

Return of Organization Exempt From Income Tax

Form 990

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

2024

Department of the Treasury Internal Revenue Service

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.

Open to Public Inspection

A For the 2024 calendar year, or tax year beginning and ending
B Check if applicable:
C Name of organization: SIOUX EMPIRE UNITED WAY, INC.
D Employer identification number: 46-0233701
E Telephone number: 605-336-2095
G Gross receipts \$: 9,016,807.
H(a) Is this a group return for subordinates?
H(b) Are all subordinates included?
I Tax-exempt status:
J Website: WWW.SIOUXEMPIREUNITEDWAY.ORG
K Form of organization:
L Year of formation: 1929
M State of legal domicile: SD

Part I Summary

Table with 3 columns: Description, Prior Year, Current Year. Rows include: 1 Briefly describe the organization's mission... TO LEAD, SUSTAIN, AND NURTURE A UNIFIED, EFFECTIVE RESPONSE TO COMMUNITY NEEDS. 2-7 Activities & Governance. 8-12 Revenue. 13-19 Expenses. 20-22 Net Assets or Fund Balances.

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.

Sign Here: Signature of officer LISA ROMKEMA, CEO, Date. Paid Preparer: Preparer's name TRENT R. PRINS, Preparer's signature TRENT R. PRINS, Date 11/13/25, PTIN P00851377. Preparer Use Only: Firm's name BRADY, MARTZ & ASSOCIATES, P.C., Firm's EIN 45-0310328, Firm's address 7001 S LYNCREST PLACE, SIOUX FALLS, SD 57108, Phone no. 605-361-1200.

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: TO LEAD, SUSTAIN, AND NURTURE A UNIFIED, EFFECTIVE RESPONSE TO COMMUNITY NEEDS.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [ ] Yes [X] No

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

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

4a (Code: ) (Expenses \$ 136,969. including grants of \$ ) (Revenue \$ ) 5 VOLUNTEERS SERVED ON THE MARKETING DIVISION THROUGHOUT THE YEAR.

COMMUNICATIONS BUILT ON TWO MAIN MESSAGES. WE HELP CHILDREN, VULNERABLE ADULTS, AND PEOPLE IN CRISIS. FUNDED BY UNITED WAY. THANKS TO YOU. (2024 CAMPAIGN THEME)

EVENTS

KICKOFF WEEK: CELEBRATED THE WEEK WITH 6 DAYS OF COMMUNITY ENGAGEMENT WHICH INCLUDED:

- O TUESDAY: FREE COFFEE AT SCOOTERS (FREE COFFEE FOR COMMUNITY MEMBERS)
O WEDNESDAY: DONUT DAY FOR AGENCIES (VOLUNTEERS AND BOD MEMBERS DELIVERED FLYBOY DONUTS TO PARTNER AGENCIES)

4b (Code: ) (Expenses \$ 137,779. including grants of \$ ) (Revenue \$ ) THE COMMUNITY IMPACT DIVISION HAD APPROXIMATELY 60 VOLUNTEERS SERVING WITHIN SIX DIFFERENT COMMITTEES. THESE SIX COMMITTEES INCLUDED: AT-RISK INDIVIDUALS & FAMILIES, AT-RISK YOUTH/YOUTH OUTREACH, CHILDREN & YOUTH EDUCATION, DISABILITIES/SENIORS, MENTAL HEALTH/INDIVIDUALS & FAMILIES IN CRISIS, AND OUT OF SCHOOL TIME.

ONGOING FUNDING PROCESS:

HELD IN-PERSON REVIEW MEETINGS WITH ALL PROGRAMS THAT COMPLETED THE FULL APPLICATION. VOLUNTEERS REVIEWED THE APPLICATION, MET WITH REPRESENTATIVES FROM THE PROGRAM, SOUGHT ADDITIONAL FOLLOW-UP INFORMATION (AS NEEDED), AND MADE FUNDING RECOMMENDATIONS.

AFTER REVIEWING THE NEEDS OF THE COMMUNITY, THE VOLUNTEERS RECOMMENDED

4c (Code: ) (Expenses \$ 7,365,255. including grants of \$ 6,990,552. ) (Revenue \$ ) HELPING CHILDREN

QUALITY CHILDCARE & EARLY CHILDHOOD EDUCATION

10,595 CHILDREN AGED 0-5 RECEIVED 140,611 BOOKS THROUGH DOLLY PARTON'S IMAGINATION LIBRARY PROGRAM. 1,777 CHILDREN ATTENDED QUALITY CHILDCARE AND EARLY EDUCATION PROGRAMS.

SUPPORT FOR PARENTS

5,946 INDIVIDUALS RECEIVED INFORMATION AND RESOURCES TO SUPPORT THEIR PARENTING JOURNEY AND ENRICH THE LIVES OF THEIR CHILDREN.

OUT OF SCHOOL TIME CARE AND OPPORTUNITIES

3,054 YOUTH WERE PROVIDED WITH ACCESS TO SERVICES TO FILL OUT OF SCHOOL TIME WITH SAFE AND EDUCATIONAL PROGRAMMING.

YOUTH OUTREACH & DEVELOPMENT OPPORTUNITIES

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

4e Total program service expenses 7,640,003.

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Yes, No. Rows include questions 1 through 21 regarding organizational requirements and schedules A through I.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 22 through 38 regarding grants, compensation, tax-exempt bonds, excess benefits, and contributions.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

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

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

Table with columns for question number, question text, and Yes/No response columns. Includes questions 2a through 17 regarding employee counts, tax returns, unrelated business income, foreign accounts, prohibited transactions, and charitable contributions.

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

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a (31), 1b (30), 2 (X), 3 (X), 4 (X), 5 (X), 6 (X), 7a (X), 7b (X), 8a (X), 8b (X), 9 (X).

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 (X), 10b, 11a (X), 11b, 12a (X), 12b (X), 12c (X), 13 (X), 14 (X), 15a (X), 15b (X), 16a (X), 16b.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed NONE
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records
CARMEN KOCK - 605-336-2095
1000 N WEST AVENUE #120, SIOUX FALLS, SD 57104-1314

**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 the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
  - List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
  - List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.
- See the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below 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/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(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) CHRISTINA RISS CHIEF OPERATIONS OFF	40.00					X	114,572.	0.	12,976.	
(2) PAM HANNEMAN INTERIM CEO (JAN-AUG)	40.00	X		X			78,161.	0.	0.	
(3) LISA ROMKEMA CEO (STARTED IN JULY)	40.00	X		X			70,158.	0.	9,356.	
(4) ALAN H TURNER II PRESIDENT/CEO THROUGH JAN	40.00			X			69,843.	0.	1,791.	
(5) RANDY KNECHT PAST CHAIR	1.00	X					0.	0.	0.	
(6) KATE KOTZEA CHAIR	1.00	X		X			0.	0.	0.	
(7) TOLCHA MESELE FIRST VICE-CHAIR (THROUGH AUG)	1.00	X		X			0.	0.	0.	
(8) JOEL SYLVESTER SECOND VICE-CHAIR	1.00	X		X			0.	0.	0.	
(9) ANGIE HILLESTAD TREASURER	1.00	X		X			0.	0.	0.	
(10) TIM BLOTSKE MEMBER	1.00	X					0.	0.	0.	
(11) ADRIENNE MCKEOWN COMM. IMP CHAIR	1.00	X					0.	0.	0.	
(12) BRENDA KIBBE MEMBER	1.00	X					0.	0.	0.	
(13) MILES BEACOM MEMBER	1.00	X					0.	0.	0.	
(14) JAMIE HEGGE MARKETING CHAIR	1.00	X					0.	0.	0.	
(15) WAYNE BAUMBERGER MEMBER	1.00	X					0.	0.	0.	
(16) LUKE CARR MEMBER	1.00	X					0.	0.	0.	
(17) COREY HEATON MEMBER	1.00	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 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/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(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			
(18) KELLY HEFTI MEMBER	1.00	X						0.	0.	0.
(19) KIRA KIMBALL MEMBER	1.00	X						0.	0.	0.
(20) ANGELA LAMMERS MEMBER	1.00	X						0.	0.	0.
(21) SANDY DIELEMAN MEMBER	1.00	X						0.	0.	0.
(22) DR JANE STAVEM MEMBER	1.00	X						0.	0.	0.
(23) SARAH HOGG MEMBER	1.00	X						0.	0.	0.
(24) JULIE WAAGE MEMBER	1.00	X						0.	0.	0.
(25) JEREMY BILL MEMBER	1.00	X						0.	0.	0.
(26) MATT HOCKS MEMBER	1.00	X						0.	0.	0.
<b>1b Subtotal</b> .....								332,734.	0.	24,123.
<b>c Total from continuation sheets to Part VII, Section A</b> .....								0.	0.	0.
<b>d Total (add lines 1b and 1c)</b> .....								332,734.	0.	24,123.

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

	Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> .....		X
<b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i> .....		X
<b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i> .....		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
NONE		

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

SEE PART VII, SECTION A CONTINUATION SHEETS



**Part VIII Statement of Revenue**

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	<b>1 a</b>	Federated campaigns .....	<b>1a</b>				
	<b>b</b>	Membership dues .....	<b>1b</b>				
	<b>c</b>	Fundraising events .....	<b>1c</b>				
	<b>d</b>	Related organizations .....	<b>1d</b>				
	<b>e</b>	Government grants (contributions) .....	<b>1e</b>				
	<b>f</b>	All other contributions, gifts, grants, and similar amounts not included above ...	<b>1f</b>	8,702,709.			
	<b>g</b>	Noncash contributions included in lines 1a-1f	<b>1g</b>	\$			
	<b>h</b>	<b>Total.</b> Add lines 1a-1f .....		8,702,709.			
Program Service Revenue	<b>2 a</b>	_____	<b>Business Code</b>				
	<b>b</b>	_____					
	<b>c</b>	_____					
	<b>d</b>	_____					
	<b>e</b>	_____					
	<b>f</b>	All other program service revenue .....					
	<b>g</b>	<b>Total.</b> Add lines 2a-2f .....					
Other Revenue	<b>3</b>	Investment income (including dividends, interest, and other similar amounts) .....		314,098.		314,098.	
	<b>4</b>	Income from investment of tax-exempt bond proceeds .....					
	<b>5</b>	Royalties .....					
	<b>6 a</b>	Gross rents .....	<b>6a</b>	(i) Real			
				(ii) Personal			
	<b>b</b>	Less: rental expenses ...	<b>6b</b>				
	<b>c</b>	Rental income or (loss)	<b>6c</b>				
	<b>d</b>	Net rental income or (loss) .....					
	<b>7 a</b>	Gross amount from sales of assets other than inventory .....	<b>7a</b>	(i) Securities			
				(ii) Other			
	<b>b</b>	Less: cost or other basis and sales expenses .....	<b>7b</b>				
	<b>c</b>	Gain or (loss) .....	<b>7c</b>				
	<b>d</b>	Net gain or (loss) .....					
<b>8 a</b>	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 .....	<b>8a</b>					
<b>b</b>	Less: direct expenses .....	<b>8b</b>					
<b>c</b>	Net income or (loss) from fundraising events .....						
<b>9 a</b>	Gross income from gaming activities. See Part IV, line 19 .....	<b>9a</b>					
<b>b</b>	Less: direct expenses .....	<b>9b</b>					
<b>c</b>	Net income or (loss) from gaming activities .....						
<b>10 a</b>	Gross sales of inventory, less returns and allowances .....	<b>10a</b>					
<b>b</b>	Less: cost of goods sold .....	<b>10b</b>					
<b>c</b>	Net income or (loss) from sales of inventory .....						
Miscellaneous Revenue	<b>11 a</b>	_____	<b>Business Code</b>				
	<b>b</b>	_____					
	<b>c</b>	_____					
	<b>d</b>	All other revenue .....					
	<b>e</b>	<b>Total.</b> Add lines 11a-11d .....					
<b>12</b>	<b>Total revenue.</b> See instructions .....		9,016,807.	0.	0.	314,098.	

**Part IX Statement of Functional Expenses**

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...	6,990,552.	6,990,552.		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22 .....				
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 .....				
<b>4</b> Benefits paid to or for members .....				
<b>5</b> Compensation of current officers, directors, trustees, and key employees .....	368,999.	85,404.	247,512.	36,083.
<b>6</b> Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) .....				
<b>7</b> Other salaries and wages .....	454,359.	108,751.	172,046.	173,562.
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	30,071.	3,881.	14,759.	11,431.
<b>9</b> Other employee benefits .....	33,415.	8,111.	16,173.	9,131.
<b>10</b> Payroll taxes .....	59,502.	13,775.	30,327.	15,400.
<b>11</b> Fees for services (nonemployees):				
<b>a</b> Management .....				
<b>b</b> Legal .....	4,527.		4,527.	
<b>c</b> Accounting .....	18,054.		18,054.	
<b>d</b> Lobbying .....				
<b>e</b> Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees .....				
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)				
<b>12</b> Advertising and promotion .....	129,579.	9,100.	250.	120,229.
<b>13</b> Office expenses .....	24,693.	925.	2,604.	21,164.
<b>14</b> Information technology .....				
<b>15</b> Royalties .....				
<b>16</b> Occupancy .....	77,613.	14,069.	47,604.	15,940.
<b>17</b> Travel .....	9,465.	1,886.	3,795.	3,784.
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
<b>19</b> Conferences, conventions, and meetings .....	3,646.	10.	525.	3,111.
<b>20</b> Interest .....				
<b>21</b> Payments to affiliates .....	94,804.	21,086.	47,976.	25,742.
<b>22</b> Depreciation, depletion, and amortization .....	6,827.	1,591.	3,471.	1,765.
<b>23</b> Insurance .....	2,352.	685.	1,128.	539.
<b>24</b> Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
<b>a</b> <u>IMAGINATION LIBRARY</u>	283,432.	283,432.		
<b>b</b> <u>CONNECTING KIDS</u>	64,048.	64,048.		
<b>c</b> <u>EQUIPMENT LEASES &amp; MAIN</u>	43,723.	14,217.	16,652.	12,854.
<b>d</b> <u>MISCELLANEOUS EXPENSES</u>	21,433.	671.	19,773.	989.
<b>e</b> All other expenses _____	43,127.	17,809.	20,890.	4,428.
<b>25</b> <b>Total functional expenses.</b> Add lines 1 through 24e	8,764,221.	7,640,003.	668,066.	456,152.
<b>26</b> <b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	257,784.	<b>1</b>	264,234.
	<b>2</b> Savings and temporary cash investments .....	1,533,898.	<b>2</b>	1,293,343.
	<b>3</b> Pledges and grants receivable, net .....	5,263,682.	<b>3</b>	5,379,754.
	<b>4</b> Accounts receivable, net .....		<b>4</b>	
	<b>5</b> Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>	
	<b>8</b> Inventories for sale or use .....		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges .....	2,000.	<b>9</b>	0.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 160,283.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 143,372.	15,480.	<b>10c</b> 16,911.
	<b>11</b> Investments - publicly traded securities .....	4,860,009.	<b>11</b>	5,144,021.
	<b>12</b> Investments - other securities. See Part IV, line 11 .....		<b>12</b>	
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		<b>13</b>	
	<b>14</b> Intangible assets .....		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 .....	0.	<b>15</b>	231,716.
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33) .....	11,932,853.	<b>16</b>	12,329,979.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	283,795.	<b>17</b>	135,714.
	<b>18</b> Grants payable .....	105.	<b>18</b>	0.
	<b>19</b> Deferred revenue .....		<b>19</b>	
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>	
	<b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>	
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .....	0.	<b>25</b>	240,332.
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	283,900.	<b>26</b>	376,046.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions .....	3,540,664.	<b>27</b>	3,755,760.
	<b>28</b> Net assets with donor restrictions .....	8,108,289.	<b>28</b>	8,198,173.
	<b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds .....		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>31</b>	
	<b>32</b> Total net assets or fund balances .....	11,648,953.	<b>32</b>	11,953,933.
	<b>33</b> Total liabilities and net assets/fund balances .....	11,932,853.	<b>33</b>	12,329,979.

**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	9,016,807.
2	Total expenses (must equal Part IX, column (A), line 25)	2	8,764,221.
3	Revenue less expenses. Subtract line 2 from line 1	3	252,586.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	11,648,953.
5	Net unrealized gains (losses) on investments	5	57,610.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	-5,216.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	11,953,933.

**Part XII Financial Statements and Reporting**

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

- 1 Accounting method used to prepare the Form 990:  Cash  Accrual  Other \_\_\_\_\_  
If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.
- 2a Were the organization's financial statements compiled or reviewed by an independent accountant? .....  
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- b Were the organization's financial statements audited by an independent accountant? .....  
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? .....  
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.
- 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F? .....
- b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits .....

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

Form 990 (2024)



**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) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	10138672.	8668553.	8173098.	8689779.	8702709.	44372811.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>4 Total.</b> Add lines 1 through 3 .....	10138672.	8668553.	8173098.	8689779.	8702709.	44372811.
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) .....						857,770.
<b>6 Public support.</b> Subtract line 5 from line 4.						43515041.

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
<b>7</b> Amounts from line 4 .....	10138672.	8668553.	8173098.	8689779.	8702709.	44372811.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....	96,194.	188,495.	-114,077.	110,743.	314,098.	595,453.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>11 Total support.</b> Add lines 7 through 10						44968264.
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	

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

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

<b>14</b> Public support percentage for 2024 (line 6, column (f), divided by line 11, column (f)) .....	<b>14</b>	96.77 %
<b>15</b> Public support percentage from 2023 Schedule A, Part II, line 14 .....	<b>15</b>	98.49 %

**16a 33 1/3% support test - 2024.** 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 - 2023.** 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 - 2024.** 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 - 2023.** 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

Table with 7 columns: (a) 2020, (b) 2021, (c) 2022, (d) 2023, (e) 2024, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 8 Public support.

Section B. Total Support

Table with 7 columns: (a) 2020, (b) 2021, (c) 2022, (d) 2023, (e) 2024, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 10b Unrelated business taxable income; 11 Net income from unrelated business activities not included on line 10b; 12 Other income; 13 Total support.

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

Section C. Computation of Public Support Percentage

Table with 2 columns: Description, Percentage. Row 15: Public support percentage for 2024; Row 16: Public support percentage from 2023 Schedule A, Part III, line 15.

Section D. Computation of Investment Income Percentage

Table with 2 columns: Description, Percentage. Row 17: Investment income percentage for 2024; Row 18: Investment income percentage from 2023 Schedule A, Part III, line 17.

19a 33 1/3% support tests - 2024. 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.

b 33 1/3% support tests - 2023. 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.

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

**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

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

Part IV Supporting Organizations (continued)

Table with 3 columns: Question, Yes, No. Row 11: Has the organization accepted a gift or contribution from any of the following persons? Sub-rows 11a, 11b, 11c.

Section B. Type I Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? Row 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?

Section C. Type II Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 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)?

Section D. All Type III Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 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? Row 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? Row 3: By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year?

Section E. Type III Functionally Integrated Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). Sub-rows a, b, c. Row 2: Activities Test. Answer lines 2a and 2b below. Sub-rows a, b. Row 3: Parent of Supported Organizations. Answer lines 3a and 3b below. Sub-rows a, b.

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

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

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	<b>Adjusted Net Income</b> (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	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> 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 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<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	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i> )	5
6	Other distributions (describe in <b>Part VI</b> ). See instructions.	6
7	<b>Total annual distributions.</b> Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive ( <i>provide details in Part VI</i> ). See instructions.	8
9	Distributable amount for 2024 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2024	(iii) Distributable Amount for 2024
1	Distributable amount for 2024 from Section C, line 6		
2	Underdistributions, if any, for years prior to 2024 (reasonable cause required - <i>explain in Part VI</i> ). See instructions.		
3	Excess distributions carryover, if any, to 2024		
a	From 2019		
b	From 2020		
c	From 2021		
d	From 2022		
e	From 2023		
f	<b>Total</b> of lines 3a through 3e		
g	Applied to under distributions of prior years		
h	Applied to 2024 distributable amount		
i	Carryover from 2019 not applied (see instructions)		
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		
4	Distributions for 2024 from Section D, line 7: \$		
a	Applied to underdistributions of prior years		
b	Applied to 2024 distributable amount		
c	Remainder. Subtract lines 4a and 4b from line 4.		
5	Remaining underdistributions for years prior to 2024, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.		
6	Remaining underdistributions for 2024. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.		
7	<b>Excess distributions carryover to 2025.</b> Add lines 3j and 4c.		
8	Breakdown of line 7:		
a	Excess from 2020		
b	Excess from 2021		
c	Excess from 2022		
d	Excess from 2023		
e	Excess from 2024		

Schedule A (Form 990) 2024

**Part VI**

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

Lined area for supplemental information.



**Schedule B  
(Form 990)**

(Rev. December 2024)  
Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

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

OMB No. 1545-0047

Name of the organization

**SIoux EMPIRE UNITED WAY, INC.**

Employer identification number

**46-0233701**

Organization type (check one):

**Filers of:**

**Section:**

Form 990 or 990-EZ

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

**General Rule**

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

**Special Rules**

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), 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), 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).

For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990) (Rev. 12-2024)

Name of organization  <b>SIOUX EMPIRE UNITED WAY, INC.</b>	Employer identification number  <b>46-0233701</b>
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**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	\$ 254,436.	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	FIRST PREMIER BANK/ PREMIER BANKCARD  601 S. MINNESOTA AVENUE  SIOUX FALLS, SD 57101-1348	\$ 217,500.	Person <input checked="" type="checkbox"/> Payroll <input 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	\$ 647,372.	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	\$ 215,468.	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	SMITHFIELD FOODS  1400 N WEBER AVENUE  SIOUX FALLS, SD 57103	\$ 510,445.	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	T. DENNY SANFORD  8700 E VISTA BONITA DR STE 232  SCOTTSDALE, AZ 85255	\$ 235,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization  <b>SIOUX EMPIRE UNITED WAY, INC.</b>	Employer identification number  <b>46-0233701</b>
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**Part II Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____

Name of organization  <b>SIOUX EMPIRE UNITED WAY, INC.</b>	Employer identification number  <b>46-0233701</b>
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**Part III** Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) \$ \_\_\_\_\_  
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

**SCHEDULE D**  
**(Form 990)**

(Rev. December 2024)

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

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

Attach to Form 990.

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

OMB No. 1545-0047

**Open to Public  
Inspection**

Name of the organization

SIoux EMPIRE UNITED WAY, INC.

Employer identification number

46-0233701

**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.** Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

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

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

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

Preservation of land for public use (for example, recreation or education)  Preservation of a historically important land area

Protection of natural habitat  Preservation of a certified historic structure

Preservation of open space

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

	Held at the End of the Tax Year
a Total number of conservation easements .....	2a
b Total acreage restricted by conservation easements .....	2b
c Number of conservation easements on a certified historic structure included on line 2a .....	2c
d Number of conservation easements included on line 2c acquired after July 25, 2006, and not on a historic structure listed in the National Register .....	2d

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

4 Number of states where property subject to conservation easement is located \_\_\_\_\_

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? .....

Yes  No

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

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

8 Does each conservation easement reported on line 2d above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? .....

Yes  No

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

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

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

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

(i) Revenue included on Form 990, Part VIII, line 1 .....

(ii) Assets included in Form 990, Part X .....

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

a Revenue included on Form 990, Part VIII, line 1 .....

b Assets included in Form 990, Part X .....

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

Schedule D (Form 990) (Rev. 12-2024)

LHA 432051 01-02-25

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

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

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

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

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	1,337,274.	1,212,547.	1,447,054.	1,285,105.	1,168,513.
b Contributions	800.	2,720.	4,060.	19,000.	10,000.
c Net investment earnings, gains, and losses	144,737.	184,106.	-170,045.	182,709.	160,181.
d Grants or scholarships					
e Other expenditures for facilities and programs	43,373.	51,947.	58,409.	29,224.	44,477.
f Administrative expenses	11,045.	10,152.	10,113.	10,536.	9,112.
g End of year balance	1,428,393.	1,337,274.	1,212,547.	1,447,054.	1,285,105.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment 18.0000 %
  - b Permanent endowment 82.0000 %
  - c Term endowment \_\_\_\_\_ %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- |   | Yes | No |
|---|-----|----|
| (i) Unrelated organizations?  | X   |    |
| (ii) Related organizations?   |     | X  |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? <input type="checkbox"/> | 3b  |    |
- 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		36,734.	36,023.	711.
d Equipment		65,886.	49,686.	16,200.
e Other		57,663.	57,663.	0.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))				16,911.

**Part VII Investments - Other Securities**

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

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

**Part VIII Investments - Program Related.**

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

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

**Part IX Other Assets**

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

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

**Part X Other Liabilities**

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) CURRENT LEASE LIABILITY	50,799.
(3) LEASE LIABILITY	189,533.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, line 25, col. (B))	240,332.

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



**SCHEDULE I  
(Form 990)**

(Rev. December 2024)  
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.

Attach to Form 990.

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

OMB No. 1545-0047

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 non-cash assistance	(h) Purpose of grant or assistance
ACTIVE GENERATIONS 2300 W 46TH ST SIOUX FALLS, SD 57105	46-0305500	3	435,800.	0.			PARTNER AGENCY ALLOCATION
AUGUSTANA UNIVERSITY - FRIENDSLINK 2001 S SUMMIT AVE SIOUX FALLS, SD 57108	42-1623480	3	10,000.	0.			PARTNER AGENCY ALLOCATION
AVERA FOUNDATION - FAMILY WELLNESS 3900 W AVERA DR SIOUX FALLS, SD 57108	46-0422673	3	264,382.	0.			PARTNER AGENCY ALLOCATION
AVERA FOUNDATION - FIRE & BURN PREVENTION - 3900 W AVERA DR - SIOUX FALLS, SD 57108	46-0422673	3	16,500.	0.			PARTNER AGENCY ALLOCATION
AVERA FOUNDATION - SUCCESS BY 6 800 E 21ST ST SIOUX FALLS, SD 57105	46-0224743	3	34,174.	0.			PARTNER AGENCY ALLOCATION
BOY SCOUTS OF AMERICA 800 N WEST AVE SIOUX FALLS, SD 57104	46-0224599	3	237,000.	0.			PARTNER AGENCY ALLOCATION

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ..... **34.**
- 3** Enter total number of other organizations listed in the line 1 table ..... **2.**

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

Schedule I (Form 990) (Rev. 12-2024)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BOYS & GIRLS CLUBS OF THE SIOUX EMPIRE - 100 S SPRING AVE #280 - SIOUX FALLS, SD 57104	46-0399482	3	417,000.	0.			PARTNER AGENCY ALLOCATION
CHILDREN'S HOME SHELTER FOR FAMILY SAFETY - 409 N WESTERN AVE - SIOUX FALLS, SD 57104	46-0224542	3	722,835.	0.			PARTNER AGENCY ALLOCATION
COMMUNITY OUTREACH 231 N WEBER AVE SIOUX FALLS, SD 57103	46-0416744	3	279,943.	0.			PARTNER AGENCY ALLOCATION
DAKOTABILITIES 3600 S DULUTH AVE SIOUX FALLS, SD 57105	46-0306216	3	85,000.	0.			PARTNER AGENCY ALLOCATION
DELTA DENTAL FOUNDATION - MOBILE DENTAL PROGRAM - 201 E 38TH ST - SIOUX FALLS, SD 57105	91-1776857	3	55,000.	0.			PARTNER AGENCY ALLOCATION
FAMILY CONNECTIONS 303 N MINNESOTA AVE SIOUX FALLS, SD 57104	46-0435140	3	35,844.	0.			PARTNER AGENCY ALLOCATION
FAMILY SERVICE - COUNSELING 2210 W BROWN PL SIOUX FALLS, SD 57105	46-0259350	3	166,500.	0.			PARTNER AGENCY ALLOCATION
FIRST UNITED METHODIST CHURCH - KIDSTOP - 401 S SPRING AVE - SIOUX FALLS, SD 57104	46-0230392	CHURCH	101,240.	0.			PARTNER AGENCY ALLOCATION
FURNITURE MISSION 209 S NESMITH AVE SIOUX FALLS, SD 57103	81-0584500	3	85,000.	0.			PARTNER AGENCY ALLOCATION

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HELPLINE CENTER 3817 S ELMWOOD AVE SIOUX FALLS, SD 57105	23-7424387	3	248,500.	0.			PARTNER AGENCY ALLOCATION
HORSEPOWER INC 46875 252ND ST BAL TIC, SD 57003	46-0378036	3	70,000.	0.			PARTNER AGENCY ALLOCATION
INTERLAKES CAP - CHIL D DEVELOPMENT CENTER - PO BOX 268 - MADISON, SD 57042	46-0282131	3	60,000.	0.			PARTNER AGENCY ALLOCATION
INTERLAKES CAP - HEATLAND HOUSE PO BOX 268 MADISON, SD 57042	46-0282131	3	121,000.	0.			PARTNER AGENCY ALLOCATION
LOST AND FOUND ASSOCIATION 5015 S CROSSING PL STE 110 SIOUX FALLS, SD 57108	45-4306370	3	21,300.	0.			PARTNER AGENCY ALLOCATION
LUTHERAN SOCIAL SERVICES 705 E 41ST ST #200 SIOUX FALLS, SD 57105	46-0224731	3	818,910.	0.			PARTNER AGENCY ALLOCATION
LUTHERAN SOCIAL SERVICES - BEHAVIORAL HEALTH - 705 E 41ST ST #200 - SIOUX FALLS, SD 57105	46-0224731	3	98,100.	0.			PARTNER AGENCY ALLOCATION
LUTHERAN SOCIAL SERVICES - MULTICULTURAL CENTER - 705 E 41ST ST #200 - SIOUX FALLS, SD 57105	46-0224731	3	74,000.	0.			PARTNER AGENCY ALLOCATION
LUTHERAN SOCIAL SERVICES - PATH 705 E 41ST ST #200 SIOUX FALLS, SD 57105	46-0224731	3	294,000.	0.			PARTNER AGENCY ALLOCATION

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PROJECT CAR 2425 S WESTERN AVE SIOUX FALLS, SD 57105	46-0358227	3	35,000.	0.			PARTNER AGENCY ALLOCATION
REACH 629 S MINNESOTA AVE #201 SIOUX FALLS, SD 57104	46-0396579	3	40,000.	0.			PARTNER AGENCY ALLOCATION
READY TO START HARRISBURG SCHOOL DISTRICT - 200 WILLOW ST - HARRISBURG, SD 57032	46-6002218	GOV	25,441.	0.			PARTNER AGENCY ALLOCATION
READY TO START MCCOOK CENTRAL SCHOOL DISTRICT - 200 E ESSEX AVE - SALEM, SD 57058	46-0410858	GOV	7,212.	0.			PARTNER AGENCY ALLOCATION
READY TO START SIOUX FALLS SCHOOL DISTRICT - 201 E 38TH ST - SIOUX FALLS, SD 57105	46-6002586	GOV	62,643.	0.			PARTNER AGENCY ALLOCATION
READY TO START TEA AREA SCHOOL DISTRICT - 500 W BRIAN - TEA, SD 57064	50-0005151	GOV	21,661.	0.			PARTNER AGENCY ALLOCATION
SAD ISN'T BAD 909 W 33RD ST SIOUX FALLS, SD 57105	46-0229996	CHURCH	10,110.	0.			PARTNER AGENCY ALLOCATION
SANFORD HEALTH - CHIL'D'S VOICE 1305 W 18TH ST SIOUX FALLS, SD 57105	46-0227855	3	60,000.	0.			PARTNER AGENCY ALLOCATION
SANFORD HEALTH - SUCCESS BY 6 1305 W 18TH ST SIOUX FALLS, SD 57105	46-0227855	3	89,698.	0.			PARTNER AGENCY ALLOCATION

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SFSD - ACCESS FOR ALL 201 E 38TH ST SIOUX FALLS, SD 57105	46-6002586	GOV	350,000.	0.			PARTNER AGENCY ALLOCATION
SFSD - PRESCHOOL OPPORTUNITIES 201 E 38TH ST SIOUX FALLS, SD 57105	46-6002586	GOV	225,296.	0.			PARTNER AGENCY ALLOCATION
SFSD - REFUGEE & IMMIGRANT ACADEMIC - 201 E 38TH ST - SIOUX FALLS, SD 57105	46-6002586	GOV	241,000.	0.			PARTNER AGENCY ALLOCATION
SIOUX FALLS AREA CASA PROGRAM PO BOX 1901 SIOUX FALLS, SD 57101	46-0430647	3	90,000.	0.			PARTNER AGENCY ALLOCATION
SIOUX FALLS FAMILY YMCA 230 S MINNESOTA SIOUX FALLS, SD 57104	46-0225021	3	175,690.	0.			PARTNER AGENCY ALLOCATION
SIOUX FALLS HOPE COALITION 2211 W CHERRYWOOD CIRCLE SIOUX FALLS, SD 57108	26-4760861	3	112,500.	0.			PARTNER AGENCY ALLOCATION
SIOUX FALLS THRIVE 122 S PHILLIPS AVE #350 SIOUX FALLS, SD 57104	81-4491870	3	20,000.	0.			PARTNER AGENCY ALLOCATION
SOUTH DAKOTA DENTAL FOUNDATION - ONE SMILE PROGRAM - 804 N EUCLID AVE 103 - PIERRE, SD 57501	46-0367045	3	20,800.	0.			PARTNER AGENCY ALLOCATION
ST FRANCIS HOUSE 1301 E AUSTIN ST SIOUX FALLS, SD 57103	46-0423202	3	135,250.	0.			PARTNER AGENCY ALLOCATION

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE COMPASS CENTER 1704 S CLEVELAND AVE STE 3 SIOUX FALLS, SD 57103	46-0350199	3	22,510.	0.			PARTNER AGENCY ALLOCATION
THE COMPASS CENTER COUNSELING SERVICES - 1704 S CLEVELAND AVE STE 3 - SIOUX FALLS, SD 57103	46-0350199	3	122,100.	0.			PARTNER AGENCY ALLOCATION
TOY LENDING LIBRARY 401 S SPRING AVE SIOUX FALLS, SD 57104	82-3666152	3	63,900.	0.			PARTNER AGENCY ALLOCATION
USD SCOTTISH RITE 414 E CLARK ST VERMILLION, SD 57069	46-6000364	GOV	163,400.	0.			PARTNER AGENCY ALLOCATION
VOLUNTEERS OF AMERICA - AXIS 180 1309 W 51ST ST SIOUX FALLS, SD 57106	23-7353508	3	81,760.	0.			PARTNER AGENCY ALLOCATION
VOLUNTEERS OF AMERICA - COUNSELING 1309 W 51ST ST SIOUX FALLS, SD 57106	23-7353508	3	57,904.	0.			PARTNER AGENCY ALLOCATION

**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 non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance

**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 AWARDED FUNDS THROUGH THE ONGOING FUNDING PROCESS/PARTNER AGENCY PROCESS - UNITED WAY VOLUNTEERS REVIEW APPLICATIONS FOR FUNDING IN LATE SPRING. AFTER REVIEWING THE APPLICATIONS AND MEETING WITH THE ORGANIZATIONS APPLYING FOR FUNDING, A RECOMMENDATION IS BROUGHT FORWARD TO THE VOLUNTEER CHAIRS. A SECOND REVIEW PROCESS THEN TAKES PLACE, WITH A RECOMMENDATION BEING BROUGHT FORWARD TO THE UNITED WAY BOARD OF DIRECTORS FOR FINAL REVIEW AND APPROVAL. FUNDED ORGANIZATIONS ARE TO ADVISE THE UNITED WAY IN WRITING OF ANY SIGNIFICANT CHANGES IN TOTAL EXPENDITURES OR RECEIPTS OF MORE THAN 10%.

**SCHEDULE J  
(Form 990)**

(Rev. December 2024)  
Department of the Treasury  
Internal Revenue Service

**Compensation Information**

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

OMB No. 1545-0047

Open to Public  
Inspection

Name of the organization: **SIOUX EMPIRE UNITED WAY, INC.**  
Employer identification number: **46-0233701**

**Part I Questions Regarding Compensation**

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

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

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

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

**3** Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

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

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

- a** Receive a severance payment or change-of-control payment? .....
- 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
<b>1b</b>		
<b>2</b>		
<b>4a</b>	X	
<b>4b</b>		X
<b>4c</b>		X
<b>5a</b>		X
<b>5b</b>		X
<b>6a</b>		X
<b>6b</b>		X
<b>7</b>		X
<b>8</b>		X
<b>9</b>		

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

Schedule J (Form 990) (Rev. 12-2024)





**SCHEDULE O  
(Form 990)**

(Rev. December 2024)

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

**Open to Public  
Inspection**

Name of the organization

SIoux EMPIRE UNITED WAY, INC.

Employer identification number

46-0233701

**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, PROGRAM SERVICE ACCOMPLISHMENTS:**

O THURSDAY: UNITED WAY & SEVERANCE BREWING CO. LAUNCHED COLLABORATION  
BEER, "SEUW BREW" AT SEVERANCE TAPROOM. PROCEEDS BENEFITED SEUW.

O FRIDAY: COMMUNITY MEAL SPONSORED BY FIRST INTERSTATE BANK. SERVED THE  
COMMUNITY BY GIVING AWAY OVER 300 MEALS AND ENJOYING LIVE MUSIC AT  
LEVITT AT THE FALLS.

THANK YOU EVENT: APPROX 300 IN ATTENDANCE. ANNOUNCED TOTAL AND  
RECOGNIZED OUTSTANDING NOMINEES AND AWARD RECIPIENTS.

CAMPAIGN E-UPDATES WERE EMAILED WEEKLY DURING THE FALL TO 600+  
VOLUNTEERS WITH AN AVERAGE OPEN RATE OF 48%.

INFORMATIONAL EMAIL UPDATES WERE DISTRIBUTED MONTHLY TO 9,000+  
SUPPORTERS WITH AN AVERAGE OPEN RATE OF 29%.

**WITHIN SOCIAL MEDIA:**

INCREASED FACEBOOK PAGE VISITS BY 110%

INCREASED INSTAGRAM PROFILE VISITS BY 51%

INCREASED LINKEDIN FOLLOWERS BY 38%

INCREASED LINKEDIN REACTIONS BY 305%

CONTINUED SHARING IMPACT STORIES, NEWS OR RELATED INFORMATION IN  
COMMUNITY RELEVANT TO OUR FOLLOWERS, PROGRAMS AND DONORS.

**FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:**

FUNDING OF APPROXIMATELY \$7.5 MILLION TO 73 PROGRAMS AND 38 NON-PROFIT  
ORGANIZATIONS.

IN TOTAL, OVER 1,000 VOLUNTEER HOURS WERE INVESTED IN THIS PROCESS.

**ADDITIONAL FUNDING OPPORTUNITIES OUTSIDE OF THE REGULAR ONGOING FUNDING  
PROCESS:**

**TRANSLATION/INTERPRETER FUNDS:**

O PROVIDED GRANT FUNDING TO 14 DIFFERENT ORGANIZATIONS FOR ASSISTANCE  
WITH TRANSLATION/INTERPRETER SERVICES.

**AUTOMATED EXTERNAL DEFIBRILLATORS (AED) FUNDS:**

O PROVIDED MATCHING FUNDS TO 23 DIFFERENT ORGANIZATIONS TO PURCHASE  
AEDS. AS A RESULT, AN ADDITIONAL 33 AEDS WERE PLACED WITHIN THE  
COMMUNITY.

**FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:**

13,478 YOUTH WERE PROVIDED WITH MENTORING AND ENRICHMENT OPPORTUNITIES  
THROUGH COMMUNITY PROGRAMMING.

**PHYSICAL & MENTAL WELLBEING**

6,444 CHILDREN AND YOUTH WERE PROVIDED ACCESS TO MENTAL AND PHYSICAL  
HEALTH SERVICES LIKE COUNSELING, ADVOCACY, FOOD, DENTAL, AND SPEECH AND  
LANGUAGE THERAPY.

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

Schedule O (Form 990) (Rev. 12-2024)

LHA 432211 01-15-25

Name of the organization SIOUX EMPIRE UNITED WAY, INC.	Employer identification number 46-0233701
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## HELPING VULNERABLE ADULTS

## COMMUNITY CONNECTIONS &amp; QUALITY OF LIFE EXPERIENCES

3,546 ADULTS BENEFITED FROM SERVICES AND PROGRAMS AIMED AT FOSTERING STRONGER COMMUNITY TIES, ENHANCING THEIR QUALITY OF LIFE, AND BROADENING THEIR RANGE OF EXPERIENCES.

## STABILIZE HEALTH &amp; LENGTHEN INDEPENDENT LIVING

6,444 INDIVIDUALS RECEIVED SUPERVISED CARE, TRANSPORTATION, OR SERVICES TO ALLOW FOR CONTINUED INDEPENDENT LIVING.

## HELPING PEOPLE IN CRISIS

## FAMILY SUPPORT

1,674 AT-RISK FAMILIES RECEIVED INTENSIVE CASE MANAGEMENT, LEGAL SERVICES, NURSING SERVICES AND SUPPORT.

## HOUSING STABILITY, FINANCIAL CARE, &amp; CAREER EMPOWERMENT

17,439 INDIVIDUALS AND 1,439 FAMILIES UTILIZED SERVICES THAT PROVIDE ACCESS TO TRANSITIONAL AND STABLE HOUSING, COMMUNITY RESOURCES LIKE FINANCIAL LITERACY TRAINING, AND MORE.

## CARE FOR VICTIMS OF VIOLENCE &amp; SEXUAL ASSAULT

2,034 INDIVIDUALS WERE PROVIDED ACCESS TO SAFE SHELTER, CRISIS INTERVENTION, COUNSELING SERVICES OR COMMUNITY EDUCATION OPPORTUNITIES ON ISSUES OF DOMESTIC VIOLENCE AND SEXUAL ASSAULT.

## MENTAL HEALTH CARE

3,433 INDIVIDUALS WERE PROVIDED ACCESS TO MENTAL HEALTH CARE, COUNSELING, AND SUPPORT SERVICES.

## FORM 990, PART VI, SECTION A, LINE 2:

KELLY HEFTI HAS AN EMPLOYMENT RELATIONSHIP WITH MATT HOCKS. KELLY IS VICE PRESIDENT OF NURSING AND CLINICAL SERVICES, AND MATT IS THE EXECUTIVE VICE PRESIDENT & COO OF THEIR PLACE OF EMPLOYMENT.

## FORM 990, PART VI, SECTION A, LINE 6:

MEMBERS

## FORM 990, PART VI, SECTION A, LINE 7A:

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, SECTION B, LINE 11B:

A DRAFT OF THE FORM 990 IS PROVIDED TO THE UNITED WAY AND PRESENTED TO THE AUDIT COMMITTEE BY THE PAID PREPARER. THE CHAIR OF THE AUDIT COMMITTEE THEN BRINGS IT FORWARD TO THE FULL BOARD FOR FINAL REVIEW AND APPROVAL.

## FORM 990, PART VI, SECTION B, LINE 12C:

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

## FORM 990, PART VI, SECTION B, LINE 15:

SIOUX EMPIRE UNITED WAY USES BOTH LOCAL AND NATIONAL SALARY COMPARISONS TO DETERMINE EMPLOYEE COMPENSATION. AFTER PERFORMANCE REVIEWS ARE COMPLETED, THE SALARY ADJUSTMENT DECISIONS ARE REVIEWED BY THE EXECUTIVE COMMITTEE OF THE BOARD FOR FINAL APPROVAL. SALARY ADJUSTMENTS ARE BASED ON ORGANIZATIONAL, DIVISION, AND PERSONAL PERFORMANCE. THE EXECUTIVE COMMITTEE CONDUCTS THE PERFORMANCE REVIEW OF ORGANIZATIONAL LEADERSHIP AND DETERMINES

Name of the organization SIOUX EMPIRE UNITED WAY, INC.	Employer identification number 46-0233701
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COMPENSATION.

FORM 990, PART VI, SECTION C, LINE 19:  
DOCUMENTS AVAILABLE UPON REQUEST

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS: PRIOR YEAR IMPACT OF ASC842 ON RENT EXPENSE	-5,216.
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