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Form 990-EZ

Department of the Treasury
Internal Revenue Service

Short Form

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)

Sponsoring organizations and controlling organizations as defined in section 512(b)(13) must file Form 990 All other organizations with gross receipts less than \$1,000,000 and total assets less than \$2,500,000 at the end of the year may use this form

The organization may have to use a copy of this return to satisfy state reporting requirements.

OMB No 1545-1150

2008

Open to Public Inspection

A For the 2008 calendar year, or tax year beginning 09-01-2008, and ending 08-31-2009

B Check if applicable

Address change

Name change

Initial return

Termination

Amended return

Application pending

Please use IRS label or print or type. See Specific Instructions.

C Name of organization

United Way of Northeastern South Dakota Inc

Number and street (or P O box, if mail is not delivered to street address)Room/suite

12 4th Avenue SE PO Box 1065

City or town, state or country, and ZIP + 4

Aberdeen, SD 574021065

D Employer identification number

23-7086355

E Telephone number

(605) 225-0212

F Group Exemption Number

Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

G Accounting method

Cash

Accrual

 Other (specify)

I Website: WWW.UWNESD.ORG

H Check if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

J Organization type (check only one) 501(c)(3) (insert no) 4947(a)(1) or 527

K Check if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000 A return is not required, but if the organization chooses to file a return, be sure to file a complete return

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$1,000,000 or more, file Form 990 instead of Form 990-EZ \$ 645,268

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I)

Revenue	1	Contributions, gifts, grants, and similar amounts received	1	634,076
	2	Program service revenue including government fees and contracts	2	
	3	Membership dues and assessments	3	
	4	Investment income	4	3,277
	5a	Gross amount from sale of assets other than inventory	5c	
	5b	Less cost or other basis and sales expenses		
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) (attach schedule)		
	6	Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here	6c	
	a	Gross revenue (not including \$ of contributions reported on line 1)		
	b	Less direct expenses other than fundraising expenses		
Expenses	c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	7c	
	7a	Gross sales of inventory, less returns and allowances	7c	
	b	Less cost of goods sold		
	c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)		
	8	Other revenue (describe)	8	7,915
	9	Total revenue (add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8)	9	645,268
	10	Grants and similar amounts paid (attach schedule)	10	569,995
	11	Benefits paid to or for members	11	
	12	Salaries, other compensation, and employee benefits	12	92,896
	13	Professional fees and other payments to independent contractors	13	7,091
Net Assets	14	Occupancy, rent, utilities, and maintenance	14	5,621
	15	Printing, publications, postage, and shipping	15	1,871
	16	Other expenses (describe)	16	50,611
	17	Total expenses (add lines 10 through 16)	17	728,085
	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-82,817
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	371,853
	20	Other changes in net assets or fund balances (attach explanation)	20	
	21	Net assets or fund balances at end of year (combine lines 18 through 20)	21	289,036

Part II Balance Sheets—If Total assets on line 25, column (B) are \$2,500,000 or more, file Form 990 instead of Form 990-EZ

(See the instructions for Part II)

(A) Beginning of year

(B) End of year

22 Cash, savings, and investments

176,994

22

129,772

23 Land and buildings

23

0

24 Other assets (describe)

208,467

24

166,366

25 Total assets

385,461

25

296,138

26 Total liabilities (describe)

13,608

26

7,102

27 Net assets or fund balances (line 27 of column (B) must agree with line 21)

371,853

27

289,036

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Cat No 10642I

Form 990-EZ (2008)

Part III Statement of Program Service Accomplishments (See the instructions for Part III)		Expenses (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts, optional for others)	
What is the organization's primary exempt purpose? TO CONDUCT ANNUAL CAMPAIGNS TO RAISE FUNDS FOR THE FINANCIAL NEEDS OF VARIOUS CHARITABLE ORGANIZATIONS IN NORTHEASTERN SOUTH DAKOTA			
Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title			
28 Financial support of twenty-one member agencies less allocations funded through donor donations. These charitable organizations work to solve growing health and human service needs in Northeastern South Dakota, including helping seniors stay active and involved in our communities, helping our youth to build character and learn values, and helping provide emergency services in times of need. (Grants \$ 562,817) If this amount includes foreign grants, check here . . . <input type="checkbox"/>		28a	562,817
29 Coordinated approximately 1,680 hours of volunteer labor projects. United Way partners with local organizations to provide free labor to non-profit agencies in northeastern complete projects that would otherwise take more time, take valuable resources, or simply not get done. (Grants \$ 0) If this amount includes foreign grants, check here . . . <input type="checkbox"/>		29a	6,488
30 Provided donated office furniture, equipment, and supplies to local charitable organizations. (Grants \$ 7,178) If this amount includes foreign grants, check here . . . <input type="checkbox"/>		30a	7,178
31 Other program services (attach schedule) (Grants \$) If this amount includes foreign grants, check here . . . <input type="checkbox"/>		31a	
32 Total program service expenses (add lines 28a through 31a)		32	576,483

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated. (See the instructions for Part IV.)				
(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-.)	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
See Additional Data Table				

Part V

Other Information (Note the statement requirements in the instructions for Part VI.)

Yes

No

33

Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity

33

No

34

Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes

34

No

35

If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but **not** reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T

a

Did the organization have unrelated business gross income of \$1,000 or more or 6033(e) notice, reporting, and proxy tax requirements?

35a

No

b

If "Yes," has it filed a tax return on **Form 990-T** for this year?

35b

36

Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Schedule N

36

No

37a

Enter amount of political expenditures, direct or indirect, as described in the instructions ▶

37a

0

b

Did the organization file **Form 1120-POL** for this year?

37b

38a

Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still unpaid at the start of the period covered by this return?

38a

No

b

If "Yes," complete Schedule L, Part II and enter the total amount involved

38b

39

501(c)(7) organizations. Enter

a

Initiation fees and capital contributions included on line 9

39a

b

Gross receipts, included on line 9, for public use of club facilities

39b

40a

Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under section 4911 ▶ 0 , section 4912 ▶ 0 , section 4955 ▶ 0

b

Section 501(c)(3) and (4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," complete Schedule L, Part I.

40b

No

c

Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶

0

d

Enter amount of tax on line 40c reimbursed by the organization ▶

0

e

All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?

40e

No

41

List the states with which a copy of this return is filed ▶

42a

The books are in care of ▶ Jennifer Klitzke Telephone no ▶ (605) 225-0212

12 4th Avenue SE PO Box 1065

Located at ▶ ABERDEEN, SD ZIP + 4 ▶ 574021065

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)?

42b

Yes

No

If "Yes," enter the name of the foreign country ▶

See the instructions for exceptions and filing requirements for **Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.**

c

At any time during the calendar year, did the organization maintain an office outside of the U S ?

42c

No

If "Yes," enter the name of the foreign country ▶

43

Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of **Form 1041**—Check here ▶

and enter the amount of tax-exempt interest received or accrued during the tax year ▶

43

44

Did the organization maintain any donor advised funds? If "Yes", Form 990 must be completed instead of Form 990-EZ.

44

Yes

No

45

Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes", Form 990 must be completed instead of Form 990-EZ.

45

No

Form 990-EZ (2008)

Part VI

Section 501(c)(3) organizations only. All section 501(c)(3) organizations must answer questions 46-49 and complete the tables for lines 50 and 51.

46	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	Yes	No
47	Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II		No
48	Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If "yes," complete Schedule E		No
49a	Did the organization make any transfers to an exempt non-charitable related organization?		No
b	If "Yes," was the related organization(s) a section 527 organization?		
50	Complete this table for the five highest compensated employees (other than officers, directors, trustees, and key employees) who received more than \$100,000 of compensation from the organization. If there are none, enter "None."		

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
NONE				
Total number of other employees paid over \$100,000				

51	Complete this table for the five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there are none, enter "None."				
(a)	Name and address of each independent contractor paid more than \$100,000	(b)	Type of service	(c)	Compensation
	NONE				
	Total number of other independent contractors receiving over \$100,000				

Please Sign Here	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.				
	***** Signature of officer		2010-01-14 Date		
Paid Preparer's Use Only	Preparer's signature Mark Engelhart CPA		Date 2010-01-13	Check if self-employed <input type="checkbox"/>	Preparer's PTIN (See Gen. Inst. X)
	Firm's name (or yours if self-employed), address, and ZIP + 4 EIDE BAILLY LLP 24 2ND AVE SW PO BOX 430 ABERDEEN, SD 574020430				EIN Phone no. (605) 225-8783
	May the IRS discuss this return with the preparer shown above? See instructions. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.
Attach to Form 990 or Form 990-EZ. See separate instructions.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization United Way of Northeastern South Dakota Inc	Employer identification number 23-7086355
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Part I Reason for Public Charity Status (to be completed by all organizations) (See Instructions)

The organization is not a private foundation because it is (Please check only **one** organization)

1	<input type="checkbox"/>	A church, convention of churches, or association of churches described in Section 170(b)(1)(A)(i).
2	<input type="checkbox"/>	A school described in Section 170(b)(1)(A)(ii). (Attach Schedule E)
3	<input type="checkbox"/>	A hospital or a cooperative hospital service organization described in Section 170(b)(1)(A)(iii). (Attach Schedule H)
4	<input type="checkbox"/>	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	<input type="checkbox"/>	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	<input type="checkbox"/>	A federal, state, or local government or governmental unit described in Section 170(b)(1)(A)(v).
7	<input checked="" type="checkbox"/>	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	<input type="checkbox"/>	A community trust described in Section 170(b)(1)(A)(vi) (Complete Part II)
9	<input type="checkbox"/>	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)
10	<input type="checkbox"/>	An organization organized and operated exclusively to test for public safety See Section 509(a)(4). (See instructions)
11	<input type="checkbox"/>	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 that describes the type of supporting organization and complete lines 11e through 11h <div><div>a</div><div><input type="checkbox"/> Type I</div><div>b</div><div><input type="checkbox"/> Type II</div><div>c</div><div><input type="checkbox"/> Type III - Functionally Integrated</div><div>d</div><div><input type="checkbox"/> Type III - Other</div></div>
e	<input type="checkbox"/>	By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)
f	<input type="checkbox"/>	If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box
g	<input type="checkbox"/>	Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? <div><div>(i)</div><div>a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization?</div><div>(ii)</div><div>a family member of a person described in (i) above?</div><div>(iii)</div><div>a 35% controlled entity of a person described in (i) or (ii) above?</div></div>
h	<input type="checkbox"/>	Provide the following information about the organizations the organization supports

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

(i) Name of Supported Organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (See Instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of support?
			Yes	No	Yes	No	Yes	No	
Total									

Part II

Support Schedule for Organizations Described in IRC 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.)

Public Support						
Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")	618,579	668,912	681,944	704,997	634,076	3,308,508
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add line 1-3	618,579	668,912	681,944	704,997	634,076	3,308,508
5 The portion of total contribution by each person (other than a government unit or publicly supported organization) included on line 1 that exceed 2% of the amount shown on line 11, column (f)						199,339
6 Public Support subtract line 5 from line 4						3,109,169

Total Support						
Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7 Amounts from line 4	618,579	3,638	681,944	704,997	634,076	3,308,508
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	981	3,638	6,503	5,245	3,277	19,644
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)	7,623	5,137	6,604	13,209	7,915	40,488
11 Total Support (Add lines 7 through 10)						3,368,640
12 Gross receipts from related activities, etc (See instructions)					12	
13 First Five Years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here					<input checked="" type="checkbox"/>	

Computation of Public Support Percentage		
14 Public Support Percentage for 2008 (line 6 column (f) divided by line 11 column (f))	14	92.300 %
15 Public Support Percentage for 2007 Schedule A, Part IV-A, line 26f	15	98.790 %
16a 33 1/3% Test - 2008. 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	<input checked="" type="checkbox"/>	
b 33 1/3% Test - 2007. If the organization did not check the 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	<input type="checkbox"/>	
17a 10% Facts and Circumstances Test - 2008. 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 IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
b 10% Facts and Circumstances Test - 2007. 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 IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
18 Private Foundation. If the organization did not check the box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions	<input type="checkbox"/>	

Part IIISupport Schedule for Organizations Described in IRC 509(a)(2)
(Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support						
Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3Gross receipts from activities that are not an unrelated trade or business under section 513						
4Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5The value of services or facilities furnished by a governmental unit to the organization without charge						
6Total Add lines 1-5						
7aAmounts included on lines 1, 2, and 3 received from disqualified persons						
bAmounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000						
cTotal of lines 7a and 7b						
8Public Support (Subtract line 7c from line 6)						

Total Support						
Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9Amounts from line 6						
10aGross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
bUnrelated business taxable income (less section 511 taxes) from businesses acquired after 30 June, 1975						
cAdd lines 10a and 10b						
11Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13Total Support (Add lines 9, 10c, 11 and 12)						
14First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here						

Computation of Public Support Percentage			
15	Public Support Percentage for 2008 (line 8 column (f) divided by line 13 column (f))	15	
16	Public Support Percentage for 2007 Schedule A, Part IV -A, line 27g	16	

Computation of Investment Income Percentage			
17	Investment Income Percentage for 2008 (line 10c column (f) divided by line 13 column (f))	17	
18	Investment Income Percentage from 2007 Schedule A, Part IV -A, line 27h	18	
19a	33 1/3% Tests - 2008. 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% Tests - 2007. 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

Supplemental Information. Complete this part to provide the information required by Part II, line 10; Part II, line 17a or 17b, or Part III, line 12. Provide and any other additional information. (see instructions)

Facts and Circumstances Test

Additional Data

Software ID:

Software Version:

EIN: 23-7086355

Name: United Way of Northeastern South Dakota Inc

Form 990EZ, Part IV - List of Officers, Directors, Trustees, and Key Employees

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
Aaron Schultz 12 4th Avenue SE Aberdeen, SD 57401	President 1 00	0	0	0
Brad Moore 12 4th Avenue SE Aberdeen, SD 57401	President 1 00	0	0	0
Mike Williams 12 4th Avenue SE Aberdeen, SD 57401	President-Elect 1 00	0	0	0
Aaron Schultz 12 4th Avenue SE Aberdeen, SD 57401	President-Elect 1 00	0	0	0
Brad Moore 12 4th Avenue SE Aberdeen, SD 57401	Past-President 1 00	0	0	0
Tom Snyder 12 4th Avenue SE Aberdeen, SD 57401	Past-President 1 00	0	0	0
Janine Ward 12 4th Avenue SE Aberdeen, SD 57401	Secretary 1 00	0	0	0
Jim Kuch 12 4th Avenue SE Aberdeen, SD 57401	Treasurer 1 00	0	0	0
Al Kjenstad 12 4th Avenue SE Aberdeen, SD 57401	Treasurer 1 00	0	0	0
Stacy Bauer 12 4th Avenue SE Aberdeen, SD 57401	Campaign Chair 1 00	0	0	0
John Emmett 12 4th Avenue SE Aberdeen, SD 57401	Director 0 50	0	0	0
Don Peck 12 4th Avenue SE Aberdeen, SD 57401	Director 0 50	0	0	0
Laurel Behnke 12 4th Avenue SE Aberdeen, SD 57401	Director 0 50	0	0	0
Dr Kim Jundt 12 4th Avenue SE Aberdeen, SD 57401	Director 0 50	0	0	0
Gregg Magera 12 4th Avenue SE Aberdeen, SD 57401	Director 0 50	0	0	0
Gary Lippert 12 4TH Avenue SE Aberdeen, SD 57401	Director 0 50	0	0	0
Lynee Youngberg 12 4TH Avenue SE Aberdeen, SD 57401	Director 0 50	0	0	0
Carmen Meyer 12 4TH Avenue SE Aberdeen, SD 57401	Director 0 50	0	0	0
Mike Mutziger 12 4TH Avenue SE Aberdeen, SD 57401	Director 0 50	0	0	0
Matt Prehn 12 4TH Avenue SE Aberdeen, SD 57401	Director 0 50	0	0	0
Jim Campbell 12 4TH Avenue SE Aberdeen, SD 57401	Director 0 50	0	0	0
Mike Williams 12 4TH Avenue SE Aberdeen, SD 57401	Director 0 50	0	0	0
David Sandvig 12 4TH Avenue SE Aberdeen, SD 57401	Director 0 50	0	0	0
Molly Johnson 12 4TH Avenue SE Aberdeen, SD 57401	Director 0 50	0	0	0
James Groft 12 4TH Avenue SE Aberdeen, SD 57401	Director 0 50	0	0	0
Lee Compton 12 4TH Avenue SE Aberdeen, SD 57401	Director 0 50	0	0	0
Mike Nguyen 12 4th Avenue SE Aberdeen, SD 57401	Director 0 50	0	0	0
Scott Cunningham 12 4th Avenue SE Aberdeen, SD 57401	Director 0 50	0	0	0
Al Kjenstad 12 4th Avenue SE Aberdeen, SD 57401	Director 0 50	0	0	0
Neil Lipetzky 12 4th Avenue SE Aberdeen, SD 57401	Director 0 50	0	0	0
KC DeBoer 12 4th Avenue SE Aberdeen, SD 57401	Director 0 50	0	0	0
Tom Agnitsch 12 4th Avenue SE Aberdeen, SD 57401	Executive Director 40 00	51,333	3,504	0
Jennifer Klitzke 12 4th Avenue SE Aberdeen, SD 57401	Bookkeeper 40 00	29,667	2,690	0

TY 2008 Grants and Similar Amounts Paid Schedule**Name:** United Way of Northeastern South Dakota Inc**EIN:** 23-7086355

Item No.	1
Class of Activity	CHARITABLE
Donee's Name	ABERDEEN RIDE LINE
Donee's Address	205 N 4TH ST ABERDEEN, SD 57401
Amount (FMV)	8,820
Purpose of Payment to Affiliate	
Relationship	
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	2
Class of Activity	EDUCATIONAL PROGRAMS
Donee's Name	BOY SCOUTS
Donee's Address	800 N WEST AVE SIOUX FALLS, SD 57104
Amount (FMV)	10,290
Purpose of Payment to Affiliate	
Relationship	
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	3
Class of Activity	EDUCATIONAL PROGRAMS
Donee's Name	BOYS & GIRLS CLUB
Donee's Address	1111 1ST AVE SE ABERDEEN, SD 57401
Amount (FMV)	84,280
Purpose of Payment to Affiliate	
Relationship	
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	4
Class of Activity	CHARITABLE
Donee's Name	CASSP
Donee's Address	305 S STATE ST ABERDEEN, SD 57401
Amount (FMV)	24,527
Purpose of Payment to Affiliate	
Relationship	
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	5
Class of Activity	CHARITABLE
Donee's Name	ABERDEEN FAMILY Y
Donee's Address	5 S STATE ST ABERDEEN, SD 57401
Amount (FMV)	134,750
Purpose of Payment to Affiliate	
Relationship	
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	6
Class of Activity	EDUCATIONAL PROGRAMS
Donee's Name	GIRL SCOUTS
Donee's Address	1603 8TH AVE NE ABERDEEN, SD 57401
Amount (FMV)	6,566
Purpose of Payment to Affiliate	
Relationship	
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	7
Class of Activity	CHARITABLE
Donee's Name	LUTHERAN SOCIAL SERVICES
Donee's Address	705 E 41ST ST SUITE 200 SIOUX FALLS, SD 57105
Amount (FMV)	17,150
Purpose of Payment to Affiliate	
Relationship	
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	8
Class of Activity	CHARITABLE
Donee's Name	NORTHEAST MENTAL HEALTH CENTER
Donee's Address	628 CIRCLE DRIVE ABERDEEN, SD 57401
Amount (FMV)	10,834
Purpose of Payment to Affiliate	
Relationship	
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	9
Class of Activity	CHARITABLE
Donee's Name	AMERICAN RED CROSS
Donee's Address	1024 S LAWSON ST PO BOX 848 ABERDEEN, SD 57401
Amount (FMV)	24,598
Purpose of Payment to Affiliate	
Relationship	
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	10
Class of Activity	CHARITABLE
Donee's Name	SAFE HARBOR
Donee's Address	310 S KLINE ST PO BOX 41 ABERDEEN, SD 57401
Amount (FMV)	95,060
Purpose of Payment to Affiliate	
Relationship	
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	11
Class of Activity	CHARITABLE
Donee's Name	RSVP
Donee's Address	23 6th Avenue SW Suite B ABERDEEN, SD 57401
Amount (FMV)	12,740
Purpose of Payment to Affiliate	
Relationship	
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	12
Class of Activity	CHARITABLE
Donee's Name	THE SALVATION ARMY
Donee's Address	1003 6TH AVE SW PO BOX 268 ABERDEEN, SD 57401
Amount (FMV)	52,920
Purpose of Payment to Affiliate	
Relationship	
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	13
Class of Activity	CHARITABLE
Donee's Name	ABERDEEN AREA SENIOR CENTER
Donee's Address	1303 7TH AVE SE ABERDEEN, SD 57401
Amount (FMV)	20,090
Purpose of Payment to Affiliate	
Relationship	
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	14
Class of Activity	CHARITABLE
Donee's Name	SERVE
Donee's Address	NSU BOX 794 1200 S JAY ST ABERDEEN, SD 57401
Amount (FMV)	11,760
Purpose of Payment to Affiliate	
Relationship	
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	15
Class of Activity	SPECIAL NEEDS CHILDREN
Donee's Name	SPURS
Donee's Address	PO BOX 431 ABERDEEN, SD 57401
Amount (FMV)	21,560
Purpose of Payment to Affiliate	
Relationship	
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	16
Class of Activity	EDUCATIONAL PROGRAMS
Donee's Name	TIGER POST COMMUNITY EDUCATION CTR
Donee's Address	PO BOX 614 IPSWICH, SD 57451
Amount (FMV)	5,390
Purpose of Payment to Affiliate	
Relationship	
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	17
Class of Activity	CHARITABLE
Donee's Name	YAPA
Donee's Address	225 3RD AVE SE ABERDEEN, SD 57401
Amount (FMV)	3,920
Purpose of Payment to Affiliate	
Relationship	
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	18
Class of Activity	CHARITABLE
Donee's Name	VOLUNTEERS OF AMERICA
Donee's Address	310 N KLINE ST ABERDEEN, SD 57401
Amount (FMV)	3,920
Purpose of Payment to Affiliate	
Relationship	
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	19
Class of Activity	CHARITABLE
Donee's Name	FOSTER GRANDPARENT PROGRAM
Donee's Address	23 6th Avenue SW Suite B ABERDEEN, SD 57401
Amount (FMV)	4,606
Purpose of Payment to Affiliate	
Relationship	
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	20
Class of Activity	CHARITABLE
Donee's Name	SENIOR COMPANIONS
Donee's Address	1000 N West Avenue Suite 260 Sioux Falls, SD 57104
Amount (FMV)	1,568
Purpose of Payment to Affiliate	
Relationship	
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	21
Class of Activity	CHARITABLE
Donee's Name	SD URBAN INDIAN HEALTH
Donee's Address	1315 6th Avenue SE Suite 6 Aberdeen, SD 57401
Amount (FMV)	980
Purpose of Payment to Affiliate	
Relationship	
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

TY 2008 Other Assets Schedule**Name:** United Way of Northeastern South Dakota Inc**EIN:** 23-7086355

Description	Beginning of Year Amount	End of Year Amount
CASH SURRENDER VALUE OF LIFE INSURANCE	8,505	8,870
ACCRUED INTEREST	1,363	823
Pledges Receivable	191,627	150,721
Prepaid Expenses	1,726	2,705
Other Depreciable Assets	5,246	3,247

TY 2008 Other Expenses Schedule

Name: United Way of Northeastern South Dakota Inc

EIN: 23-7086355

Description	Amount
Bad debt expense	25,916
Campaign expense	6,404
PAYMENTS TO AFFILIATES	7,066
Insurance	2,385
MEALS	1,289
Membership dues	456
Office Supplies	4,376
Travel	720
Depreciation	1,999

TY 2008 Other Liabilities Schedule

Name: United Way of Northeastern South Dakota Inc

EIN: 23-7086355

Description	Beginning of Year Amount	End of Year Amount
ACCRUED VACATION	4,349	4,394
Accounts Payable and Accrued Expenses	9,259	2,708

TY 2008 Other Revenues Schedule

Name: United Way of Northeastern South Dakota Inc

EIN: 23-7086355

Description	Amount
MISCELLANEOUS INCOME	7,915