

**Sioux Empire United Way, Inc.**  
**2021 Exempt Organization Return**

*Prepared By*  
**Woltman Group, PLLC**  
Certified Public Accountants & Business Advisors

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Form **990**

**Return of Organization Exempt From Income Tax**

OMB No. 1545-0047

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

**2021**

Department of the Treasury  
Internal Revenue Service

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

**Open to Public Inspection**

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

**A For the 2021 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, SUITE 120**  
 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**

**F** Name and address of principal officer:  
**JAY POWELL**  
**1000 N WEST AVENUE, SUITE 120**  
**SIOUX FALLS SD 57104**

**G** Gross receipts \$: **8,857,048**

**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**

**K** Form of organization:  Corporation  Trust  Association  Other **u**

**L** Year of formation: \_\_\_\_\_ **M** State of legal domicile: \_\_\_\_\_

**H(c)** Group exemption number **u** \_\_\_\_\_

**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: <b>TO LEAD, SUSTAIN AND NURTURE A UNIFIED, EFFECTIVE RESPONSE TO COMMUNITY NEEDS.</b>		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<b>34</b>
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>33</b>
	<b>5</b> Total number of individuals employed in calendar year 2021 (Part V, line 2a)	<b>5</b>	<b>9</b>
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	<b>985</b>
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	<b>0</b>
<b>b</b> Net unrelated business taxable income from Form 990-T, Part I, line 11	<b>7b</b>	<b>0</b>	
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	<b>9</b> Program service revenue (Part VIII, line 2g)	<b>10,138,672</b>	<b>8,668,553</b>
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<b>96,194</b>	<b>188,495</b>
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		<b>0</b>
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>10,234,866</b>	<b>8,857,048</b>
<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	<b>7,694,792</b>	<b>7,068,445</b>
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)		<b>0</b>
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	<b>846,610</b>	<b>869,386</b>
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)		<b>0</b>
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) <b>u</b>	<b>492,389</b>	
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	<b>734,416</b>	<b>943,247</b>
<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<b>9,275,818</b>	<b>8,881,078</b>	
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	<b>959,048</b>	<b>-24,030</b>	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	<b>21</b> Total liabilities (Part X, line 26)	<b>14,473,380</b>	<b>14,046,411</b>
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	<b>695,620</b>	<b>171,348</b>
		<b>13,777,760</b>	<b>13,875,063</b>

**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: **KATE KOTZEA** Date: \_\_\_\_\_  
 Type or print name and title: **TREASURER**

**Paid Preparer Use Only**

Print/Type preparer's name: **TRENT R. PRINS** Preparer's signature: **TRENT R. PRINS** Date: **10/31/22** Check  if self-employed PTIN: **P00851377**

Firm's name: **WOLTMAN GROUP, PLLC** Firm's EIN: **46-0398923**  
 Firm's address: **7001 S LYNCREST PLACE SUITE 200 SIOUX FALLS, SD 57108-2599** Phone no.: **605-361-1200**

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

For Paperwork Reduction Act Notice, see the separate instructions.

**Part III Statement of Program Service Accomplishments**

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

1 Briefly describe the organization's mission:

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

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

Yes  No

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

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

Yes  No

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

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

4a (Code: ) (Expenses \$ **182,803** including grants of \$ ) (Revenue \$ )  
**SEE SCHEDULE O**

4b (Code: ) (Expenses \$ **168,015** including grants of \$ ) (Revenue \$ )  
**SEE SCHEDULE O**

4c (Code: ) (Expenses \$ **7,543,405** including grants of \$ **7,068,445** ) (Revenue \$ )  
**SEE SCHEDULE O**

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

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

4e Total program service expenses **u 7,894,223**

**Part IV Checklist of Required Schedules**

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

**Part IV Checklist of Required Schedules** *(continued)*

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

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

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

		Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		
b	Enter the number of Forms W-2G included on 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	

<b>Part V Statements Regarding Other IRS Filings and Tax Compliance</b> (continued)		Yes	No			
<b>2a</b>	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	<b>2a</b>	<b>9</b>			
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note:</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.	<b>2b</b>		<b>X</b>		
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year?	<b>3a</b>				<b>X</b>
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	<b>3b</b>				
<b>4a</b>	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	<b>4a</b>				<b>X</b>
<b>b</b>	If "Yes," enter the name of the foreign country <b>u</b> See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).					
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	<b>5a</b>				<b>X</b>
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	<b>5b</b>				<b>X</b>
<b>c</b>	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	<b>5c</b>				
<b>6a</b>	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	<b>6a</b>				<b>X</b>
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	<b>6b</b>				
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>					
<b>a</b>	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	<b>7a</b>				<b>X</b>
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?	<b>7b</b>				
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	<b>7c</b>				<b>X</b>
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year	<b>7d</b>				
<b>e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	<b>7e</b>				<b>X</b>
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	<b>7f</b>				<b>X</b>
<b>g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	<b>7g</b>				<b>X</b>
<b>h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	<b>7h</b>				<b>X</b>
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	<b>8</b>				
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>					
<b>a</b>	Did the sponsoring organization make any taxable distributions under section 4966?	<b>9a</b>				
<b>b</b>	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	<b>9b</b>				
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:					
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12	<b>10a</b>				
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	<b>10b</b>				
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:					
<b>a</b>	Gross income from members or shareholders	<b>11a</b>				
<b>b</b>	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	<b>11b</b>				
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	<b>12a</b>				
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	<b>12b</b>				
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>					
<b>a</b>	Is the organization licensed to issue qualified health plans in more than one state? <b>Note:</b> See the instructions for additional information the organization must report on Schedule O.	<b>13a</b>				
<b>b</b>	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	<b>13b</b>				
<b>c</b>	Enter the amount of reserves on hand	<b>13c</b>				
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year?	<b>14a</b>				<b>X</b>
<b>b</b>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	<b>14b</b>				
<b>15</b>	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.	<b>15</b>				<b>X</b>
<b>16</b>	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	<b>16</b>				<b>X</b>
<b>17</b>	<b>Section 501(c)(21) organizations.</b> Did the trust, any disqualified person, or mine operator engage in activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069.	<b>17</b>				

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a (34), 1b (33), 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, 9. Marked 'Yes' or 'No' with '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, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15a, 15b, 16a, 16b. Marked 'Yes' or 'No' with 'X'.

Section C. Disclosure

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

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, 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 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/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) JAY POWELL	40.00									
PRESIDENT	0.00	X		X			200,700	0	20,659	
(2) HEATHER VIERGUTZ-MCDONALD	40.00									
FINANCE DIR	0.00			X			70,084	0	3,424	
(3) CHRIS KRAY	1.00									
CHAIR	0.00	X		X			0	0	0	
(4) BRENDA KIBBE	1.00									
FIRST VICE-CHAIR	0.00	X		X			0	0	0	
(5) RANDY KNECHT	1.00									
SECOND VICE-CHAIR	0.00	X		X			0	0	0	
(6) KATE KOTZEA	1.00									
TREASURER	0.00	X		X			0	0	0	
(7) MARIE FREDRICKSON	1.00									
PAST CHAIR	0.00	X		X			0	0	0	
(8) BRIAN BIRD	1.00									
CAMP DIV CHAIR	0.00	X					0	0	0	
(9) ANGIE HILLSTAD	1.00									
COMM. IMP CHAIR	0.00	X					0	0	0	
(10) SARA MITCHELL	1.00									
MARKETING DIV CHAIR	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 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/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			
(12) DANIEL DOYLE	1.00									
MEMBER	0.00	X						0	0	0
(13) CLARA HART	1.00									
MEMBER	0.00	X						0	0	0
(14) COREY HEATEN	1.00									
MEMBER	0.00	X						0	0	0
(15) KELLY HEFTI	1.00									
MEMBER	0.00	X						0	0	0
(16) ANGELA LAMMERS	1.00									
MEMBER	0.00	X						0	0	0
(17) JAMES PAYER II	1.00									
MEMBER	0.00	X						0	0	0
(18) DR. JANE STAVEM	1.00									
MEMBER	0.00	X						0	0	0
(19) MILES BEACOM	1.00									
MEMBER	0.00	X						0	0	0
<b>1b Subtotal</b>								<b>270,784</b>		<b>24,083</b>
<b>c Total from continuation sheets to Part VII, Section A</b>										
<b>d Total (add lines 1b and 1c)</b>								<b>270,784</b>		<b>24,083</b>

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

	Yes	No
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		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	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b> Federated campaigns	<b>1a</b>				
	<b>b</b> Membership dues	<b>1b</b>				
	<b>c</b> Fundraising events	<b>1c</b>				
	<b>d</b> Related organizations	<b>1d</b>				
	<b>e</b> Government grants (contributions)	<b>1e</b>				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	<b>8,668,553</b>			
	<b>g</b> Noncash contributions included in lines 1a-1f	<b>1g</b>	\$			
	<b>h Total.</b> Add lines 1a-1f	<b>u</b>	<b>8,668,553</b>			
	<b>Program Service Revenue</b>	<b>2a</b>	Business Code			
<b>b</b>						
<b>c</b>						
<b>d</b>						
<b>e</b>						
<b>f</b> All other program service revenue						
<b>g Total.</b> Add lines 2a-2f		<b>u</b>				
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts)	<b>u</b>	<b>188,495</b>		<b>188,495</b>	
	<b>4</b> Income from investment of tax-exempt bond proceeds	<b>u</b>				
	<b>5</b> Royalties	<b>u</b>				
	<b>6a</b> Gross rents		(i) Real	(ii) Personal		
		<b>6a</b>				
		<b>b</b> Less: rental expenses	<b>6b</b>			
	<b>c</b> Rental inc. or (loss)	<b>6c</b>				
	<b>d</b> Net rental income or (loss)	<b>u</b>				
	<b>7a</b> Gross amount from sales of assets other than inventory		(i) Securities	(ii) Other		
		<b>7a</b>				
		<b>b</b> Less: cost or other basis and sales exps.	<b>7b</b>			
	<b>c</b> Gain or (loss)	<b>7c</b>				
	<b>d</b> Net gain or (loss)	<b>u</b>				
	<b>8a</b> Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	<b>8a</b>				
		<b>b</b> Less: direct expenses	<b>8b</b>			
<b>c</b> Net income or (loss) from fundraising events	<b>u</b>					
<b>9a</b> Gross income from gaming activities. See Part IV, line 19	<b>9a</b>					
	<b>b</b> Less: direct expenses	<b>9b</b>				
<b>c</b> Net income or (loss) from gaming activities	<b>u</b>					
<b>10a</b> Gross sales of inventory, less returns and allowances	<b>10a</b>					
	<b>b</b> Less: cost of goods sold	<b>10b</b>				
<b>c</b> Net income or (loss) from sales of inventory	<b>u</b>					
<b>Miscellaneous Revenue</b>	<b>11a</b>	Business Code				
	<b>b</b>					
	<b>c</b>					
	<b>d</b> All other revenue					
	<b>e Total.</b> Add lines 11a-11d	<b>u</b>				
<b>12 Total revenue.</b> See instructions	<b>u</b>	<b>8,857,048</b>	<b>0</b>	<b>0</b>	<b>188,495</b>	

**Part IX Statement of Functional Expenses**

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	<b>7,068,445</b>	<b>7,068,445</b>		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22				
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
<b>4</b> Benefits paid to or for members				
<b>5</b> Compensation of current officers, directors, trustees, and key employees	<b>293,075</b>	<b>26,427</b>	<b>241,067</b>	<b>25,581</b>
<b>6</b> Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
<b>7</b> Other salaries and wages	<b>458,865</b>	<b>208,606</b>	<b>44,025</b>	<b>206,234</b>
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	<b>42,841</b>	<b>18,636</b>	<b>4,756</b>	<b>19,449</b>
<b>9</b> Other employee benefits	<b>27,007</b>	<b>11,164</b>	<b>6,267</b>	<b>9,576</b>
<b>10</b> Payroll taxes	<b>47,598</b>	<b>15,280</b>	<b>17,246</b>	<b>15,072</b>
<b>11</b> Fees for services (nonemployees):				
<b>a</b> Management				
<b>b</b> Legal				
<b>c</b> Accounting	<b>18,010</b>		<b>18,010</b>	
<b>d</b> Lobbying				
<b>e</b> Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees				
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)				
<b>12</b> Advertising and promotion	<b>126,440</b>	<b>12,297</b>		<b>114,143</b>
<b>13</b> Office expenses	<b>17,747</b>	<b>167</b>	<b>1,839</b>	<b>15,741</b>
<b>14</b> Information technology				
<b>15</b> Royalties				
<b>16</b> Occupancy	<b>74,533</b>	<b>18,883</b>	<b>36,657</b>	<b>18,993</b>
<b>17</b> Travel	<b>4,634</b>	<b>947</b>	<b>281</b>	<b>3,406</b>
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials				
<b>19</b> Conferences, conventions, and meetings	<b>3,549</b>	<b>10</b>	<b>3,539</b>	
<b>20</b> Interest				
<b>21</b> Payments to affiliates	<b>146,805</b>	<b>46,835</b>	<b>52,883</b>	<b>47,087</b>
<b>22</b> Depreciation, depletion, and amortization	<b>14,970</b>	<b>4,832</b>	<b>5,393</b>	<b>4,745</b>
<b>23</b> Insurance	<b>2,727</b>	<b>895</b>	<b>955</b>	<b>877</b>
<b>24</b> Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
<b>a</b> <b>IMAGINATION LIBRARY</b>	<b>270,149</b>	<b>270,149</b>		
<b>b</b> <b>RURAL DEFIBRILLATORS</b>	<b>77,693</b>	<b>77,693</b>		
<b>c</b> <b>CONNECTING KIDS</b>	<b>47,656</b>	<b>47,656</b>		
<b>d</b> <b>GROCERIES FOR FAMILIES IN</b>	<b>47,500</b>	<b>47,500</b>		
<b>e</b> All other expenses	<b>90,834</b>	<b>17,801</b>	<b>61,548</b>	<b>11,485</b>
<b>25</b> Total functional expenses. Add lines 1 through 24e	<b>8,881,078</b>	<b>7,894,223</b>	<b>494,466</b>	<b>492,389</b>
<b>26</b> Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input checked="" type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year	
<b>Assets</b>	1	Cash—non-interest-bearing	189,433	1	308,228
	2	Savings and temporary cash investments	1,970,817	2	1,888,579
	3	Pledges and grants receivable, net	6,768,228	3	6,227,756
	4	Accounts receivable, net	1,000	4	
	5	Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	4,000	9	3,000
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	200,414		
	10b	Less: accumulated depreciation	172,938	10c	27,476
	11	Investments—publicly traded securities	5,502,274	11	5,591,372
	12	Investments—other securities. See Part IV, line 11		12	
	13	Investments—program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
16	<b>Total assets.</b> Add lines 1 through 15 (must equal line 33)	14,473,380	16	14,046,411	
<b>Liabilities</b>	17	Accounts payable and accrued expenses	102,728	17	171,243
	18	Grants payable	105	18	105
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	592,787	25	
	26	<b>Total liabilities.</b> Add lines 17 through 25	695,620	26	171,348
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.</b>				
	27	Net assets without donor restrictions	4,855,302	27	4,884,502
	28	Net assets with donor restrictions	8,922,458	28	8,990,561
	<b>Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.</b>				
	29	Capital stock or trust principal, or current funds		29	
	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
	31	Retained earnings, endowment, accumulated income, or other funds		31	
32	<b>Total net assets or fund balances</b>	13,777,760	32	13,875,063	
33	<b>Total liabilities and net assets/fund balances</b>	14,473,380	33	14,046,411	

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	<b>8,857,048</b>
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	<b>8,881,078</b>
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	<b>-24,030</b>
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	<b>4</b>	<b>13,777,760</b>
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	<b>121,333</b>
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain on Schedule O)	<b>9</b>	
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	<b>10</b>	<b>13,875,063</b>

**Part XII Financial Statements and Reporting**

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/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			
(20) <b>JEREMY BILL</b>	1.00									
MEMBER	0.00	X						0	0	0
(21) <b>KIM BURMA</b>	1.00									
MEMBER	0.00	X						0	0	0
(22) <b>ELIZABETH CARLSON</b>	1.00									
MEMBER	0.00	X						0	0	0
(23) <b>JACK MARSH</b>	1.00									
MEMBER	0.00	X						0	0	0
(24) <b>TOLCHA MESELE</b>	1.00									
MEMBER	0.00	X						0	0	0
(25) <b>MELISSA O'HARA</b>	1.00									
MEMBER	0.00	X						0	0	0
(26) <b>MONIE SIEMONSMA</b>	1.00									
CAMP DIV VICE-CHAIR	0.00	X						0	0	0
(27) <b>MIKE TOWNSEND</b>	1.00									
MEMBER	0.00	X						0	0	0
<b>1b Subtotal</b>										
<b>c Total from continuation sheets to Part VII, Section A</b>										
<b>d Total (add lines 1b and 1c)</b>										

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

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

**Section B. Independent Contractors**

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

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

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

**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/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			
(28) DR. MIKE FRANKMAN	1.00									
MEMBER	0.00	X						0	0	0
(29) JAMIE HEGGE	1.00									
MEMBER	0.00	X						0	0	0
(30) ADRIENNE MCKEOWN	1.00									
MEMBER	0.00	X						0	0	0
(31) ALEX RAMIREZ	1.00									
MEMBER	0.00	X						0	0	0
(32) STEVE STATZ	1.00									
MEMBER	0.00	X						0	0	0
(33) JOEL SYLVESTER	1.00									
PAST CAMP DIV CHAIR	0.00	X						0	0	0
(34) JEFF STRAND	1.00									
PAST COMM. IMP CHAIR	0.00	X						0	0	0
(35) KRISTA MAY	1.00									
EMERG LEADERS CHAIR	0.00	X						0	0	0
<b>1b Subtotal</b> .....							<b>u</b>			
<b>c Total from continuation sheets to Part VII, Section A</b> .....							<b>u</b>			
<b>d Total (add lines 1b and 1c)</b> .....							<b>u</b>			

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

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

**Section B. Independent Contractors**

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

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

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

**SCHEDULE A**  
(Form 990)

**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.

**2021**

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

Name of the organization

**SIOUX EMPIRE UNITED WAY, INC.**

Employer identification number

**46-0233701**

**Part I 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).)
- 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 on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
  - a  **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
  - b  **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
  - c  **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
  - d  **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
  - e  Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
  - f Enter the number of supported organizations
  - g Provide the following information about the supported organization(s).

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

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

Schedule A (Form 990) 2021



**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) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	9,162,344	9,851,510	10,793,275	10,138,672	8,668,553	48,614,354
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>4 Total.</b> Add lines 1 through 3	9,162,344	9,851,510	10,793,275	10,138,672	8,668,553	48,614,354
<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)						15,131
<b>6</b> Public support. Subtract line 5 from line 4						48,599,223

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
<b>7</b> Amounts from line 4	9,162,344	9,851,510	10,793,275	10,138,672	8,668,553	48,614,354
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	101,375	84,079	161,968	96,194	188,495	632,111
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
<b>11 Total support.</b> Add lines 7 through 10						49,246,465

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

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

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

<b>14</b> Public support percentage for 2021 (line 6, column (f) divided by line 11, column (f))	14	98.69 %
<b>15</b> Public support percentage from 2020 Schedule A, Part II, line 14	15	98.95 %

**16a 33 1/3% support test—2021.** 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—2020.** 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—2021.** 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—2020.** 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) <b>u</b>	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total.</b> Add lines 1 through 5						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
<b>c</b> Add lines 7a and 7b						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) <b>u</b>	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
<b>9</b> Amounts from line 6						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b						
<b>11</b> Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						

**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**

<b>15</b> Public support percentage for 2021 (line 8, column (f), divided by line 13, column (f))	<b>15</b>	%
<b>16</b> Public support percentage from 2020 Schedule A, Part III, line 15	<b>16</b>	%

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

<b>17</b> Investment income percentage for <b>2021</b> (line 10c, column (f), divided by line 13, column (f))	<b>17</b>	%
<b>18</b> Investment income percentage from <b>2020</b> Schedule A, Part III, line 17	<b>18</b>	%

**19a 33 1/3% support tests—2021.** 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—2020.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

	Yes	No
<b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
<b>2</b> Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
<b>b</b> Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
<b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 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)*

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

**Section B. Type I Supporting Organizations**

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

**Section C. Type II Supporting Organizations**

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

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

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

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

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

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

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

<b>Section A – Adjusted Net Income</b>		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	<b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	8	

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

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

7  Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

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

Section D – Distributions	Current Year		
<b>1</b> Amounts paid to supported organizations to accomplish exempt purposes			
<b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity			
<b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations			
<b>4</b> Amounts paid to acquire exempt-use assets			
<b>5</b> Qualified set-aside amounts (prior IRS approval required— <i>provide details in Part VI</i> )			
<b>6</b> Other distributions ( <i>describe in Part VI</i> ). See instructions.			
<b>7 Total annual distributions.</b> Add lines 1 through 6.			
<b>8</b> Distributions to attentive supported organizations to which the organization is responsive ( <i>provide details in Part VI</i> ). See instructions.			
<b>9</b> Distributable amount for 2021 from Section C, line 6			
<b>10</b> Line 8 amount divided by line 9 amount			
Section E – Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2021	(iii) Distributable Amount for 2021
<b>1</b> Distributable amount for 2021 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2021 (reasonable cause required— <i>explain in Part VI</i> ). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2021			
<b>a</b> From 2016 .....			
<b>b</b> From 2017 .....			
<b>c</b> From 2018 .....			
<b>d</b> From 2019 .....			
<b>e</b> From 2020 .....			
<b>f Total</b> of lines 3a through 3e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2021 distributable amount			
<b>i</b> Carryover from 2016 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
<b>4</b> Distributions for 2021 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2021 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from line 4.			
<b>5</b> Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
<b>6</b> Remaining underdistributions for 2021 Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
<b>7 Excess distributions carryover to 2022.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b> Excess from 2017 .....			
<b>b</b> Excess from 2018 .....			
<b>c</b> Excess from 2019 .....			
<b>d</b> Excess from 2020 .....			
<b>e</b> Excess from 2021 .....			



**Schedule B  
(Form 990)**

**Schedule of Contributors**

OMB No. 1545-0047

Department of the Treasury  
Internal Revenue Service

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

**2021**

Name of the organization

Employer identification number

**SIOUX EMPIRE UNITED WAY, INC.**

**46-0233701**

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

**General Rule**

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

**Special Rules**

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33<sup>1</sup>/<sub>3</sub>% 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).



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	<b>AVERA MCKENNAN HOSPITAL</b> <b>1325 S. CLIFF AVENUE</b>  <b>SIOUX FALLS SD 57117-5045</b>	\$ <b>348,914</b>	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	<b>FIRST PREMIER BANK/ PREMIER BANKCARD</b> <b>601 S. MINNESOTA AVENUE</b>  <b>SIOUX FALLS SD 57101-1348</b>	\$ <b>642,324</b>	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	<b>FIRST PREMIER BANK/ PREMIER BANKCARD</b> <b>601 S. MINNESOTA AVENUE</b>  <b>SIOUX FALLS SD 57101-1348</b>	\$ <b>224,000</b>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	<b>SANFORD HEALTH</b> <b>1305 W. 18TH STREET</b>  <b>SIOUX FALLS SD 57117-5039</b>	\$ <b>187,296</b>	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	<b>SMITHFIELD</b> <b>1400 N WEBER AVENUE</b>  <b>SIOUX FALLS SD 57117-5266</b>	\$ <b>526,355</b>	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ .....	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2021

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 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 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?, 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?

Part II Conservation Easements.

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

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1 Purpose(s) of conservation easements held by the organization (check all that apply), 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. (Sub-rows 2a-2d), 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year u, 4 Number of states where property subject to conservation easement is located u, 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?, 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year u, 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year u \$, 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?, 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.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 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. 1b 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 u \$, (ii) Assets included in Form 990, Part X u \$. 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 u \$, b Assets included in Form 990, Part X u \$.

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

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

**Part IV Escrow and Custodial Arrangements.**

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

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

**Part V Endowment Funds.**

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
<b>1a</b> Beginning of year balance	1,285,105	1,168,513	180,539	193,460	167,592
<b>b</b> Contributions	19,000	10,000	888,887	150	
<b>c</b> Net investment earnings, gains, and losses	182,709	160,181	105,203	-11,535	25,868
<b>d</b> Grants or scholarships					
<b>e</b> Other expenditures for facilities and programs	-29,224	-44,477			
<b>f</b> Administrative expenses	-10,536	-9,112	-6,116	-1,536	
<b>g</b> End of year balance	1,447,054	1,285,105	1,168,513	1,800,539	193,460

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a** Board designated or quasi-endowment **u** 18.00 %
  - b** Permanent endowment **u** 82.00 %
  - c** Term endowment **u** \_\_\_\_\_ %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- |                                    | Yes | No       |
|------------------------------------|-----|----------|
| <b>(i)</b> Unrelated organizations |     | <b>X</b> |
| <b>(ii)</b> Related organizations  |     | <b>X</b> |
- b** If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?
- 4** Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.**

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
<b>1a</b> Land				
<b>b</b> Buildings				
<b>c</b> Leasehold improvements		36,733	30,075	6,658
<b>d</b> Equipment		113,083	95,655	17,428
<b>e</b> Other		50,598	47,208	3,390
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)			<b>u</b>	<b>27,476</b>

**Part VII Investments – Other Securities.**

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

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

**Part VIII Investments – Program Related.**

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

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

**Part IX Other Assets.**

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

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

**Part X Other Liabilities.**

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

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

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

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

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

<b>1</b>	Total revenue, gains, and other support per audited financial statements .....		<b>1</b>	<b>8,978,381</b>
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
<b>a</b>	Net unrealized gains (losses) on investments .....	<b>2a</b>	<b>121,333</b>	
<b>b</b>	Donated services and use of facilities .....	<b>2b</b>		
<b>c</b>	Recoveries of prior year grants .....	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII.) .....	<b>2d</b>		
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> .....		<b>2e</b>	<b>121,333</b>
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> .....		<b>3</b>	<b>8,857,048</b>
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b .....	<b>4a</b>		
<b>b</b>	Other (Describe in Part XIII.) .....	<b>4b</b>		
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> .....		<b>4c</b>	
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . ( <i>This must equal Form 990, Part I, line 12.</i> ) .....		<b>5</b>	<b>8,857,048</b>

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

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

<b>1</b>	Total expenses and losses per audited financial statements .....		<b>1</b>	<b>8,881,078</b>
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
<b>a</b>	Donated services and use of facilities .....	<b>2a</b>		
<b>b</b>	Prior year adjustments .....	<b>2b</b>		
<b>c</b>	Other losses .....	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII.) .....	<b>2d</b>		
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> .....		<b>2e</b>	
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> .....		<b>3</b>	<b>8,881,078</b>
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b .....	<b>4a</b>		
<b>b</b>	Other (Describe in Part XIII.) .....	<b>4b</b>		
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> .....		<b>4c</b>	
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . ( <i>This must equal Form 990, Part I, line 18.</i> ) .....		<b>5</b>	<b>8,881,078</b>

**Part XIII Supplemental Information.**

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

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**SCHEDULE I  
(Form 990)**

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

OMB No. 1545-0047

**2021**

**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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	<b>AUGUSTANA UNIVERSITY - PATHWAYS 2001 S SUMMIT AVE SIOUX FALLS SD 57197</b>	<b>42-1623480</b>	<b>3</b>	<b>10,000</b>				<b>PARTNER AGENCY ALLOC</b>
(2)	<b>AVERA HEALTH FOUNDATION 3900 W AVERA DR SIOUX FALLS SD 57108</b>	<b>46-0422673</b>	<b>3</b>	<b>166,882</b>				<b>PARTNER AGENCY ALLOC</b>
(3)	<b>AVERA MCKENNAN HOSPITAL 800 E 21ST STREET SIOUX FALLS SD 57105</b>	<b>46-0224743</b>	<b>3</b>	<b>34,174</b>				<b>PARTNER AGENCY ALLOC</b>
(4)	<b>BETHANY CHRISTIAN SERVICES 400 S SYCAMORE AVE #103-1 SIOUX FALLS SD 57110</b>	<b>38-1405282</b>	<b>3</b>	<b>15,000</b>				<b>COMMUNITY IMPACT</b>
(5)	<b>BOY SCOUTS 800 N WEST AVE SIOUX FALLS SD 57104</b>	<b>46-0224599</b>	<b>3</b>	<b>232,000</b>				<b>PARTNER AGENCY ALLOC</b>
(6)	<b>BOYS &amp; GIRLS CLUBS OF THE SE-CIG 100 S SPRING AVE #280 SIOUX FALLS SD 57104</b>	<b>46-0399482</b>	<b>3</b>	<b>244,000</b>				<b>COMMUNITY IMPACT</b>
(7)	<b>BOYS &amp; GIRLS CLUBS OF THE SIOUX EMP 100 S SPRING AVE #280 SIOUX FALLS SD 57104</b>	<b>46-0399482</b>	<b>3</b>	<b>192,691</b>				<b>PARTNER AGENCY ALLOC</b>
(8)	<b>CENTER FOR ACTIVE GENERATIONS 2300 W 46TH ST SIOUX FALLS SD 57105</b>	<b>46-0305500</b>	<b>3</b>	<b>315,750</b>				<b>PARTNER AGENCY ALLOC</b>
(9)	<b>CENTER FOR ACTIVE GENERATIONS/CIG 2300 W 46TH SIOUX FALLS SD 57105</b>	<b>46-0305500</b>	<b>3</b>	<b>75,000</b>				<b>COMMUNITY IMPACT</b>

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **u 58**
- 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) (2021)

**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.  
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OMB No. 1545-0047

**2021**

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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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	CHILDREN'S HOME SOCIETY 409 N WESTERN AVE SIOUX FALLS SD 57104	46-0224542	3	873,100				PARTNER AGENCY ALLOC
(2)	CITY OF SIOUX FALLS FIRE RESCUE 301 S SYCAMORE AVE SIOUX FALLS SD 57110	46-6000425	GOV	10,000				COVID RELIEF
(3)	COMMUNITY OUTREACH 231 N WEBER AVE SIOUX FALLS SD 57103	46-0416744	3	320,000				PARTNER AGENCY ALLOC
(4)	COMPASS CENTER-COUNSELING 1800 W 12TH ST #100 SIOUX FALLS SD 57104	46-0350199	3	165,904				COMMUNITY OUTREACH
(5)	COMPASS CENTER 1800 W 12TH ST #100 SIOUX FALLS SD 57104	46-0350199	3	24,500				PARTNER AGENCY ALLOC
(6)	DAKOTA SMILES MOBILE DENTAL PROGRAM 201 E 38TH ST SIOUX FALLS SD 57105	91-1776857	3	40,000				PARTNER AGENCY ALLOC
(7)	DAKOTABILITIES 3600 S DULUTH AVE SIOUX FALLS SD 57105	46-0306216	3	85,000				PARTNER AGENCY ALLOC
(8)	EMBE-GIRLS ON THE RUN 300 W 11TH ST SIOUX FALLS SD 57104	46-0234998	3	9,740				PARTNER AGENCY ALLO
(9)	EMBE 300 W 11TH ST SIOUX FALLS SD 57104	46-0234998	3	103,241				PARTNER AGENCY ALLO

- 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) (2021)



**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.  
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OMB No. 1545-0047

**2021**

**Open to Public  
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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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	<b>EMBE-AQUATICS</b> 300 W 11TH ST SIOUX FALLS SD 57104	46-0234998	3	14,988				COMMUNITY OUTREACH
(2)	<b>EMBE-YOUTH RECREATION</b> 300 W 11TH ST SIOUX FALLS SD 57104	46-0234998	3	6,860				COMMUNITY OUTREACH
(3)	<b>FAMILY CONNECTIONS</b> 303 N MINNESOTA AVE SIOUX FALLS SD 57104	46-0435140	3	29,870				PARTNER AGENCY ALLOC
(4)	<b>FAMILY SERVICE</b> 2210 W BROWN PL SIOUX FALLS SD 57105	46-0259350	3	60,901				PARTNER AGENCY ALLOC
(5)	<b>FAMILY SERVICE-COUNSELING</b> 2210 W BROWN PL SIOUX FALLS SD 57105	46-0259350	3	105,101				COMMUNITY OUTREACH
(6)	<b>FEEDING SOUTH DAKOTA</b> 3511 N 1ST AVE SIOUX FALLS SD 57104	36-3293534	3	39,083				PARTNER AGENCY ALLOC
(7)	<b>FIRST UNITED METHODIST CHURCH</b> 401 S SPRING AVE SIOUX FALLS SD 57104	46-0230392	3	101,240				PARTNER AGENCY ALLOC
(8)	<b>FURNITURE MISSION</b> 209 S NESMITH AVE SIOUX FALLS SD 57103	81-0584500	3	65,000				PARTNER AGENCY ALLOC
(9)	<b>HARMONY SOUTH DAKOTA</b> 2522 W 41ST ST #125 SIOUX FALLS SD 57105	46-3296505	3	132,560				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) (2021)

**SCHEDULE I  
(Form 990)**

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

OMB No. 1545-0047

**2021**

**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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	<b>HELP!LINE CENTER 1000 N WEST AVE #310 SIOUX FALLS SD 57104</b>	<b>23-7424387</b>	<b>3</b>	<b>236,596</b>				<b>PARTNER AGENCY ALLOC</b>
(2)	<b>HORSEPOWER 26659 BLUE SAGE LANE SIOUX FALLS SD 57106</b>	<b>46-0378036</b>	<b>3</b>	<b>64,443</b>				<b>COMMUNITY IMPACT</b>
(3)	<b>INTERLAKES CAP - CHILD DEV CENTER PO BOX 268 MADISON SD 57042</b>	<b>46-0282131</b>	<b>3</b>	<b>121,000</b>				<b>PARTNER AGENCY ALLOC</b>
(4)	<b>INTERLAKES CAP - HEARTLAND HOUSE PO BOX 268 MADISON SD 57042</b>	<b>46-0282131</b>	<b>3</b>	<b>60,000</b>				<b>COMMUNITY IMPACT</b>
(5)	<b>LUTHERAN SOCIAL SERVICES 705 E 41ST ST #200 SIOUX FALLS SD 57105</b>	<b>46-0224731</b>	<b>3</b>	<b>732,849</b>				<b>PARTNER AGENCY ALLOC</b>
(6)	<b>LUTHERAN SOCIAL SERVICES - COUNSEL 705 E 41ST #200 SIOUX FALLS SD 57105</b>	<b>46-0224731</b>	<b>3</b>	<b>131,804</b>				<b>COMMUNITY IMPACT</b>
(7)	<b>LUTHERAN SOCIAL SERVICES - PATH 705 E 41ST #200 SIOUX FALLS SD 57105</b>	<b>46-0224731</b>	<b>3</b>	<b>174,840</b>				<b>PARTNER AGENCY ALLOC</b>
(8)	<b>MULTI-CULTURAL CENTER 515 N MAIN AVE SIOUX FALLS SD 57104</b>	<b>46-0445034</b>	<b>3</b>	<b>141,841</b>				<b>PARTNER AGENCY ALLOC</b>
(9)	<b>REACH 629 S MINNESOTA AVE #201 SIOUX FALLS SD 57104</b>	<b>46-0396579</b>	<b>3</b>	<b>54,500</b>				<b>PARTNER AGENCY</b>

- 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) (2021)

**SCHEDULE I  
(Form 990)**

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

OMB No. 1545-0047

**2021**

**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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	READY TO START HARRISBURG SCHOOL DIST 200 WILLOW STREET HARRISBURG SD 57032	46-6002218	GOV	27,300				COMMUNITY IMPACT
(2)	READY TO START MCCOOK CENTRAL SC DIST 200 E ESSEX AVE SALEM SD 57058		GOV	5,324				COMMUNITY IMPACT
(3)	READY TO START SIOUX FALLS SCH DIST 201 E. 38TH ST SIOUX FALLS SD 57105	46-6002586	GOV	53,769				COMMUNITY IMPACT
(4)	READY TO START TEA AREA SCHOOL DIST 500 W BRIAN TEA SD 57064	50-0005151	GOV	19,000				COMMUNITY IMPACT
(5)	SANFORD CHILDREN'S SERVICES 1305 W 18TH ST SIOUX FALLS SD 57105	46-0227855	3	56,990				PARTNER AGENCY ALLOC
(6)	SANFORD HEALTH - SB6 1305 W 18TH ST SIOUX FALLS SD 57105	46-0227855	3	103,698				PARTNER AGENCY ALLOC
(7)	SD DENTAL FOUNDATION 804 N EUCLID AVE #103 PIERRE SD 57501	46-0367045	3	21,840				COMMUNITY IMPACT
(8)	SFSD - HOME LIAISON REFUGEE & IMM 201 E 38TH ST SIOUX FALLS SD 57105	46-6002586	GOV	139,400				PARTNER AGENCY ALLOC
(9)	SFSD - PRESCHOOL OPPORTUNITIES 201 E 38TH ST SIOUX FALLS SD 57105	46-6002586	GOV	228,319				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) (2021)

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

OMB No. 1545-0047

**2021**

**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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	SIOUX EMPIRE CHARACTER ON TRACK 3220 W 57TH ST #109 SIOUX FALLS SD 57108	46-6016086	3	46,200				PARTNER AGENCY ALLOC
(2)	SIOUX FALLS AREA CASA PROGRAM PO BOX 1901 SIOUX FALLS SD 57101	46-0430647	3	90,000				PARTNER AGENCY ALLOC
(3)	SIOUX FALLS AREA COMMUNITY FOUNDATI 200 N CHERAPA PLACE SIOUX FALLS SD 57103	31-1748533	3	60,000				PARTNER AGENCY ALLOC
(4)	SIOUX FALLS FAMILY YMCA 230 S MINNESOTA SIOUX FALLS SD 57104	46-0225021	3	128,475				PARTNER AGENCY ALLOC
(5)	SIOUX FALLS FAMILY YMCA-CIG 230 S MINNESOTA SIOUX FALLS SD 57104	46-0225021	3	11,735				COMMUNITY IMPACT
(6)	SIOUX FALLS HOPE COALITION 2211 W CHERRYWOOD CIRCLE SIOUX FALLS SD 57108	26-4760861	3	84,375				COMMUNITY IMPACT
(7)	SIOUX FALLS HOUSING 630 S MINNESOTA AVE SIOUX FALLS SD 57104	46-0333222	GOV	25,000				PARTNER AGENCY ALLOC
(8)	SIOUX FALLS THRIVE 122 S PHILLIPS AVE #350 SIOUX FALLS SD 57104	81-4491870	3	20,000				COMMUNITY IMPACT
(9)	ST. FRANCIS HOUSE 1301 E AUSTIN STREET SIOUX FALLS SD 57103	46-0423202	3	130,000				PARTNER AGENCY

- 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) (2021)

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

OMB No. 1545-0047

**2021**

**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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	UNITED DAY CARE 401 S SPRING AVE SIOUX FALLS SD 57104	46-0312397	3	85,701				PARTNER AGENCY ALLOC
(2)	USD SCOTTISH RITE 414 E CLARK ST VERMILLION SD 57069	46-6000364	GOV	130,000				PARTNER AGENCY ALLOC
(3)	VOLUNTEERS OF AMERICA 1309 W 51ST ST SIOUX FALLS SD 57106	23-7353508	3	214,724				PARTNER AGENCY ALLOC
(4)	VOLUNTEERS OF AMERICA-AXIS 180 1309 W 51ST ST SIOUX FALLS SD 57106	23-7353508	3	59,000				COMMUNITY OUTREACH
(5)	VOLUNTEERS OF AMERICA-COUNSELING 1309 W 51ST ST SIOUX FALLS SD 57106	23-7353508	3	95,180				COMMUNITY OUTREACH
(6)	SAD ISN'T BAD 909 W 33RD ST SIOUX FALLS SD 57105	46-0229996		10,000				PARTNER AGENCY ALLOC
(7)	GLORY HOUSE PO BOX 88145 SIOUX FALLS SD 57109	46-0308425	3	23,000				PARTNER AGENCY ALLOC
(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**

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

Schedule I (Form 990) (2021)

**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.

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

OMB No. 1545-0047

**2021**

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 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? **4a**  Yes  No
- b** Participate in or receive payment from a supplemental nonqualified retirement plan? **4b**  Yes  No
- c** Participate in or receive payment from an equity-based compensation arrangement? **4c**  Yes  No
- 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? **5a**  Yes  No
- b** Any related organization? **5b**  Yes  No
- 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? **6a**  Yes  No
- b** Any related organization? **6b**  Yes  No
- 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>1a</b>		
<b>2</b>		
<b>3</b>		
<b>4a</b>		<input checked="" type="checkbox"/>
<b>4b</b>		<input checked="" type="checkbox"/>
<b>4c</b>		<input checked="" type="checkbox"/>
<b>5a</b>		<input checked="" type="checkbox"/>
<b>5b</b>		<input checked="" type="checkbox"/>
<b>6a</b>		<input checked="" type="checkbox"/>
<b>6b</b>		<input checked="" type="checkbox"/>
<b>7</b>		<input checked="" type="checkbox"/>
<b>8</b>		<input checked="" type="checkbox"/>
<b>9</b>		

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)–(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 JAY POWELL PRESIDENT	(i)	200,700	0	0	20,659	0	221,359	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)							





**SCHEDULE L**

**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Transactions With Interested Persons**

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

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

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

**2021**

Open To Public Inspection

Name of the organization

**SIOUX EMPIRE UNITED WAY, INC.**

Employer identification number

**46-0233701**

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

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

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	PAST CHAIR		FUNDING		X
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					

**Part V Supplemental Information.**

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

**SCHEDULE L, PART V - ADDITIONAL INFORMATION**

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

**SCHEDULE O  
(Form 990)**

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

OMB No. 1545-0047

**2021**

**Open to Public  
Inspection**

Name of the organization

**SIOUX EMPIRE UNITED WAY, INC.**

Employer identification number

**46-0233701**

**FORM 990, PART I, LINE 6**

**VOLUNTEER RESPONSIBILITIES 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**

**MARKETING OVERVIEW**

**4 VOLUNTEERS SERVED ON THE MARKETING DIVISION.**

**COMMUNICATIONS BUILT ON TWO MAIN MESSAGES. WE HELP CHILDREN, VULNERABLE  
ADULTS, AND PEOPLE IN CRISIS. SHARE THE GOOD.**

**RETURN TO IN-PERSON EVENTS.**

**"WOMENUNITE: 430 IN ATTENDANCE. PLEDGES AT \$6,000.**

**"KICKOFF: EVENING OUTDOOR ENTERTAINMENT, FOOD TRUCKS, SHORT PROGRAM. 200 IN  
ATTENDANCE.**

**"THANK YOU EVENT: 250 IN ATTENDANCE. ANNOUNCED TOTAL AND RECOGNIZED  
OUTSTANDING NOMINEES AND AWARD RECIPIENTS.**

**100 SPEAKING ENGAGEMENTS WERE SCHEDULED THROUGH SPEAKER'S BUREAU. 26 AGENCY  
TOURS HELD, WITH 380 ATTENDEES.**

**EMERGING LEADERS HAS 60 MEMBERS. MEMBERS PARTICIPATED IN 16 DIFFERENT  
EVENTS IN-PERSON, WITH OUTDOORS AND INDIVIDUAL OPTIONS, DONATING 280 HOURS**

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OF VOLUNTEERISM.

CAMPAIGN E-UPDATES WERE EMAILED WEEKLY DURING THE FALL TO 650+ VOLUNTEERS WITH AN AVERAGE OPEN RATE OF 35%.

INFORMATIONAL E-UPDATES WERE DISTRIBUTED MONTHLY TO 9,000+ SUPPORTERS WITH AN AVERAGE OPEN RATE OF 15%.

WITHIN SOCIAL MEDIA:

"INCREASED FACEBOOK FOLLOWERS 13%.

"INSTAGRAM FOLLOWERS INCREASED 7%.

"CONTINUED TO BUILD LINKEDIN PRESENCE.

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

DISTRIBUTED MARKETING SURVEY AND ECM SURVEY TO HELP US BETTER UNDERSTAND OUR COMMUNICATION NEEDS AND RESOURCES NEEDED TO PROVIDE TO OUR CAMPAIGN VOLUNTEERS.

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

COMMUNITY IMPACT DIVISION STRATEGIES

DIVISION HAD APPROXIMATELY 60 VOLUNTEERS SERVING WITHIN 6 DIFFERENT COMMITTEES.

ONGOING FUNDING PROCESS:

"HELD ALL AGENCY FUNDING REVIEW MEETINGS VIRTUALLY. VOLUNTEERS REVIEWED THE

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APPLICATION, MET VIRTUALLY 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 FUNDING OF APPROXIMATELY \$8 MILLION TO 85 PROGRAM AND 40 NON-PROFIT ORGANIZATIONS.

ADDITIONAL FUNDING OPPORTUNITIES: TASKED WITH DETERMINING THE BEST USE OF FUNDS FOR THREE OTHER FUNDS.

"BOARD EARMARKED MONIES: FUNDS NOT PAID OUT AS A RESULT OF THE 2020 COVID IMPACT SURVEYS

ORECOMMENDED FUNDING TO SUPPORT THE FOLLOWING: AVERA FAMILY WELLNESS PROGRAM, YMCA/MIDDLE SCHOOL AFTER SCHOOL PROGRAM, AED PLACEMENTS, AND UNITED WAY'S DEI EFFORTS

"COVID FUNDS: FUNDS BUILT INTO THE 2020 CAMPAIGN TO ASSIST WITH ADDITIONAL NEEDS RESULTING FROM THE PANDEMIC.

ORECOMMENDED FUNDING TO SUPPORT THE FOLLOWING: LUTHERAN SOCIAL SERVICES OF SD/BEHAVIORAL HEALTH SERVICES, VOLUNTEERS OF AMERICA, DAKOTAS/COUNSELING SERVICES, SOUTH DAKOTA DENTAL FOUNDATION/ONE SMILE PROGRAM, THE COMPASS CENTER/COUNSELING, SIOUX FALLS FIRE RESCUE/YOUTH RISK REDUCTION PROGRAMMING, AND GROCERIES FOR FAMILIES IN NEED

"2022 OPPORTUNITIES FUNDING: FUNDS BUILT INTO THE 2022 CAMPAIGN FOR ADDITIONAL FUNDING OPPORTUNITIES.

ORECOMMENDED FUNDING TO SUPPORT THE FOLLOWING: PRIORITIES FUND (INCLUDING USE FOR UNITED WAY'S DEI EFFORTS), FAMILY CONNECTION, SOUTH DAKOTA DENTAL FOUNDATION/ONE SMILE PROGRAM, DELTA DENTAL MOBILE DENTAL PROGRAM, AND AVERA BEHAVIORAL HEALTH NAVIGATION PROGRAM

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.....  
DIVERSITY, EQUITY, AND INCLUSION (DEI) EFFORTS  
.....

"HELD A HALF-DAY RETREAT WITH OUR DEI COMMITTEE. FOLLOWING THE RETREAT,  
CONTINUED TO MEET EVERY TWO-WEEKS.  
.....

"KEY ITEMS INCLUDED:  
.....

OCOMPLETION OF AN EQUITY STATEMENT  
.....

OCOMPLETION OF AN UPDATED NON-DISCRIMINATION POLICY  
.....

OAPPROVAL OF ADDITIONAL APPLICATION QUESTIONS FOR THE UPCOMING FUNDING  
PROCESS  
.....

OACCEPTANCE INTO THE BEACOM FELLOWS PROGRAM  
.....

OTRAINING FOR STAFF AND BOARD AROUND DIVERSITY, EQUITY, AND INCLUSION  
.....

OCREATION OF A DEMOGRAPHICS SURVEY TO ASSESS THE CURRENT MAKE-UP OF STAFF,  
BOARD, AND KEY VOLUNTEERS  
.....

OTRAINING FOR FUNDED AGENCIES TO INTRODUCE THEM TO OUR FUTURE PLANS/GOALS  
AROUND DEI  
.....

OCREATION OF ADDITIONAL RESOURCES TO FURTHER EXPLAIN OUR DEI GOALS TO OUR  
FUNDED AGENCIES  
.....

OTRACKING OF PROGRESS TOWARD UNITED WAY WORLDWIDE DEI GOALS  
.....

.....  
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, 2,262 BOOKLETS WERE DISTRIBUTED. TEMPERAMENT  
PROGRAMMING UTILIZES A THOROUGH QUESTIONNAIRE PROVIDED TO PARENTS WHEN  
.....

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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, 135 FAMILIES COMPLETED QUESTIONNAIRES.

BOYS & GIRLS CLUBS OF THE SIOUX EMPIRE'S CHILDCARE PROGRAM PROVIDES QUALITY CHILDCARE AND EDUCATION PROGRAMS FOR YOUNG CHILDREN. LAST YEAR, 520 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, 207 STUDENTS PARTICIPATED IN THE PROGRAMMING. STUDENTS PARTICIPATING IN A HIGH-QUALITY AFTERSCHOOL PROGRAM WENT TO SCHOOL MORE OFTEN, BEHAVED BETTER, RECEIVED BETTER GRADES, AND DID BETTER ON TESTS COMPARED TO NON-PARTICIPATING STUDENTS.

BOYS & GIRLS CLUBS OF THE SIOUX EMPIRE'S THE CLUB PROVIDES A SAFE, ENGAGING ENVIRONMENT THAT HELPS MIDDLE SCHOOL AND HIGH SCHOOL YOUTH TO BUILD HEALTHY RELATIONSHIPS AND PROMOTES ACADEMIC SUCCESS, CHARACTER AND LEADERSHIP, CAREER READINESS, AND HEALTHY LIFESTYLES. LAST YEAR, AN AVERAGE OF 25 YOUTH ATTENDED THE PROGRAM EACH DAY.

CHALLENGE DAY PROVIDES AREA MIDDLE AND HIGH SCHOOL STUDENTS WITH A ONE-DAY PROGRAM THAT FOCUSES ON EMPATHY SKILL BUILDING. LAST YEAR, CHALLENGE DAY HAPPENED IN THE BRANDON VALLEY HIGH SCHOOL, WITH 100 STUDENTS PARTICIPATING



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**IN THE PROGRAM.**

**CHARACTER ON TRACK PROVIDES AN EDUCATIONAL FRAMEWORK FOR TEACHING TRUSTWORTHINESS, RESPECT, RESPONSIBILITY, FAIRNESS, CARING, AND CITIZENSHIP. LAST YEAR, ASSEMBLIES WERE HELD IN 22 AREA SCHOOL DISTRICTS.**

**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, 600 YOUTH 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 89% OF RESPONDENTS WOULD NOT HAVE BEEN ABLE TO PARTICIPATE IN ACTIVITIES WITHOUT CONNECTING KIDS.**

**DELTA DENTAL OF SD'S MOBILE DENTAL PROGRAM PROVIDES ORAL HEALTH SERVICES TO CHILDREN WHO DON'T HAVE ACCESS TO DENTAL CARE. LAST YEAR, 205 LOCAL YOUTH WERE SCREENED, WITH 28% 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. 10,612 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, 1,710 INDIVIDUALS TOOK PART IN SWIMMING LESSONS, WITH 86% MOVING ONTO THE NEXT LEVEL.

EMBE'S CHILDCARE PROGRAM SERVES CHILDREN AGES 4 WEEKS TO 5 YEARS. LAST YEAR, AN AVERAGE OF 253 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, 408 GIRLS PARTICIPATED IN GIRLS ON THE RUN OR HEART & SOLE AT 46 DIFFERENT SCHOOLS IN THE SIOUX EMPIRE.

EMBE'S YOUTH RECREATION PROGRAMMING PROVIDES A VARIETY OF YOUTH ACTIVITIES FOR CHILDREN. ACTIVITIES INCLUDE: VOLLEYBALL, BABYSITTING CAMP, CAMP CHANGEMAKER, YOUTH TAEKWONDO, AND FIRST LEGO LEAGUE. LAST YEAR, 889 YOUTH PARTICIPATED IN A VARIETY OF PROGRAMS.

FAMILY CONNECTION'S CHILDREN'S CONNECTION PROVIDES WEEKLY SUPPORT GROUPS, FAMILY EVENTS, AND MORE TO CHILDREN WHOSE PARENT OR CLOSE FAMILY MEMBER HAS BEEN INCARCERATED. LAST YEAR, 321 STUDENTS PARTICIPATED IN THE WEEKLY GROUPS AT 10 LOCAL ELEMENTARY AND MIDDLE SCHOOLS. 86% OF PARTICIPANTS INCREASED THEIR SELF-ESTEEM.

HARMONY SOUTH DAKOTA IS A FREE AFTER-SCHOOL MUSIC PROGRAM THAT PROVIDES OPPORTUNITIES FOR CHILDREN AGES 7 AND UP TO PARTICIPATE IN STRING ORCHESTRA, PERCUSSION ENSEMBLES, MUSICIANSHIP CLASSES, AND PRIVATE

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INSTRUMENTAL LESSONS. LAST YEAR, 80 PARTICIPANTS SPENT 360 HOURS IN INSTRUCTION THROUGH THE PROGRAM. 100% OF PARTICIPANTS INCREASED THEIR SELF-CONFIDENCE AND PERSEVERANCE.

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, 102 CHILDREN WERE ENROLLED IN THE PROGRAM WHILE THEIR PARENTS EITHER WORKED OR ATTENDED SCHOOL.

KIDSTOP PROVIDES A FREE AFTER SCHOOL AND SUMMER RECREATION PROGRAM FOR STUDENTS IN GRADES K-8. LAST YEAR AN AVERAGE OF 54 CHILDREN ATTENDED DAILY. 89% OF PARTICIPANTS REPORTED AN IMPROVEMENT IN THEIR ATTITUDE TOWARDS SCHOOL.

LUTHERAN SOCIAL SERVICES' AFTER-SCHOOL AND SUMMER PROGRAMS EMPHASIZE HANDS-ON ACTIVITIES TO KEEP CHILDREN ENGAGED IN LEARNING OUTSIDE OF SCHOOL HOURS. LAST YEAR, 87 CHILDREN PARTICIPATED IN AFTERSCHOOL AND SUMMER PROGRAMS.

LUTHERAN SOCIAL SERVICES' ARISE YOUTH CENTER/EAST'S EVENING REPORT CENTER IS AN ALTERNATIVE TO JUVENILE DETENTION FOR YOUTH AGES 10 TO 17. IT PROVIDES SUPERVISION AND LEARNING SUPPORT DURING HOURS WHEN YOUTH MAY BE MORE LIKELY TO BE UNSUPERVISED AT HOME AND HAVE MORE OPPORTUNITIES TO GET INTO FURTHER TROUBLE. THE PROGRAM FOCUSES ON LIFE SKILLS, HOMEWORK ASSISTANCE, JOB READINESS, AND GROUP COMMUNITY SERVICE. LAST YEAR, 71 YOUTH PARTICIPATED IN THE PROGRAM, WITH 70% DECREASING THEIR NUMBER OF MISSING SCHOOL ASSIGNMENTS.

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LUTHERAN SOCIAL SERVICES' COMMUNITY MENTORING PROGRAM PROVIDES YOUTH WHO ARE AT-RISK FOR LOW ACHIEVEMENT SOCIALLY, EMOTIONALLY, AND ECONOMICALLY WITH A MENTOR WHO IS ABLE TO PROVIDE SUPPORT, GUIDANCE, AND FRIENDSHIP. MENTOR RELATIONSHIPS ARE DEVELOPED THROUGH COMMUNITY-BASED ACTIVITIES. LAST YEAR, 206 MENTOR MATCHES WERE MADE OR MAINTAINED THROUGH THE PROGRAMS. RECENT RESEARCH SHOWS THAT MENTORING RELATIONSHIPS SUPPORT A YOUTH'S GROWTH AND DEVELOPMENT IN MULTIPLE AREAS SIMULTANEOUSLY. THIS INCLUDES BETTER DEVELOPMENT OF MORALS AND VALUES, IMPROVED DECISION MAKING, FEELING EMPOWERED TO SUCCEED, AND RECEIVING ENCOURAGEMENT TO ENTER OR FINISH COLLEGE.

LUTHERAN SOCIAL SERVICES' HERE4YOUTH PROVIDES OUT OF SCHOOL TIME CARE FOR YOUTH WITH SPECIAL NEEDS AND THEIR SIBLINGS. THE PRIMARY FOCUS OF THE PROGRAM IS TO PROVIDE OPPORTUNITIES FOR YOUTH WHO NEED MORE ATTENTION AND SPECIALIZED HELP. LAST YEAR, THEY SERVED 36 YOUTH DURING OUT OF SCHOOL HOURS.

LUTHERAN SOCIAL SERVICES' HIGH SCHOOL PROGRAM PROVIDES AT-RISK HIGH SCHOOL STUDENTS WITH A LONG-TERM VOLUNTEER MENTOR TO ENCOURAGE AND SUPPORT HIGH SCHOOL GRADUATION. LAST YEAR, 141 STUDENTS WERE MATCHED WITH A MENTOR. 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.

LUTHERAN SOCIAL SERVICES' IN SCHOOL MENTORING PROGRAM PROVIDES ELEMENTARY

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AND MIDDLE SCHOOL STUDENTS WITH POSITIVE ADULT ROLE MODELS AT THEIR SCHOOLS. LAST YEAR, 1,104 VOLUNTEER MENTORS SERVED WITHIN 11 PUBLIC SCHOOL DISTRICTS IN MINNEHAHA AND LINCOLN COUNTIES. NATIONAL RESEARCH SHOWS THAT STRONG RELATIONSHIPS BETWEEN MENTORS AND STUDENTS PROMOTE LONG-TERM POSITIVE OUTCOMES THAT INCLUDE ACHIEVEMENT, A STRONGER SENSE OF SELF-WORTH, IMPROVED RELATIONSHIPS WITH PARENTS, AND DECREASED DRUG AND ALCOHOL USE.

ONE SMILE PROGRAM PROVIDES EXTENSIVE DENTAL SERVICES TO CHILDREN UNDER THE AGE OF EIGHT FROM UNDERSERVED AND LOW-INCOME FAMILIES. OFTEN TIMES THE CARE NEEDED REQUIRES A HOSPITAL OR SURGICAL CENTER UNDER ANESTHESIA. 17 CHILDREN WERE PROVIDED CARE LAST YEAR.

READY TO START PROVIDES A FIVE-WEEK PROGRAM FOR CHILDREN WHO MAY NOT HAVE HAD ACCESS TO PRE-KINDERGARTEN SERVICES, OR WHO MAY HAVE DEMONSTRATED A NEED FOR ADDITIONAL SERVICES PRIOR TO THEIR FIRST DAY OF SCHOOL. THE PROGRAM SERVES 225 CHILDREN IN BRANDON, CANTON, HARRISBURG, LENNOX, MCCOOK CENTRAL, 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, 2,887 PACKETS WERE DISTRIBUTED TO NEW PARENTS AT BIRTH, 141 NEW PARENTS WERE VISITED IN THEIR HOMES BY CHILD DEVELOPMENT PROFESSIONALS, AND 286 PARENTS PARTICIPATED IN TEMPERAMENT SERVICES.

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SIOUX COUNCIL BOY SCOUTS' JUVENILE DIVERSION PROGRAMS ARE ALTERNATIVES TO FORMAL COURT PROCEEDINGS. LAST YEAR, 258 TEENS PARTICIPATED IN TEEN COURT, COMPLETING 5,348 HOURS OF COMMUNITY SERVICE. YOUTH ALSO COMPLETED WHYTRY, A TRUANCY PROGRAM FOR STUDENTS WITH 10-17+ MISSED DAYS OF SCHOOL. PARTICIPANTS WORK THROUGH A SERIES OF VISUAL ANALOGIES THAT TEACH IMPORTANT LIFE SKILLS.

SIOUX COUNCIL BOY SCOUTS' SCOUTING PROGRAM BENEFITS YOUNG PEOPLE BY EMPHASIZING FAMILY, COMMUNITY, AND CHARACTER EDUCATION. LAST YEAR 3,330 REGISTERED SCOUTS (AGES 1 THROUGH 20) PARTICIPATED IN 339,660 HOURS OF PROGRAMMING AND CONTRIBUTED 23,100 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, 858 YOUTH PARTICIPATED IN SCOUTING OPPORTUNITIES.

SIOUX FALLS FAMILY YMCA'S MIDDLE SCHOOL AFTER SCHOOL PROGRAM PROVIDES A VARIETY OF ACTIVITIES TO 516 STUDENTS AT THE SIX SIOUX FALLS MIDDLE SCHOOLS LAST YEAR. OF THOSE STUDENTS, 91% REPORT AN IMPROVEMENT IN THEIR ATTITUDE TOWARDS SCHOOL.

SIOUX FALLS HOPE COALITION PROVIDES ADDITIONAL PRE-KINDERGARTEN SLOTS TO

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AT-RISK CHILDREN THROUGH A COLLABORATION OF CHURCHES, BUSINESSES, AND NON-PROFITS. THE PROGRAM SERVED 185 STUDENTS LAST YEAR, OF THOSE 100% MET SCHOOL-READINESS INDICATORS UPON COMPLETING PRESCHOOL.

SIOUX FALLS SCHOOL DISTRICT'S PRESCHOOL OPPORTUNITY PROGRAM, ADMINISTERED THROUGH SIOUX FALLS SCHOOL DISTRICT, PROVIDES A HIGH QUALITY PRE-KINDERGARTEN EXPERIENCE FOR 68 CHILDREN WHOSE FAMILIES HAVE SOCIO-ECONOMIC CHALLENGES LAST YEAR. LONGITUDINAL RESEARCH FROM THE HIGH/SCOPE RESEARCH STUDIES SHOW THAT QUALITY EARLY CHILDHOOD EDUCATION HAS LONG-TERM BENEFITS FOR CHILDREN THAT INCLUDE: FEWER FAILING GRADES, HIGHER GRADUATION RATES, DECREASED INVOLVEMENT IN SOCIAL SERVICES AS ADULTS, AND HIGHER MONTHLY EARNINGS AS ADULTS.

SIOUX FALLS SCHOOL DISTRICT'S SCHOOL HOME LIAISON AND REFUGEE AND IMMIGRANT ACADEMIC ACHIEVEMENT RESOURCES HELPS REFUGEE AND IMMIGRANT FAMILIES UNDERSTAND THE AMERICAN EDUCATIONS SYSTEM. LAST YEAR, 2,678 STUDENTS AND THEIR FAMILIES WERE SERVED AND 93% MET OR EXCEEDED DISTRICT AVERAGE ATTENDANCE RATES.

SIOUX FALLS THRIVE CREATES A COLLABORATIVE ATMOSPHERE FOR COMMUNITY LEADERSHIP TO REALIGN RESOURCES, REMOVE OBSTACLES, AND FOSTER OPPORTUNITY FOR ALL CHILDREN. THIS IS MANAGED THROUGH HOUSING ACTION, OUT-OF-SCHOOL TIME ACTION, AND FOOD SECURITY ACTION TEAMS.

UNITED CHILDCARE AND PRESCHOOL PROVIDES QUALITY CARE FOR CHILDREN AGES 2-10. LAST YEAR, 112 CHILDREN WERE PROVIDED CARE.

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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, 523 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, 47 YOUTH WERE SERVED BY THE PROGRAM. OF THOSE SERVED AND ELIGIBLE, 92% WORKED TOWARDS THEIR HIGH SCHOOL DIPLOMA OR GED.

PEOPLE IN CRISIS:

AVERA FAMILY WELLNESS FOCUSES ON EARLY INTERVENTION WITH CHILDREN IN PRE-KINDERGARTEN THROUGH FIFTH GRADE. STUDENTS AND THEIR FAMILIES ARE CONNECTED WITH A FAMILY HEALTH COORDINATOR TO BUILD FAMILY CONNECTION AND STABILITY WHILE IDENTIFYING AND TREATING THE FAMILY'S MENTAL HEALTH NEEDS. LAST YEAR, 216 CHILDREN AND THEIR FAMILIES TOOK PART IN THE PROGRAM, ATTENDING OVER 1,800 THERAPY SESSIONS, RESULTING IN FEWER MISSED DAYS OF SCHOOL, FEWER BEHAVIORAL EVENTS AND LESS TARDINESS. 90% OF PARTICIPANTS REPORTED AN IMPROVEMENT IN THEIR MENTAL HEALTH.

BRIGHT START NURSE HOME VISITATION PROGRAM SERVES LOW-INCOME, AT-RISK, FIRST-TIME MOMS DURING PREGNANCY, AFTER DELIVERY, AND THROUGH THE CHILD'S SECOND 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, 89 FAMILIES WERE PROVIDED WITH 1,885 NURSE HOME VISITS AND THERAPY SESSIONS. OF THESE MOTHERS, 100% RECEIVED PRENATAL CARE AND CHILDREN HAD A 91%



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IMMUNIZATION RATE BY AGE 2. RESEARCH HAS SHOWN PROGRAMS THAT UTILIZE THE NURSE FAMILY PARTNERSHIP MODEL SHOW IMPROVED PRENATAL HEALTH, IMPROVED SCHOOL READINESS, REDUCTION IN ARRESTS FOR THE MOTHER, AND REDUCTION IN CHILD ABUSE AND NEGLECT.

THE CRISIS INTERVENTION PROGRAM OF CHILDREN'S INN SERVES THE COMMUNITY WITH A CRISIS HOTLINE, IN PERSON CRISIS COUNSELING, CRISIS DAY CARE, OUTREACH TO EMERGENCY ROOMS, ARREST INTERVENTIONS, AND MORE. LAST YEAR, 2,519 INDIVIDUALS WERE SERVED THROUGH 16,794 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, 827 INDIVIDUALS SOUGHT SHELTER FOR A TOTAL OF 14,268 SHELTER DAYS. OF THOSE WOMEN STAYING IN THE SHELTER, 93% 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.

THE COMMUNITY OUTREACH'S CRISIS CARE PROGRAM PROVIDES INFORMATION AND REFERRALS TO LOCAL AGENCIES AND EMERGENCY FINANCIAL ASSISTANCE FOR BASIC NEEDS ITEMS INCLUDING SHELTER, UTILITIES, AND EMPLOYMENT RELATED TRANSPORTATION. LAST YEAR, 946 INDIVIDUALS AND FAMILIES RECEIVED FINANCIAL

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ASSISTANCE AND 346 INDIVIDUALS AND FAMILIES RECEIVED CASE MANAGEMENT SUPPORT.

THE COMMUNITY OUTREACH'S GENESIS MENTORING PROGRAM PAIRS VOLUNTEER MENTORS WITH HOMELESS OR NEAR HOMELESS FAMILIES AND INDIVIDUALS TO HELP STABILIZE THEM AND EDUCATE ON FINANCIAL LITERACY. LAST YEAR, 55 HOUSEHOLDS WERE SERVED THROUGH GENESIS. OF THOSE GRADUATING FROM THE PROGRAM, 100% ACHIEVED OR MAINTAINED PERMANENT HOUSING ONE YEAR AFTER ENTERING THE GENESIS PROGRAM.

THE COMPASS CENTER'S COUNSELING SERVICES ADDRESSES THE PSYCHOLOGICAL, EMOTIONAL, AND PHYSICAL EFFECTS OF RAPE, SEXUAL ASSAULT, AND DOMESTIC VIOLENCE BY PROVIDING SERVICES TO ANY PRIMARY OR SECONDARY VICTIM OF SEXUAL ASSAULT, DOMESTIC VIOLENCE, AND/OR STALKING. LAST YEAR, 769 INDIVIDUALS WERE HELPED.

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, 85 TRAININGS AND SESSIONS WERE HELD, EDUCATING 1,087 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 VICTIM ADVOCACY ASSISTS VICTIMS OF VIOLENCE AND SEXUAL ASSIST BY PROVIDING CONNECTIONS TO OTHER COMMUNITY RESOURCES, PROVIDING

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SAFETY PLANNING, ASSIST WITH NAVIGATING THE COURT SYSTEM, HELP WITH FILING PROTECTION ORDERS, AND ATTENDING HEARINGS. LAST YEAR, 238 INDIVIDUALS WERE SERVED.

EMBE'S WOMEN'S WORKFORCE PROGRAMS/DRESS FOR SUCCESS PROGRAM EMPOWERS WOMEN THROUGH A CONTINUUM OF SERVICES FOR WOMEN ENTERING THE WORKFORCE, GROWING IN LEADERSHIP, AS WELL AS WOMEN AT A MATURE CAREER AGE. LAST YEAR, THE PROGRAM PROVIDED 144 INTERVIEW SUITINGS, AND HAD 28 CAREER CENTER CLIENTS. IN TOTAL, 263 INDIVIDUALS BENEFITTED FROM THE PROGRAM AND 85% OF CLIENTS ATTAINED OR RETAINED EMPLOYMENT.

FAMILY SERVICES' COUNSELING PROGRAM PROVIDES A VARIETY OF SERVICES INCLUDING MARRIAGE AND FAMILY, PARENT/CHILD, ALCOHOL/DRUGS, DEPRESSION, ANXIETY, AND STRESS. LAST YEAR 9,365 HOURS OF SERVICE WERE PROVIDED TO 1,322 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, 652 HOURS OF COUNSELING SERVICE WERE PROVIDED TO 91 INDIVIDUALS.

FURNITURE MISSION RECEIVES DONATIONS OF GENTLY USED FURNITURE AND THEN DISTRIBUTES THROUGH SOCIAL SERVICE AGENCY REFERRALS. LAST YEAR, 1,438 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.

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THE GLORY HOUSE'S CASE MANAGEMENT PROVIDES COMPREHENSIVE SERVICES NEEDED FOR THE TRANSITION FROM A PRIOR SETTING (INCARCERATION, INPATIENT TREATMENT OR OTHER) TO A LESS STRUCTURED ONE. CASE MANAGERS HELP CLIENTS WITH EVERYTHING FROM OBTAINING SUITABLE CLOTHES TO EMPLOYMENT, MEDICAL AND LEGAL MATTERS. LAST YEAR, 35 CLIENTS RECEIVED CASE MANAGEMENT ASSISTANCE, WITH 17% MAINTAIN SAFE HOUSING FOR 12 MONTHS.

HELPLINE CENTER'S 211 COMMUNITY RESOURCES PROVIDES CALLERS WITH INFORMATION ABOUT AND REFERRALS TO HUMAN SERVICES FOR EVERY DAY NEEDS AND IN TIME OF CRISIS. LAST YEAR 41,049 CALLS/EMAILS/TEXTS WERE ANSWERED. HELPLINE'S 211 IS A VALUABLE COMMUNITY-BUILDING TOOL THAT STRENGTHENS SOCIAL BONDS, IMPROVES LIVES, AND MAKES COMMUNITY STRONGER AND SAFER.

HELPLINE CENTER'S NETWORK OF CARE IS A SYSTEMATIC INFRASTRUCTURE CREATED FOR A COORDINATED INTAKE SYSTEM TO BETTER SERVE INDIVIDUALS AND PROVIDE DATA FOR DECISION MAKING. LAST YEAR, LOCAL AGENCIES SERVED 4,724 TOTAL CLIENTS, PROVIDING OVER 7,009 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, 930 PEOPLE ATTENDED EDUCATIONAL SESSIONS AND AN ADDITIONAL 14,072 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.

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HELPLINE CENTER'S VOLUNTEER CONNECTIONS PROGRAM ASSISTS SIOUX EMPIRE AREA RESIDENTS WITH FINDING VOLUNTEER OPPORTUNITIES AND HELPS VOLUNTEER MANAGERS BY OFFERING EDUCATIONAL RESOURCES AND SUPPORT. LAST YEAR THEY PROVIDED 17,720 TOTAL VOLUNTEER-RELATED CONTACTS. RESEARCH SHOWS THAT THE AVERAGE VALUE OF A VOLUNTEER HOUR IS \$27.20.

INTER-LAKES COMMUNITY ACTION PARTNERSHIP'S HEARTLAND HOUSE PROVIDES TRANSITIONAL HOUSING FOR HOMELESS FAMILIES AND THEIR CHILDREN, SERVING 119 FAMILIES LAST YEAR. OF THOSE SERVED, 40% GAINED FINANCIAL SELF-SUFFICIENCY AND 67% ENTERED PERMANENT STABLE HOUSING AFTER COMPLETING PROGRAM.

LUTHERAN SOCIAL SERVICES' BEHAVIORAL HEALTH SERVICES SERVES CHILDREN, ADULTS, FAMILIES, AND COUPLES WHO ARE STRUGGLING WITH A WIDE ARRAY OF MENTAL HEALTH CONCERNS. LAST YEAR 968 PEOPLE WERE PROVIDED 3,536 HOURS OF COUNSELING. OF THOSE SERVED, 67% OF PARTICIPANTS REPORTED AN IMPROVEMENT IN MENTAL HEALTH.

LUTHERAN SOCIAL SERVICES' CENTER FOR FINANCIAL RESOURCES HELPS CONSUMERS FIND SOLUTIONS TO THEIR FINANCIAL CONCERNS THROUGH FINANCIAL COUNSELING SERVICES AND DEBT MANAGEMENT PROGRAMS. LAST YEAR, THE PROGRAM SERVED 2,229 PEOPLE. 97% INCREASED THEIR AWARENESS OF THEIR CURRENT SPENDING PATTERNS.

LUTHERAN SOCIAL SERVICE' FAMILY VIOLENCE PROJECT OFFERS STRUCTURED THERAPY GROUPS FOR DOMESTIC VIOLENCE OFFENDERS TO TEACH SAFE AND HEALTHY RELATIONSHIP SKILLS AND HELP PREVENT FURTHER INTIMATE PARTNER VIOLENCE. LAST YEAR, 244 INDIVIDUALS PARTICIPATED IN THE PROGRAM. RESEARCH OF THE

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MODEL FOR THE PROGRAM SHOWS SIGNIFICANT REDUCTIONS IN RECIDIVISM FOR BOTH ADULT AND JUVENILE OFFENDERS.

LUTHERAN SOCIAL SERVICES' PATH PROGRAM PARTNERS WITH AREA SCHOOL DISTRICTS TO MEET THE MENTAL HEALTH NEEDS OF K-12 STUDENTS IN THEIR SCHOOLS. PATH ELIMINATES BARRIERS SO THAT CHILDREN AND TEENS CAN GET PROFESSIONAL INDIVIDUAL MENTAL HEALTH COUNSELING AT SCHOOL DURING THE SCHOOL DAY. 331 STUDENTS WERE PROVIDED COUNSELING SESSIONS AT MORE THAN 40 SCHOOLS IN BALTIC, BRANDON VALLEY, CANTON, DELL RAPIDS, GARRETSON, HARRISBURG, SIOUX FALLS, TEA AREA, TRI-VALLEY, WEST CENTRAL SCHOOL DISTRICTS, AND SIOUX FALLS CATHOLIC SCHOOLS.

LUTHERAN SOCIAL SERVICES' RE-ENTRY SERVICES ASSISTS INDIVIDUALS WHO HAVE RECENTLY BEEN RELEASED FROM JAIL OR PRISON TO SUCCESSFULLY RE-INTEGRATE INTO THEIR FAMILIES AND COMMUNITIES. LAST YEAR, 55 PEOPLE COMPLETED THE WORK TRAINING CLASSES, WITH 60% FINDING EMPLOYMENT.

REACH ADULT LITERACY/TUTORING PROVIDES 1,200 HOURS OF TUTORING TO 65 ADULTS IN ORDER TO IMPROVE THEIR READING, WRITING AND LIVING SKILLS. OF THOSE WHO PARTICIPATE, 87% DEMONSTRATE AN INCREASE IN KNOWLEDGE AND SKILLS.

SAD ISN'T BAD WAS DEVELOPED SPECIFICALLY TO HELP CHILDREN WHO ARE EXPERIENCING GRIEF. LAST YEAR, 46 FAMILIES PARTICIPATED IN A FOUR-WEEK SESSION.

SANFORD HEALTH'S CHILD'S VOICE FAMILY ADVOCATE PROVIDES COUNSELING AND OTHER SUPPORT TO CHILD VICTIMS OF ABUSE AND SEXUAL ASSAULT AND THEIR NON-

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OFFENDING FAMILY MEMBERS. LAST YEAR, 231 FAMILIES 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, 16,763 HOURS OF SERVICE WERE PROVIDED AND 98% OF CHILDREN SERVED WITH AN ADVOCATE DID NOT RE-ENTER THE COURT SYSTEM. CASA VOLUNTEERS SPEND SIGNIFICANTLY MORE TIME WITH A CHILD THAN A PAID GUARDIAN OR AD LITEM/ATTORNEY. A CHILD WITH AN ADVOCATE IS MORE LIKELY TO FIND A SAFER, PERMANENT HOME. OF THE CHILDREN ASSIGNED A VOLUNTEER BY SIOUX FALLS AREA CASA, 98% OF DO NOT RE-ENTER THE COURT SYSTEM BECAUSE OF SUBSEQUENT ABUSE.

SIOUX FALLS HOUSING & REDEVELOPMENT COMMISSION'S FAMILY SELF-SUFFICIENCY PROGRAM ASSISTS LOW-INCOME INDIVIDUALS AND ADULT FAMILY MEMBERS WHO ARE RECEIVING HOUSING ASSISTANCE WITH ELIMINATING BARRIERS TO ATTAINING EDUCATION AND EMPLOYMENT SKILLS. LAST YEAR, 109 PARTICIPANTS RECEIVED ONE-ON-ONE ASSISTANCE AND HAD THE OPPORTUNITY TO ATTEND DIFFERENT WORKSHOPS. 95% OF PARTICIPANTS MAINTAINED SAFE HOUSING FOR 12 MONTHS.

ST. FRANCIS HOUSE PROVIDES TRANSITIONAL HOUSING AND CASE MANAGEMENT, SERVING 11 FAMILIES AND 467 SINGLE INDIVIDUALS LAST YEAR. 80% OF CLIENTS INCREASED SAVINGS AND 90% REPORTED A REDUCTION IN DEBT.

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VOLUNTEERS OF AMERICA, DAKOTAS' COUNSELING SERVICES PROVIDED 397 INDIVIDUALS WITH 8,231 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, 53 FAMILIES WERE SERVED THROUGH 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. LAST YEAR, 191 CLIENTS RECEIVED ASSISTANCE IN RESUME PREPARATION SERVICES, COMPUTER TRAINING, AND INTERVIEW SKILLS. OF THOSE INDIVIDUALS, 64 SECURED EMPLOYMENT.

ACTIVE GENERATIONS' CAREGIVER CASE MANAGEMENT PROVIDES LOCAL SUPPORTIVE SERVICES TO FAMILY CAREGIVERS TO LIFT AND EMPOWER THEM TO MAKE NECESSARY CHANGES, IN ORDER TO REGAIN SOME BALANCE AND CONTROL OVER THEIR LIVES, ALLOWING THEM TO CONTINUE THEIR CAREGIVING ROLE IN A HEALTHIER WAY. LAST YEAR, 313 CAREGIVERS WERE PROVIDED WITH 52 SUPPORT GROUPS AND 5,543 CONTACTS/CALLS. 66% OF CAREGIVERS REPORTED A DECREASE IN DAILY PHYSICAL AND/OR EMOTIONAL STRESS.

ACTIVE GENERATIONS CÉILÍ COTTAGE ADULT DAY SERVICES MEETS THE NEEDS OF



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INDIVIDUALS LIVING WITH ALZHEIMER'S AND OTHER TYPES OF DEMENTIA WHO ARE UNABLE TO STAY HOME ALONE DURING THE DAY. THE PROGRAM IS OFFERED IN A HOME-SETTING WITH DIRECT-CARE STAFF. SERVICES OFFERED INCLUDE: MEDICATION ADMINISTRATION, BATHING, MONITOR HEALTH CONDITIONS, DAILY EXERCISE, SOCIALIZATION ACTIVITIES, AND CAREGIVER SUPPORT. LAST YEAR, 17 INDIVIDUALS WERE PROVIDED WITH 10,887 HOURS OF SERVICE. 88% OF CLIENTS DELAYED ENTERING INTO A LONG-TERM CARE FACILITY OR ASSISTED LIVING COMMUNITY.

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, 109 INDIVIDUALS WERE SERVED. 76% OF PARTICIPANTS DELAY THE NEED TO ENTER A LONG-TERM CARE FACILITY.

ACTIVE GENERATIONS' NUTRITION SERVICES/MEALS ON WHEELS PROVIDES PEOPLE AGES 60 AND OVER A HOT AND NUTRITIOUS NOON MEAL IN A CONGREGATE OR HOME DELIVERED SETTING FOR A DONATION. LAST YEAR, 262,344 MEALS WERE SERVED TO 4,987 PEOPLE THROUGH CONGREGATE DINING AND 37 DELIVERY ROUTES IN SIOUX FALLS, BRANDON, GARRETSON, HARRISBURG, AND TEA. 88% OF DELIVERED MEAL RECIPIENTS REPORT THE SERVICE IMPROVES THEIR HEALTH.

ACTIVE GENERATIONS' WORKERS ON WHEELS HELPS SENIORS REMAIN INDEPENDENT IN THEIR HOMES BY PROVIDING MINOR HOME REPAIR, LAWN AND OUTSIDE HOME REPAIR, AS WELL AS TRANSPORTATION TO AND FROM MEDICAL APPOINTMENTS. LAST YEAR, 503 GROCERY RIDES, 912 MEDICAL APPOINTMENT RIDES, 500 YARD WORK JOBS, AND 301 HOUSEHOLD JOBS WERE PROVIDED TO 249 CLIENTS. RESEARCH SHOWS THAT MOST OLDER

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ADULTS PREFER TO STAY IN THEIR OWN HOMES AND WOW ALLOWS CLIENTS TO DO SO, WHILE GIVING PEACE OF MIND TO THEIR LOVED ONES.

AUGUSTANA'S FRIENDSLINK PROVIDES SOCIAL/RECREATIONAL AND EDUCATIONAL ACTIVITIES FOR ADULTS WITH DISABILITIES. LAST YEAR, 96 SMALL GROUP, LARGE GROUP, OR ONE-ON-ONE ACTIVITIES WERE HELD. THE PROGRAM BENEFITTED 79 INDIVIDUALS WITH DISABILITIES. STABLE AND REWARDING INTERPERSONAL RELATIONSHIPS ARE ARGUABLY THE SINGLE MOST IMPORTANT FACTOR INFLUENCING A PERSON'S QUALITY OF LIFE.

DAKOTABILITIES' MEANINGFUL DAY SERVICES PROVIDES SOCIAL AND RECREATIONAL OPPORTUNITIES TO PEOPLE AS AN ALTERNATIVE TO TRADITIONAL PROGRAMMING. LAST YEAR, 17,674 HOURS OF SERVICE WERE PROVIDED TO 136 INDIVIDUALS. 90% REPORTED AN INCREASE IN THEIR QUALITY OF LIFE.

HELPLINE CENTER'S OUTREACH SUPPORT PROGRAM IS DESIGNED TO SUPPORT ISOLATED OR HOMEBOUND OLDER ADULTS. THIS PROGRAM IS AN INNOVATIVE APPROACH UTILIZING TELEPHONE ASSURANCE AS A MODE OF CONNECTION TO REDUCE LONELINESS. IT ALSO PROVIDES THE CLIENTS WITH INFORMATION ABOUT ADDITIONAL COMMUNITY SERVICES THEY MAY BE ABLE TO ACCESS. LAST YEAR, 82 INDIVIDUALS UTILIZED THE PROGRAM. 92% OF PARTICIPANTS SCORED AT A HEALTHY LEVEL WHEN ASSESSED ON A DEPRESSION SCREENING.

HORSEPOWER IS A THERAPEUTIC HORSE PROGRAM FOR INDIVIDUALS WITH SPECIAL NEEDS. LAST YEAR THEY PROVIDED 1,662 THERAPY SESSIONS TO 110 PARTICIPANTS. 87% OF PARTICIPANTS SAW IMPROVEMENTS IN PHYSICAL, COGNITIVE, OR EMOTIONAL GROWTH IN AT LEAST ONE SESSION.

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LUTHERAN SOCIAL SERVICES OF SOUTH DAKOTA'S BETTER TOGETHER MATCHES ADULT VOLUNTEERS WITH OLDER ADULTS FOR RECREATIONAL AND SOCIAL OPPORTUNITIES. MATCHES GO ON OUTINGS, TALK, PURSUE HOBBIES, AND MAY ALSO ASSIST WITH THE OLDER ADULT'S NEEDS SUCH AS GROCERY SHOPPING AND OCCASIONAL TRANSPORTATION. LAST YEAR, 69 OLDER ADULTS WERE MATCHED WITH A VOLUNTEER. 97% OF OLDER ADULTS REPORTED THEY MAINTAINED OR IMPROVED A HEALTHY LEVEL OF NOT FEELING ISOLATED. RESEARCHERS HAVE FOUND THAT FEELINGS OF LONELINESS CAN CONTRIBUTE TO REDUCED PHYSICAL HEALTH, INCREASED ALCOHOL ABUSE, AND OBESITY. OLDER ADULTS WHO LEAVE THE HOUSE MORE OFTEN LIVE LONGER THAN THOSE WHO RARELY GO OUT.

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

FORM 990, PART VI, LINE 7A - ELECTION OF MEMBERS AND THEIR RIGHTS  
EACH DIRECTOR SHALL BE SELECTED FOR A TERM OF THREE (3) YEAR BY THE CORPORATION'S MEMBERSHIP AT THE ANNUAL MEMBERSHIP MEETING.

FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990  
A DRAFT OF THE FORM 990 IS PROVIDED TO EACH MEMBER OF THE ORGANIZATION'S BOARD OF DIRECTORS. THE ORGANIZATION'S PAID PREPARER IS THEN AVAILABLE FOR ANY QUESTIONS OR COMMENTS.

FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS POLICY  
STAFF, BOARD MEMBERS, AND COMMUNITY IMPACT VOLUNTEERS ARE REQUIRED TO SIGN THE CONFLICT OF INTEREST POLICY ON AN ANNUAL BASIS AND DISCLOSE ANY

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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. 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