVE RUNNING AND TRAINING TO ACHIEVE THE GOAL OF PARTICIPATION IN A 5K RUN/WALK. LAST YEAR, 867 GIRLS PARTICIPATED IN GIRLS ON THE RUN OR HEART & SOLE AT 46 DIFFERENT SCHOOLS IN THE SIOUX EMPIRE.

EMBE'S LET ME RUN IS A SEVEN-WEEK AFTER SCHOOL PROGRAM WHOSE MISSION IS TO INSPIRE BOYS THROUGH THE POWER OF RUNNING, TO BE COURAGEOUS ENOUGH TO BE THEMSELVES, TO BUILD HEALTHY RELATIONSHIPS, AND TO LIVE AN ACTIVE LIFESTYLE. LAST YEAR, 86 BOYS PARTICIPATED AT 8 DIFFERENT SCHOOLS.

EMBE'S YOUTH RECREATION PROGRAMMING PROVIDES A VARIETY OF YOUTH ACTIVITIES FOR CHILDREN. ACTIVITIES INCLUDE: VOLLEYBALL, BABYSITTING CAMP, CAMP CEO, CAMP CHANGEMAKER, YOUTH TAEKWONDO, AND FIRST LEGO LEAGUE. LAST YEAR, 939 YOUTH PARTICIPATED IN VOLLEYBALL CLINICS/LEAGUES, 434 YOUTH PARTICIPATED IN FIRST LEGO LEAGUE, AND 427 IN THE OTHER YOUTH CAMPS AND CLASSES.

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

INTER-LAKES COMMUNITY ACTION PARTNERSHIP'S SIOUX FALLS CENTER PROVIDES HIGH QUALITY EARLY CHILDHOOD DEVELOPMENT SERVICES TO LOW-INCOME AND SPECIAL NEEDS CHILDREN. LAST YEAR, 98 CHILDREN WERE ENROLLED IN THE PROGRAM WHILE

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THEIR PARENTS EITHER WORKED OR ATTENDED SCHOOL.

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

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

LUTHERAN SOCIAL SERVICES' EVERY DAY HEROES MENTOR PROGRAM PROVIDES ELEMENTARY AND MIDDLE SCHOOL STUDENTS WITH POSITIVE ADULT ROLE MODELS AT THEIR SCHOOLS. LAST YEAR, 1,414 VOLUNTEER MENTORS PROVIDED 43,834 HOURS OF SERVICE AT 11 PUBLIC SCHOOL DISTRICTS IN MINNEHAHA AND LINCOLN COUNTIES. NATIONAL RESEARCH SHOWS THAT STRONG RELATIONSHIPS BETWEEN MENTORS AND STUDENTS PROMOTE LONG-TERM POSITIVE OUTCOMES THAT INCLUDE ACHIEVEMENT, A STRONGER SENSE OF SELF-WORTH, IMPROVED RELATIONSHIPS WITH PARENTS, AND DECREASED DRUG AND ALCOHOL USE.

LUTHERAN SOCIAL SERVICES' 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

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SCHOOL GRADUATION. LAST YEAR, 183 MENTORS AND STUDENTS WERE MATCHED. OF THOSE, 97% OF THE STUDENTS PROGRESSED TO THE NEXT GRADE LEVEL. ONE STUDY FOUND THAT AT-RISK YOUNG PEOPLE WHO HAD MENTORS WERE MORE LIKELY TO SET GOALS FOR HIGHER EDUCATION AND WERE MORE LIKELY TO ATTEND COLLEGE THAN NON-MENTORED PEERS.

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

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

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

SIOUX COUNCIL BOY SCOUTS' JUVENILE DIVERSION PROGRAMS ARE ALTERNATIVES TO FORMAL COURT PROCEEDINGS. LAST YEAR, 570 TEENS PARTICIPATED IN TEEN COURT AND 165 TEENS PARTICIPATED IN COMMUNITY ACCOUNTABILITY BOARDS. COMBINED, THE TEENS COMPLETED 20,602 HOURS OF COMMUNITY SERVICE.

SIOUX COUNCIL BOY SCOUTS' SCOUTING PROGRAM BENEFITS YOUNG PEOPLE BY

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EMPHASIZING FAMILY, COMMUNITY, AND CHARACTER EDUCATION. LAST YEAR 3,937 REGISTERED SCOUTS (AGES 1 THROUGH 20) PARTICIPATED IN 472,440 HOURS OF PROGRAMMING AND CONTRIBUTED 47,401 HOURS IN COMMUNITY SERVICE. ADULTS WHO WERE SCOUTS FOR FIVE YEARS ARE MORE LIKELY THAN THOSE WHO HAVE NEVER BEEN SCOUTS TO GRADUATE HIGH SCHOOL, EARN COLLEGE DEGREES, AND OWN THEIR OWN HOMES.

SIOUX COUNCIL BOY SCOUTS' SCOUTREACH WORKS TO ENSURE THAT ALL LOW-INCOME, CULTURALLY DIVERSE, AND HARD-TO-SERVE YOUTH HAVE THE OPPORTUNITY TO EXPERIENCE SCOUTING. THE PROGRAM PROVIDES SCOUT LEADERS AND FACILITATORS FOR YOUTH IN TRADITIONAL CUB SCOUT PACKS. LAST YEAR, 821 YOUTH PARTICIPATED IN SCOUTING OPPORTUNITIES.

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

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

PRESCHOOL OPPORTUNITY PROGRAM, ADMINISTERED THROUGH SIOUX FALLS SCHOOL DISTRICT, PROVIDES A HIGH QUALITY PRE-KINDERGARTEN EXPERIENCE FOR 68 CHILDREN WHOSE FAMILIES HAVE SOCIO-ECONOMIC CHALLENGES LAST YEAR.

LONGITUDINAL RESEARCH FROM THE HIGH/SCOPE RESEARCH STUDIES SHOW THAT QUALITY EARLY CHILDHOOD EDUCATION HAS LONG-TERM BENEFITS FOR CHILDREN THAT

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INCLUDE: FEWER FAILING GRADES, HIGHER GRADUATION RATES, DECREASED INVOLVEMENT IN SOCIAL SERVICES AS ADULTS, AND HIGHER MONTHLY EARNINGS AS ADULTS.

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

UNITED DAY CARE PROVIDES QUALITY CARE FOR CHILDREN AGES 2-10. LAST YEAR, 131 CHILDREN WERE PROVIDED CARE.

THE USD SCOTTISH RITE CHILDREN'S CLINIC FOR SPEECH & LANGUAGE DISORDERS PROVIDES A FULL ARRAY OF CLINICAL SERVICES RELATED TO SPEECH, LANGUAGE AND LITERACY. LAST YEAR, 1,436 CHILDREN UTILIZED SERVICES THROUGH THE PROGRAM. VOLUNTEERS OF AMERICA, DAKOTA'S AXIS 180 PROVIDES HOUSING, CASE MANAGEMENT, LIFE SKILLS, EMPLOYMENT EDUCATION ASSISTANCE, AND AFTERCARE SERVICES FOR YOUTH AGES 16-21 TO HELP THEM TRANSITION FROM HOMELESSNESS TO INDEPENDENCE. LAST YEAR, 33 YOUTH WERE SERVED BY THE PROGRAM. OF THOSE SERVED, 75% WORKED TOWARDS THEIR HIGH SCHOOL DIPLOMA OR GED.

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

VOLUNTEERS OF AMERICA, DAKOTAS' SPRING AVE. CHILDCARE LOCATION PROVIDED 200 CHILDREN WITH QUALITY CARE LAST YEAR.

VOLUNTEERS OF AMERICA, DAKOTAS' 51ST ST. CHILDCARE LOCATION FOCUSES ON

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PROVIDING CARE FOR CHILDREN OF NEW START PARTICIPANTS, A CHEMICAL ABUSE TREATMENT PROGRAM FOR MOTHERS. LAST YEAR, 135 CHILDREN WERE SERVED.

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

VOLUNTEERS OF AMERICA, DAKOTAS' YOUTH CENTER IS A DROP-IN CENTER THAT OFFERS EDUCATIONAL, ARTISTIC, MUSICAL, CULTURAL, AND CREATIVE OPPORTUNITIES FOR YOUTH AGES 7 TO 20 YEARS. THE CENTER SERVED ABOUT 285 YOUTH LAST YEAR.

PEOPLE IN CRISIS:

AVERA MCKENNAN HOSPITAL & UNIVERSITY HEALTH CENTER'S AVERA FAMILY WELLNESS PROGRAM FOCUSES ON EARLY INTERVENTION WITH CHILDREN IN PRE-KINDERGARTEN THROUGH FIFTH GRADE. STUDENTS AND THEIR FAMILIES ARE CONNECTED WITH A FAMILY HEALTH COORDINATOR TO BUILD FAMILY CONNECTION AND STABILITY WHILE IDENTIFYING AND TREATING THE FAMILY'S MENTAL HEALTH NEEDS. LAST YEAR, 299 CHILDREN AND THEIR FAMILIES TOOK PART IN THE PROGRAM, ATTENDING OVER 1,500 THERAPY SESSIONS, RESULTING IN FEWER MISSED DAYS OF SCHOOL, FEWER BEHAVIORAL EVENTS AND LESS TARDINESS.

BETHANY CHRISTIAN SERVICES' SAFE FAMILIES FOR CHILDREN HELPS FAMILIES AND CHILDREN IN CRISIS BY PROVIDING A NETWORK OF VOLUNTEER HOST FAMILIES WHO HELP PARENTS WHO NEED TEMPORARY CARE FOR THEIR CHILDREN AS THEY FACE UNMANAGEABLE OR CRITICAL CIRCUMSTANCES. LAST YEAR, 71 CHILDREN WERE PROVIDED SAFE CARE THROUGH THE PROGRAM. AT THE END OF THE CRISIS THAT PRECIPITATED THE HOSTING ARRANGEMENT, 93% RETURN TO THEIR FAMILIES.

BRIGHT START NURSE HOME VISITATION PROGRAM SERVES LOW-INCOME, AT-RISK,

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FIRST-TIME MOMS DURING PREGNANCY, AFTER DELIVERY, AND THROUGH THE CHILD'S THIRD BIRTHDAY. THE PROGRAM PROVIDES PRENATAL, MATERNAL, INFANT/CHILD HEALTH ASSESSMENTS AND EDUCATION, PARENTING EDUCATION, MENTAL HEALTH SERVICES, AND ASSISTANCE WITH EDUCATION AND TRANSPORTATION. LAST YEAR, 190 FAMILIES WERE PROVIDED WITH 2,242 NURSE HOME VISITS AND THERAPY SESSIONS. OF THESE MOTHERS, 100% ABSTAINED FROM SUBSTANCE USE, 100% RECEIVED PRENATAL CARE, CHILDREN HAD A 100% IMMUNIZATION RATE BY AGE 2, AND 14% OF THE MOTHERS ENROLLED IN FURTHER EDUCATION. RESEARCH HAS SHOWN PROGRAMS THAT UTILIZE THE NURSE FAMILY PARTNERSHIP MODEL SHOW IMPROVED PRENATAL HEALTH, IMPROVED SCHOOL READINESS, REDUCTION IN ARRESTS FOR THE MOTHER, AND REDUCTION IN CHILD ABUSE AND NEGLECT.

THE CRISIS INTERVENTION PROGRAM OF CHILDREN'S INN SERVES THE COMMUNITY WITH A CRISIS HOTLINE, IN PERSON CRISIS COUNSELING, CRISIS DAY CARE, OUTREACH TO EMERGENCY ROOMS, ARREST INTERVENTIONS, AND MORE. LAST YEAR, 2,548 INDIVIDUALS WERE SERVED THROUGH 15,207 DIFFERENT POINTS OF CONTACT. RESEARCH SHOWS THAT CRISIS INTERVENTION DECREASES DISTRESS AND IMPROVES PROBLEM SOLVING.

THE CRISIS SHELTER OF CHILDREN'S INN PROVIDES WOMEN AND CHILDREN FLEEING ABUSE WITH IMMEDIATE SAFE SHELTER WHEN THEY ARE READY OR ABLE TO LEAVE AN ABUSIVE SITUATION. LAST YEAR, 976 INDIVIDUALS SOUGHT SHELTER FOR A TOTAL OF 14,167 SHELTER DAYS. OF THOSE WOMEN STAYING IN THE SHELTER, 89% INDICATED THEY DEVELOPED OPTIONS FOR CONTINUED SAFETY FOR WHEN THEY DEPART FROM SHELTER. SEEKING HELP AT THE TIME OF A CRISIS AND LEAVING AN ABUSIVE RELATIONSHIP WILL LEAD TO A MORE POSITIVE LIFE FOR THE VICTIM DUE TO THE FACT THAT THE EFFECTS OF STAYING IN AN ABUSIVE RELATIONSHIP INCLUDE: PHYSICAL HEALTH PROBLEMS, DEPRESSION, POST-TRAUMATIC STRESS DISORDER, AND NEGATIVE ECONOMIC EFFECTS.

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COMMUNITY OUTREACH'S CRISIS CARE PROGRAM PROVIDES INFORMATION AND REFERRALS TO LOCAL AGENCIES AND EMERGENCY FINANCIAL ASSISTANCE FOR BASIC NEEDS ITEMS INCLUDING SHELTER, UTILITIES, AND EMPLOYMENT RELATED TRANSPORTATION. LAST YEAR, 1,644 INDIVIDUALS AND FAMILIES RECEIVED FINANCIAL ASSISTANCE AND 5,416 INDIVIDUALS AND FAMILIES RECEIVED INFORMATION AND REFERRALS.

COMMUNITY OUTREACH'S GENESIS MENTORING PROGRAM PAIRS VOLUNTEER MENTORS WITH HOMELESS OR NEAR HOMELESS FAMILIES AND INDIVIDUALS TO HELP STABILIZE THEM AND EDUCATE ON FINANCIAL LITERACY. LAST YEAR, 47 HOUSEHOLDS WERE SERVED THROUGH GENESIS. OF THOSE SERVED, 92% ACHIEVED OR MAINTAINED PERMANENT HOUSING ONE YEAR AFTER ENTERING THE GENESIS PROGRAM.

THE COMPASS CENTER'S EDUCATION & PREVENTION PROGRAM STRIVES TO DECREASE THE INCIDENCE AND PREVALENCE OF SEXUAL ASSAULT AND DOMESTIC VIOLENCE IN OUR REGION. LAST YEAR, 49 TRAININGS AND SESSIONS WERE HELD, EDUCATING 2,125 PEOPLE. THE GOAL OF PREVENTION EDUCATION SESSIONS IS TO PREVENT FIRST-TIME PERPETRATION OF VICTIMIZATION BY IMPROVING KNOWLEDGE AND ATTITUDES THAT CORRESPOND TO THE ORIGINS OF SEXUAL ASSAULT, THE IMPACT OF GENDER ROLES, HEALTHY RELATIONSHIPS, CONSENT, CONFLICTED RESOLUTION, RESPECTING PERSONAL BOUNDARIES, AND SKILL BUILDING FOR THESE TOPICS.

THE COMPASS CENTER'S FAMILY VIOLENCE PROJECT PROVIDES TREATMENT FOR ADULTS WHO HAVE USED VIOLENCE AGAINST AN INTIMATE PARTNER OR FAMILY MEMBER. LAST YEAR, 280 INDIVIDUALS PARTICIPATED IN THE PROGRAM. RESEARCH OF SIMILAR PROGRAMS SHOW LOWER RATES OF ABUSE AT LATER PROGRAM PHASES, WITH SIGNIFICANT REDUCTIONS IN PHYSICAL AND PSYCHOLOGICAL ABUSE IN THE FIRST THREE MONTHS OF THE PROGRAM.

THE COMPASS CENTER'S SURVIVOR EMPOWERMENT SERVICES ADDRESSES THE PSYCHOLOGICAL, EMOTIONAL, AND PHYSICAL EFFECTS OF RAPE, SEXUAL ASSAULT, AND DOMESTIC VIOLENCE BY PROVIDING SERVICES TO ANY PRIMARY OR SECONDARY VICTIM

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OF SEXUAL ASSAULT, DOMESTIC VIOLENCE, AND/OR STALKING. LAST YEAR, 634 INDIVIDUALS WERE HELPED AND 2,481 THERAPY, COUNSELING, OR CHILD THERAPY SESSIONS WERE PROVIDED. THE PROGRAM ALSO PROVIDED 127 ER VISITS TO ASSIST SEXUAL ASSAULT VICTIMS.

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

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

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

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

FURNITURE MISSION RECEIVES DONATIONS OF GENTLY USED FURNITURE AND THEN DISTRIBUTES THROUGH SOCIAL SERVICE AGENCY REFERRALS. LAST YEAR, 1,602 REFERRALS WERE SERVED. BY ENSURING CHILDREN HAVE A BED TO SLEEP IN, THEY ARE MORE LIKELY TO SUCCEED IN SCHOOL AND HAVE LESS BEHAVIORAL ISSUES.

HELPLINE CENTER'S 211 COMMUNITY RESOURCES PROVIDES CALLERS WITH INFORMATION ABOUT AND REFERRALS TO HUMAN SERVICES FOR EVERY DAY NEEDS AND IN TIME OF

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CRISIS. LAST YEAR 25,431 CALLS WERE ANSWERED AND AN ADDITIONAL 17,660 INQUIRIES WERE MADE ONLINE. OF THOSE CALLERS, 76% INCREASED THEIR KNOWLEDGE OF SERVICES AVAILABLE. HELPLINE'S 211 IS A VALUABLE COMMUNITY-BUILDING TOOL THAT STRENGTHENS SOCIAL BONDS, IMPROVES LIVES, AND MAKES COMMUNITY STRONGER AND SAFER.

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

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

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

INTERLAKES COMMUNITY ACTION PARTNERSHIP'S HEARTLAND HOUSE PROVIDES TRANSITIONAL HOUSING FOR HOMELESS FAMILIES AND THEIR CHILDREN, SERVING 116 FAMILIES LAST YEAR. OF THOSE SERVED, 31% GAINED FINANCIAL SELF-SUFFICIENCY

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AND 80% OF ENTERED PERMANENT STABLE HOUSING AFTER COMPLETING PROGRAM.

LUTHERAN SOCIAL SERVICES' CENTER FOR FINANCIAL RESOURCES HELPS CONSUMERS

FIND SOLUTIONS TO THEIR FINANCIAL CONCERNS THROUGH FINANCIAL COUNSELING

SERVICES AND DEBT MANAGEMENT PROGRAMS. LAST YEAR, THE PROGRAM PROVIDED

1,517 COUNSELING SESSIONS AND 468 ACTIVE DEBT MANAGEMENT PLANS. OF THOSE

CLIENTS, 148 SUCCESSFULLY COMPLETED A DEBT MANAGEMENT PLAN AND \$1,848,788

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

LUTHERAN SOCIAL SERVICES' COUNSELING SERVICES SERVES CHILDREN, ADULTS,

FAMILIES, AND COUPLES WHO ARE STRUGGLING WITH A WIDE ARRAY OF MENTAL HEALTH

CONCERNS. LAST YEAR 1,058 PEOPLE WERE PROVIDED 6,429 HOURS OF COUNSELING.

OF THOSE SERVED, 78% OF PARTICIPANTS DEMONSTRATED SOME LEVEL OF ACHIEVEMENT

TOWARDS THEIR GOALS.

LUTHERAN SOCIAL SERVICES' PATH PROGRAM PARTNERS WITH AREA SCHOOL DISTRICTS

TO MEET THE MENTAL HEALTH NEEDS OF K-12 STUDENTS IN THEIR SCHOOLS. PATH

ELIMINATES BARRIERS SO THAT CHILDREN AND TEENS CAN GET PROFESSIONAL

INDIVIDUAL MENTAL HEALTH COUNSELING AT SCHOOL DURING THE SCHOOL DAY. ON

AVERAGE, 558 COUNSELING SESSIONS ARE PROVIDED EACH MONTH AT MORE THAN 40

SCHOOLS IN BRANDON VALLEY, CANTON, DELL RAPIDS, HARRISBURG, SIOUX FALLS,

TEA AREA SCHOOL DISTRICTS, AND SIOUX FALLS CATHOLIC SCHOOLS.

LUTHERAN SOCIAL SERVICES' RE-ENTRY SERVICES ASSISTS INDIVIDUALS WHO HAVE

RECENTLY BEEN RELEASED FROM JAIL OR PRISON SUCCESSFULLY RE-INTEGRATE INTO

THEIR FAMILIES AND COMMUNITIES. LAST YEAR, 66 PEOPLE COMPLETED THE WORK

TRAINING CLASSES AND 528 HOURS OF CASE MANAGEMENT WERE PROVIDED.

REACH ADULT LITERACY/TUTORING PROVIDES 2,700 HOURS OF TUTORING TO 170

ADULTS IN ORDER TO IMPROVE THEIR READING, WRITING AND LIVING SKILLS. OF

THOSE WHO PARTICIPATE, 90% ACHIEVED NEW COMPETENCIES IN BASIC

COMMUNICATION, EMPLOYMENT, GOVERNMENT AND LAW, LEARNING AND THINKING

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SKILLS, OR INDEPENDENT LIVING.

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

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

SIOUX FALLS AREA CASA RECRUITS VOLUNTEERS TO ADVOCATE FOR ABUSED AND NEGLECTED CHILDREN. LAST YEAR, VOLUNTEERS PROVIDED 5,054 HOURS OF ADVOCACY AND 47% OF LOCAL CHILD ABUSE OR NEGLECT CASES WERE APPOINTED A CASA VOLUNTEER. CASA VOLUNTEERS SPEND SIGNIFICANTLY MORE TIME WITH A CHILD THAN A PAID GUARDIAN OR AD LITEM/ATTORNEY. A CHILD WITH AN ADVOCATE IS MORE LIKELY TO FIND A SAFER, PERMANENT HOME. OF THE CHILDREN ASSIGNED A VOLUNTEER BY SIOUX FALLS AREA CASA, 98% OF DO NOT RE-ENTER THE COURT SYSTEM BECAUSE OF SUBSEQUENT ABUSE.

SIOUX FALLS HOUSING & REDEVELOPMENT COMMISSION'S FAMILY SELF-SUFFICIENCY PROGRAM ASSISTS LOW-INCOME INDIVIDUALS AND ADULT FAMILY MEMBERS WHO ARE RECEIVING HOUSING ASSISTANCE WITH ELIMINATING BARRIERS TO ATTAINING EDUCATION AND EMPLOYMENT SKILLS. LAST YEAR, 133 PARTICIPANTS RECEIVED ONE-ON-ONE ASSISTANCE AND HAD THE OPPORTUNITY TO ATTEND DIFFERENT WORKSHOPS. THE PROGRAM WAS COMPLETED BY 8 PARTICIPANTS LAST YEAR. OF THOSE GRADUATES,

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5 BECAME TOTALLY OR PARTIALLY SELF-SUFFICIENT (NO LONGER NEEDING HOUSING ASSISTANCE) AND 1 BECAME A HOME OWNER.

SOUTHEASTERN BEHAVIORAL HEALTHCARE'S CHILDREN'S PSYCHIATRY PROGRAM PROVIDED PSYCHIATRIC SERVICES TO 1,427 LOW-INCOME INDIVIDUALS LAST YEAR.

ST. FRANCIS HOUSE PROVIDES TRANSITIONAL HOUSING AND CASE MANAGEMENT, SERVING 16 FAMILIES, 31 CHILDREN, AND 425 SINGLE INDIVIDUALS LAST YEAR.

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

VOLUNTEERS OF AMERICA, DAKOTAS' LOOK UP AND HOPE PROGRAM USES A COMPREHENSIVE WRAPAROUND APPROACH TO IMPROVE THE LIVES OF FAMILIES IMPACTED BY MATERNAL INCARCERATION. THE PROGRAM INCLUDES HOME VISITS WITH MOTHERS TO ADDRESS PARENTING CONCERNS, HEALTH RELATIONSHIP EDUCATION, CONNECTIONS BETWEEN FAMILIES AND COMMUNITY RESOURCES THAT PROMOTE SELF-SUFFICIENCY, AND MORE. LAST YEAR, 177 MOTHERS, CHILDREN, AND CAREGIVERS WERE SERVED THROUGH THE PROGRAM.

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

VULNERABLE ADULTS:

ACTIVE GENERATIONS' BRIDGES EMPLOYMENT RESOURCE CENTER PROVIDES SERVICES TO JOB SEEKERS 40 YEARS OF AGE AND OLDER TO ASSIST THEM IN THEIR JOB SEARCH.

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LAST YEAR, 179 CLIENTS RECEIVED ASSISTANCE IN RESUME PREPARATION SERVICES, COMPUTER TRAINING, AND INTERVIEW SKILLS. OF THOSE INDIVIDUALS, 74 SECURED EMPLOYMENT.

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

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

ACTIVE GENERATIONS' SENIOR NUTRITION PROGRAM PROVIDES PEOPLE AGES 60 AND OVER A HOT AND NUTRITIOUS NOON MEAL IN A CONGREGATE OR HOME DELIVERED SETTING FOR A DONATION. LAST YEAR, 219,947 MEALS WERE SERVED TO 3,619 PEOPLE. OF THE MEAL RECIPIENTS, 97% SAY THAT MEALS ON WHEELS ALLOWS THEM TO HAVE FOOD ON A REGULAR BASIS. MALNUTRITION CAN INCREASE HEALTHCARE COSTS BY 300%.

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

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MEMBERS

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

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

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

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

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

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

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

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

EACH YEAR THE UNITED WAY OF AMERICA STUDY OF THE MEDIANS IS USED TO PREPARE 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.

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**EXECUTIVE COMMITTEE BASED ON ORGANIZATIONAL PERFORMANCE, PERSONAL
PERFORMANCE AND ECONOMIC CONDITIONS MAKING SURE TO STAY WITHIN THE
GUIDELINES APPROVED BY THE HUMAN RESOURCES DIVISION AND THE BOARD OF
DIRECTORS.**

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

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