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Form **990**Department of the Treasury  
Internal Revenue Service**Return of Organization Exempt From Income Tax**

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

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

OMB No. 1545-0047

**2009**Open to Public  
Inspection**A For the 2009 calendar year, or tax year beginning**

and ending

**B** Check if applicable

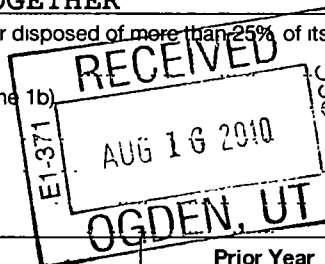
- ☐ Address change  
☐ Name change  
☐ Initial return  
☐ Terminated  
☐ Amended return  
☐ Application pending

Please use IRS label or print or type  
See Specific Instructions**C Name of organization****UNITED WAY OF SIOUXLAND, INC.**

Doing Business As

Number and street (or P.O. box if mail is not delivered to street address) Room/suite  
**PO BOX 204**City or town, state or country, and ZIP + 4  
**SIOUX CITY, IA 51102****F Name and address of principal officer** **TIM STILES**  
**SAME AS C ABOVE****D Employer identification number****42-0680395****E Telephone number****(712) 255-3551****G Gross receipts \$** **3,307,330.****H(a) Is this a group return for affiliates?** ☐ Yes ☒ No**H(b) Are all affiliates included?** ☐ Yes ☐ No  
If "No," attach a list. (see instructions)**H(c) Group exemption number** ▶**I Tax-exempt status.** ☒ 501(c) ( 3 ) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527**J Website:** ▶ **WWW.UNITEDWAYSIOUXLAND.COM****K Form of organization:** ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶**L Year of formation:** **1979** **M State of legal domicile:** **IA****Part I Summary**

Activities & Governance	1	Briefly describe the organization's mission or most significant activities	<b>TO ENHANCE SIOUXLAND'S CAPACITY TO CARE FOR ONE ANOTHER BY WORKING TOGETHER</b>	
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3	Number of voting members of the governing body (Part VI, line 1a)	3	33
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	33
	5	Total number of employees (Part V, line 2a)	5	9
	6	Total number of volunteers (estimate if necessary)	6	500
	7a	Total gross unrelated business revenue from Part VIII, column (C), line 12	7a	0.
7b	Net unrelated business taxable income from Form 990-T, line 34	7b	0.	
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9	Program service revenue (Part VIII, line 2g)	2,936,683.	3,172,099.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	43,811.	6,543.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	7,004.	15,610.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,987,498.	3,194,252.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	2,315,621.	2,250,629.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	457,045.	514,493.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)		
	16b	Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>361,198.</b>		
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	245,795.	265,770.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	3,018,461.	3,030,892.
19	Revenue less expenses. Subtract line 18 from line 12	<30,963.>	163,360.	
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21	Total liabilities (Part X, line 26)	4,241,285.	4,527,278.
	22	Net assets or fund balances. Subtract line 21 from line 20	1,346,473.	1,379,511.
			2,894,812.	3,147,767.

**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** ▶ *Tim Stiles* **Signature of officer** **8/11/10** **Date**

▶ **TIM STILES, EXECUTIVE DIRECTOR** **Type or print name and title**

**Paid Preparer's Use Only**

**Preparer's signature** ▶ *Melissa J. Willes* **Date** **AUG 05 2010** **Check if self-employed** ☐ **Preparer's identifying number (see instructions)**

**Firm's name (or yours if self-employed), address, and ZIP + 4** ▶ **HENJES CONNER & WILLIAMS PC** **EIN** ▶

▶ **800 FRANCES BLDG** **Phone no.** ▶ **(712) 277-3931**

▶ **SIOUX CITY, IA 51101**

May the IRS discuss this return with the preparer shown above? (see instructions)

☒ Yes ☐ No

G/LP

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SCANNED SEP 01 2010

**Part III** Statement of Program Service Accomplishments

1 Briefly describe the organization's mission:

**THE MISSION OF THE UNITED WAY OF SIOUXLAND IS TO ENHANCE SIOUXLAND'S CAPACITY TO CARE FOR ONE ANOTHER BY WORKING TOGETHER THROUGH EFFECTIVE PARTNERSHIPS AND LEVERAGING OF COMMUNITY RESOURCES.**

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 exempt purpose achievements for each of the organization's three largest program services by expenses.

Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

**SEE SCHEDULE O FOR CONTINUATION(S)**

4a (Code: ) (Expenses \$ 845,675. including grants of \$ 700,174. ) (Revenue \$ )

**FAMILIES & INDIVIDUALS ACHIEVE SELF-SUFFICIENCY:**

**THIS SERVICE ENSURES THAT FAMILIES & INDIVIDUALS ARE SAFE AND HEALTHY SOCIALLY, EMOTIONALLY, AND PHYSICALLY, AND HAVE ACCESS TO RESOURCES THAT CREATE ECONOMIC STABILITY. AGENCY PARTNERS AND INITIATIVES THAT FOCUS IN THIS AREA ARE: BOYS AND GIRLS HOME & FAMILY SERVICES; CATHOLIC CHARITIES; CENTER FOR SIOUXLAND; CRITTENTON CENTER; CSADV; EARNED INCOME TAX OUTREACH; LUTHERAN SERVICES IN IOWA; MARY TREGLIA COMMUNITY HOUSE; SIOUXLAND ANTI-BULLYING COOPERATIVE; SIOUXLAND CARES; AND WOMEN AWARE.**

4b (Code: ) (Expenses \$ 1,077,561. including grants of \$ 1,005,679. ) (Revenue \$ )

**CHILDREN GROW INTO SUCCESSFUL ADULTS:**

**THIS SERVICE ENSURES THAT CHILDREN ARE SOCIALLY, EMOTIONALLY, AND PHYSICALLY HEALTHY AND ARE READY TO EXPERIENCE ACADEMIC SUCCESS. AGENCY PARTNERS AND INITIATIVES THAT FOCUS IN THIS ARE: BEYOND THE BELL (ELEMENTARY AND MIDDLE SCHOOL); BIG BROTHERS BIG SISTERS; BOY SCOUTS; BOYS CLUB; EVERY CLASSROOM COUNTS; FIRST TEACHER; GIRL SCOUTS; GIRLS INC.; IMAGINATION LIBRARY; MARY ELIZABETH DAY CARE; MARY TREGLIA COMMUNITY HOUSE; NATIVE AMERICAN CHILD DEVELOPMENT CENTER; NORM WAITT SR. YMCA; SANFORD CENTER; AND STELLA SANFORD CHILD CARE CENTER.**

4c (Code: ) (Expenses \$ 315,564. including grants of \$ 244,846. ) (Revenue \$ )

**SAFETY NET SERVICES CONTINUE TO PROVIDE CARE AND SUPPORT:**

**THIS SERVICE PROVIDES A FOUNDATION OF FUNDAMENTAL CARE AND SUPPORT, ESSENTIAL TO MAINTAINING SIOUXLAND AS A CARING COMMUNITY THAT MEETS BASIC HUMAN NEEDS. AGENCY PARTNERS AND INITIATIVES THAT FOCUS IN THIS AREA ARE: ALZHEIMER'S ASSOCIATION; CENTER FOR SIOUXLAND; SIOUXLAND CENTER FOR ACTIVE GENERATIONS; AMERICAN RED CROSS; SALVATION ARMY; SIOUXLAND FAMILY COMMUNITY CENTER; ARC OF WOODBURY COUNTY; 2-1-1 HELP LINE.**

**THESE THREE AREAS OF SERVICE ACCOMPLISHMENTS FOCUS ON THE BUILDING BLOCKS OF A GOOD LIFE BY IMPLEMENTING RESULT-BASED PROGRAMS THAT WILL IMPROVE THE EDUCATION, INCOME, AND HEALTH OF EVERYONE IN OUR COMMUNITY.**

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

(Expenses \$ 299,930. including grants of \$ 299,930. ) (Revenue \$ )

4e Total program service expenses ► \$ 2,538,730.

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	<b>1</b> X	
<b>2</b> Is the organization required to complete Schedule B, Schedule of Contributors?	<b>2</b> X	
<b>3</b> Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>	<b>3</b>	X
<b>4</b> <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities? <i>If "Yes," complete Schedule C, Part II</i>	<b>4</b> X	
<b>5</b> <b>Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations.</b> Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? <i>If "Yes," complete Schedule C, Part III</i>	<b>5</b>	
<b>6</b> Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>	<b>6</b>	X
<b>7</b> Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	<b>7</b>	X
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	<b>8</b>	X
<b>9</b> Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>	<b>9</b>	X
<b>10</b> Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	<b>10</b>	X
<b>11</b> Is the organization's answer to any of the following questions "Yes"? <i>If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable</i>	<b>11</b> X	
• Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>		
• 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? <i>If "Yes," complete Schedule D, Part VII</i>		
• 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? <i>If "Yes," complete Schedule D, Part VIII</i>		
• 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? <i>If "Yes," complete Schedule D, Part IX.</i>		
• Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X.</i>		
• 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? <i>If "Yes," complete Schedule D, Part X</i>		
<b>12</b> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII</i>	<b>12</b> X	
<b>12A</b> Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional</i>	<b>12A</b>	
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	<b>13</b>	X
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States?	<b>14a</b>	X
<b>b</b> Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? <i>If "Yes," complete Schedule F, Part I</i>	<b>14b</b>	X
<b>15</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Part II</i>	<b>15</b>	X
<b>16</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Part III</i>	<b>16</b>	X
<b>17</b> Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>	<b>17</b>	X
<b>18</b> Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	<b>18</b> X	
<b>19</b> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>	<b>19</b>	X
<b>20</b> Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i>	<b>20</b>	X

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

	Yes	No
<b>21</b> Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	<b>21</b> X	
<b>22</b> Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	<b>22</b>	X
<b>23</b> 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>	<b>23</b>	X
<b>24a</b> 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 25</i>	<b>24a</b>	X
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	<b>24b</b>	
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	<b>24c</b>	
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	<b>24d</b>	
<b>25a</b> <b>Section 501(c)(3) and 501(c)(4) 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>	<b>25a</b>	X
<b>b</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>	<b>25b</b>	X
<b>26</b> Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i>	<b>26</b>	X
<b>27</b> Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i>	<b>27</b>	X
<b>28</b> Was the organization a party to a business transaction with one of the following parties, (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
<b>a</b> A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	<b>28a</b>	X
<b>b</b> A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	<b>28b</b>	X
<b>c</b> An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	<b>28c</b>	X
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	<b>29</b> X	
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	<b>30</b>	X
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	<b>31</b>	X
<b>32</b> 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>	<b>32</b>	X
<b>33</b> 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>	<b>33</b>	X
<b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>	<b>34</b>	X
<b>35</b> Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	<b>35</b>	X
<b>36</b> <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>	<b>36</b>	X
<b>37</b> 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>	<b>37</b>	X
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?	<b>38</b> X	

Note. All Form 990 filers are required to complete Schedule O.

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

	Yes	No
<b>1a</b> Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable.		
<b>1b</b> Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.		
<b>c</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		
<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>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 this return. (see instructions)	X	
<b>3a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		X
<b>b</b> If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		
<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)?		X
<b>b</b> 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.		
<b>5a</b> Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
<b>b</b> Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
<b>c</b> If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?		
<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?		X
<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>7 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?		X
<b>b</b> If "Yes," did the organization notify the donor of the value of the goods or services provided?		
<b>c</b> Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
<b>d</b> If "Yes," indicate the number of Forms 8282 filed during the year		
<b>e</b> Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		
<b>f</b> Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		
<b>g</b> For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		
<b>h</b> For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?		
<b>8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
<b>9 Sponsoring organizations maintaining donor advised funds.</b>		
<b>a</b> Did the organization make any taxable distributions under section 4966?		
<b>b</b> Did the organization make a distribution to a donor, donor advisor, or related person?		
<b>10 Section 501(c)(7) organizations.</b> Enter:		
<b>a</b> Initiation fees and capital contributions included on Part VIII, line 12		
<b>b</b> Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
<b>11 Section 501(c)(12) organizations.</b> Enter:		
<b>a</b> Gross income from members or shareholders		
<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>12a Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?		
<b>b</b> If "Yes," enter the amount of tax-exempt interest received or accrued during the year		

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

**Section A. Governing Body and Management**

	Yes	No
1a Enter the number of voting members of the governing body	33	
b Enter the number of voting members that are independent	33	
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		X
4 Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?		X
5 Did the organization become aware during the year of a material diversion of the organization's assets?		X
6 Does the organization have members or stockholders?		X
7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		X
b Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
a The governing body?	X	
b Each committee with authority to act on behalf of the governing body?	X	
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		X

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

	Yes	No
10a Does the organization have local chapters, branches, or affiliates?		X
b If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?		
11 Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	X	
11A Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a Does the organization have a written conflict of interest policy? If "No," go to line 13	X	
b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	X	
13 Does the organization have a written whistleblower policy?	X	
14 Does the organization have a written document retention and destruction policy?	X	
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a The organization's CEO, Executive Director, or top management official	X	
b Other officers or key employees of the organization		X
If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions.)		
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
b If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?		

**Section C. Disclosure**

17 List the states with which a copy of this Form 990 is required to be filed **NONE**

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.  
☐ Own website ☐ Another's website ☒ Upon request

19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: **TIM STILES - 712-255-3551**  
**701 STEUBEN STREET, BOX 204, SIOUX CITY, IA 51102**

**Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**
**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. Use Schedule J-2 if additional space is needed.

• 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. See instructions for definition of "key employee."

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

☐ Check this box if the organization did not compensate any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
TIM STILES EXEC DIRECTOR/SECRETARY	40.00	X		X				92,508.	0.	12,656.
BARB URAN DIRECTOR OF ACCOUNTING	40.00	X						43,472.	0.	5,473.
PETER THOREN DIRECTOR		X						0.	0.	0.
DAVE MADSEN CHAIR		X		X				0.	0.	0.
KENT MCCLUN DIRECTOR		X						0.	0.	0.
ROBERT DUNKER VICE CHAIR		X		X				0.	0.	0.
WARREN BAKER DIRECTOR		X						0.	0.	0.
CHRIS BOGENRIEF DIRECTOR		X						0.	0.	0.
NORMA E DE LA O DIRECTOR		X						0.	0.	0.
PAUL GAUSMAN DIRECTOR		X						0.	0.	0.
BETH GRIGSBY DIRECTOR		X						0.	0.	0.
MIKE BENNETT DIRECTOR		X						0.	0.	0.
KIM MCCORMICK DIRECTOR		X						0.	0.	0.
JERRY PFEIFER DIRECTOR		X						0.	0.	0.
JILL COLLING DIRECTOR		X						0.	0.	0.
HARLAN SALVATORI DIRECTOR		X						0.	0.	0.
BRIAN COYLE DIRECTOR		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	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
JUDY PETERSON DIRECTOR		X						0.	0.	0.
LILLYAN RODRIGUEZ DIRECTOR		X						0.	0.	0.
PAT SEALEY DIRECTOR		X						0.	0.	0.
RANDY STEIN DIRECTOR		X						0.	0.	0.
JIM SPENCER DIRECTOR		X						0.	0.	0.
FRANCISCO TOSTADO DIRECTOR		X						0.	0.	0.
DR. ANGELA BANKS DIRECTOR		X						0.	0.	0.
JANET FLANAGAN DIRECTOR		X						0.	0.	0.
JIM FRANCE DIRECTOR		X						0.	0.	0.
DR ALAN HEISTERKAMP DIRECTOR		X						0.	0.	0.
<b>1b Total</b>								<b>135,980.</b>	<b>0.</b>	<b>18,129.</b>

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

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

(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 in compensation from the organization **0**

SEE SCHEDULE J-2 FOR PART VII, SECTION A CONTINUATION

Form 990 (2009)

**Part VIII** Statement of Revenue

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
<b>Contributions, gifts, grants and other similar amounts</b>	<b>1 a</b> Federated campaigns	<b>1a</b>	3,152,449.				
	<b>b</b> Membership dues	<b>1b</b>					
	<b>c</b> Fundraising events	<b>1c</b>	19,650.				
	<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>g</b> Noncash contributions included in lines 1a-1f \$		28,350.				
	<b>h Total.</b> Add lines 1a-1f			3,172,099.			
<b>Program Service Revenue</b>			<b>Business Code</b>				
	<b>2 a</b>						
	<b>b</b>						
	<b>c</b>						
	<b>d</b>						
	<b>e</b>						
	<b>f</b> All other program service revenue						
	<b>g Total.</b> Add lines 2a-2f						
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts)			23,927.			23,927.
	<b>4</b> Income from investment of tax-exempt bond proceeds						
	<b>5</b> Royalties						
	<b>6 a</b> Gross Rents	(i) Real	(ii) Personal				
	<b>b</b> Less rental expenses						
	<b>c</b> Rental income or (loss)						
	<b>d</b> Net rental income or (loss)						
	<b>7 a</b> Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
	<b>b</b> Less cost or other basis and sales expenses			17,384.			
	<b>c</b> Gain or (loss)			<17,384.>			<17,384.>
	<b>d</b> Net gain or (loss)			<17,384.>			<17,384.>
	<b>8 a</b> Gross income from fundraising events (not including \$ 19,650. of contributions reported on line 1c) See Part IV, line 18	<b>a</b>		111,304.			
	<b>b</b> Less direct expenses	<b>b</b>		95,694.			
	<b>c</b> Net income or (loss) from fundraising events			15,610.			15,610.
	<b>9 a</b> Gross income from gaming activities. See Part IV, line 19	<b>a</b>					
	<b>b</b> Less direct expenses	<b>b</b>					
	<b>c</b> Net income or (loss) from gaming activities						
	<b>10 a</b> Gross sales of inventory, less returns and allowances	<b>a</b>					
<b>b</b> Less cost of goods sold	<b>b</b>						
<b>c</b> Net income or (loss) from sales of inventory							
<b>Miscellaneous Revenue</b>			<b>Business Code</b>				
<b>11 a</b>							
<b>b</b>							
<b>c</b>							
<b>d</b> All other revenue							
<b>e Total.</b> Add lines 11a-11d							
<b>12 Total revenue.</b> See instructions.				3,194,252.	0.	0.	22,153.

**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) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	2,250,629.	2,250,629.		
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	105,164.		12,301.	92,863.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	315,029.	136,381.	20,896.	157,752.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9 Other employee benefits	63,207.	25,387.	4,423.	33,397.
10 Payroll taxes	31,093.	10,405.	2,420.	18,268.
11 Fees for services (non-employees).				
a Management				
b Legal				
c Accounting				
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	4,661.		4,661.	
g Other	745.	745.		
12 Advertising and promotion				
13 Office expenses	6,712.	283.	4,094.	2,335.
14 Information technology				
15 Royalties				
16 Occupancy	16,904.	5,657.	1,316.	9,931.
17 Travel	16,990.	1,967.	9,959.	5,064.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	4,120.	2,055.	920.	1,145.
20 Interest				
21 Payments to affiliates	30,494.		30,494.	
22 Depreciation, depletion, and amortization	21,224.	6,041.	1,580.	13,603.
23 Insurance				
24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
a <u>IMAGINATION LIBRARY BOO</u>	51,366.	51,366.		
b <u>PROFESSIONAL FEES</u>	28,280.	1,236.	25,894.	1,150.
c <u>VIOLENCE PREVENTION EXP</u>	19,500.	19,500.		
d <u>EARNED INCOME TAX CREDI</u>	18,535.	18,535.		
e <u>RENTAL &amp; MAINTENANCE</u>	16,683.	5,583.	1,298.	9,802.
f All other expenses	29,556.	2,960.	10,708.	15,888.
25 Total functional expenses. Add lines 1 through 24f	3,030,892.	2,538,730.	130,964.	361,198.
26 Joint costs. Check here <input type="checkbox"/> if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

**Part X Balance Sheet**

		(A) Beginning of year		(B) End of year
<b>Assets</b>	1 Cash - non-interest-bearing		1	
	2 Savings and temporary cash investments	1,476,184.	2	1,564,773.
	3 Pledges and grants receivable, net	2,134,026.	3	2,272,759.
	4 Accounts receivable, net		4	
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges		9	
	10a Land, buildings, and equipment, cost or other basis. Complete Part VI of Schedule D	10a 425,211.		
	b Less: accumulated depreciation	10b 246,250.	187,245.	10c 178,961.
	11 Investments - publicly traded securities		11	
	12 Investments - other securities See Part IV, line 11	430,548.	12	510,785.
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets See Part IV, line 11	13,282.	15	0.
16 <b>Total assets.</b> Add lines 1 through 15 (must equal line 34)	4,241,285.	16	4,527,278.	
<b>Liabilities</b>	17 Accounts payable and accrued expenses		17	
	18 Grants payable	1,326,758.	18	1,372,002.
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities Complete Part X of Schedule D	19,715.	25	7,509.
	26 <b>Total liabilities.</b> Add lines 17 through 25	1,346,473.	26	1,379,511.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>			
	27 Unrestricted net assets	586,685.	27	598,097.
	28 Temporarily restricted net assets	2,308,127.	28	2,549,670.
	29 Permanently restricted net assets		29	
	<b>Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.</b>			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 <b>Total net assets or fund balances</b>	2,894,812.	33	3,147,767.
34 <b>Total liabilities and net assets/fund balances</b>	4,241,285.	34	4,527,278.	

Form 990 (2009)

**Part XI Financial Statements and Reporting**

**1** Accounting method used to prepare the Form 990: ☐ Cash ☒ Accrual ☐ Other \_\_\_\_\_

If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.

**2a** Were the organization's financial statements compiled or reviewed by an independent accountant?

**b** Were the organization's financial statements audited by an independent accountant?

**c** If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?

If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.

**d** If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both

☒ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis

**3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?

**b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

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

Form **990** (2009)



**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.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	2452891.	2558791.	2758211.	2663895.	2852519.	13286307.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	2452891.	2558791.	2758211.	2663895.	2852519.	13286307.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4						13286307.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4	2452891.	2558791.	2758211.	2663895.	2852519.	13286307.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	16,038.	30,213.	38,374.	32,753.	19,266.	136,644.
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.)						
11 Total support. Add lines 7 through 10						13422951.
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

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

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f))	14	98.98	%
15 Public support percentage from 2008 Schedule A, Part II, line 14	15	99.00	%
16a 33 1/3% support test - 2009. 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% support test - 2008. 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			<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2009. 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 - 2008. 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 a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions			<input type="checkbox"/>

Schedule A (Form 990 or 990-EZ) 2009

**Part III Support Schedule for Organizations Described in Section 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) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(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) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
<b>9</b> Amounts from line 6						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
<b>13 Total support</b> (Add lines 9, 10c, 11, and 12)						
<b>14 First five years.</b> 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 <b>stop here</b> <span style="float: right;">► <input type="checkbox"/></span>						

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

<b>15</b> Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))	<b>15</b>	%
<b>16</b> Public support percentage from 2008 Schedule A, Part III, line 15	<b>16</b>	%

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

<b>17</b> Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))	<b>17</b>	%
<b>18</b> Investment income percentage from 2008 Schedule A, Part III, line 17	<b>18</b>	%

**19a 33 1/3% support tests - 2009.** 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 - 2008.** 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 ► ☐



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

Department of the Treasury  
Internal Revenue Service

**Political Campaign and Lobbying Activities**

For Organizations Exempt From Income Tax Under section 501(c) and section 527

OMB No 1545-0047

**2009**

Open to Public  
Inspection

▶ **Complete if the organization is described below.**

▶ **Attach to Form 990 or Form 990-EZ.** ▶ **See separate instructions.**

**If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part VI, line 46 (Political Campaign Activities), then**

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

**If the organization answered "Yes," to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then**

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

**If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax), then**

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name of organization

**UNITED WAY OF SIOUXLAND, INC.**

Employer identification number

**42-0680395**

**Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.**

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.
- 2 Political expenditures ▶ \$
- 3 Volunteer hours

**Part I-B Complete if the organization is exempt under section 501(c)(3).**

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ \$
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ☐ Yes ☐ No
- 4a Was a correction made? ☐ Yes ☐ No
- b If "Yes," describe in Part IV

**Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).**

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ \$
- 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b ▶ \$
- 4 Did the filing organization file Form 1120-POL for this year? ☐ Yes ☐ No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which payments were made. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-

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

Schedule C (Form 990 or 990-EZ) 2009

LHA

**Part II-A** Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

- A Check ☐ if the filing organization belongs to an affiliated group.
- B Check ☐ if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)															
b Total lobbying expenditures to influence a legislative body (direct lobbying)															
c Total lobbying expenditures (add lines 1a and 1b)															
d Other exempt purpose expenditures															
e Total exempt purpose expenditures (add lines 1c and 1d)															
f Lobbying nontaxable amount. Enter the amount from the following table in both columns															
<table border="1"> <thead> <tr> <th>If the amount on line 1e, column (a) or (b) is:</th> <th>The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000	Over \$17,000,000	\$1,000,000		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e.														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000														
Over \$17,000,000	\$1,000,000														
g Grassroots nontaxable amount (enter 25% of line 1f)															
h Subtract line 1g from line 1a. If zero or less, enter -0-															
i Subtract line 1f from line 1c. If zero or less, enter -0-															
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?															

☐ Yes ☐ No
**4-Year Averaging Period Under Section 501(h)**

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f on page 4.)

**Lobbying Expenditures During 4-Year Averaging Period**

Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Schedule C (Form 990 or 990-EZ) 2009

**Part II-B** Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

	(a)		(b)
	Yes	No	Amount
<b>1</b> During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
<b>a</b> Volunteers?		X	
<b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	X		
<b>c</b> Media advertisements?		X	
<b>d</b> Mailings to members, legislators, or the public?	X		
<b>e</b> Publications, or published or broadcast statements?	X		
<b>f</b> Grants to other organizations for lobbying purposes?		X	
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body?	X		
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X	
<b>i</b> Other activities? If "Yes," describe in Part IV	X		
<b>j</b> Total. Add lines 1c through 1i			
<b>2a</b> Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X	
<b>b</b> If "Yes," enter the amount of any tax incurred under section 4912			
<b>c</b> If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
<b>d</b> If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

**Part III-A** Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

	Yes	No
<b>1</b> Were substantially all (90% or more) dues received nondeductible by members?	1	
<b>2</b> Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2	
<b>3</b> Did the organization agree to carryover lobbying and political expenditures from the prior year?	3	

**Part III-B** Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, line 3 is answered "Yes."

<b>1</b> Dues, assessments and similar amounts from members	1	
<b>2</b> Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
<b>a</b> Current year	2a	
<b>b</b> Carryover from last year	2b	
<b>c</b> Total	2c	
<b>3</b> Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
<b>4</b> If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
<b>5</b> Taxable amount of lobbying and political expenditures (see instructions)	5	

**Part IV** Supplemental Information

Complete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5, and Part II-B, line 1i. Also, complete this part for any additional information.

**PART II-B, LINE 1(I), OTHER LOBBYING ACTIVITIES:**

ONE DAY VISIT TO THE STATE CAPITAL TO ADVOCATE.

**Schedule D**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

▶ Complete if the organization answered "Yes," to Form 990,  
Part IV, line 6, 7, 8, 9, 10, 11, or 12.  
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

**2009**

Open to Public  
Inspection

Name of the organization

UNITED WAY OF SIOUXLAND, INC.

Employer identification number

42-0680395

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

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

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

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

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or pleasure)	<input type="checkbox"/> Preservation of an historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	

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

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06	2d

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIV, 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" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116, 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 XIV, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116, 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) Revenues included in Form 990, Part VIII, line 1	▶ \$
(ii) Assets included in Form 990, Part X	▶ \$

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items:

a Revenues included in Form 990, Part VIII, line 1	▶ \$
b Assets included in Form 990, Part X	▶ \$

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

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items

(check all that apply):

a ☐ Public exhibitiond ☐ Loan or exchange programsb ☐ Scholarly researche ☐ Other \_\_\_\_\_c ☐ Preservation for future generations

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.

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 organization answered "Yes" to 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 XIV and complete the following table

c Beginning balance

d Additions during the year

e Distributions during the year

f Ending balance

	Amount
1c	
1d	
1e	
1f	

2a Did the organization include an amount on Form 990, Part X, line 21?

☐ Yes☐ No

b If "Yes," explain the arrangement in Part XIV

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

1a Beginning of year balance

b Contributions

c Net investment earnings, gains, and losses

d Grants or scholarships

e Other expenditures for facilities and programs

f Administrative expenses

g End of year balance

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a					
1b					
1c					
1d					
1e					
1f					

2 Provide the estimated percentage of the year end balance held as:

a Board designated or quasi-endowment ► \_\_\_\_\_ %

b Permanent endowment ► \_\_\_\_\_ %

c Term endowment ► \_\_\_\_\_ %

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

(i) unrelated organizations

(ii) related organizations

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

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

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

**Part VI Investments - Land, Buildings, and Equipment.** See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land	19,617.			19,617.
b Buildings	257,861.		126,177.	131,684.
c Leasehold improvements				
d Equipment	147,733.		120,073.	27,660.
e Other				
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				178,961.

Schedule D (Form 990) 2009

**Part VII Investments - Other Securities.** 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
Financial derivatives		
Closely-held equity interests		
Other		
<b>SIOUXLAND FOUNDATION</b>	<b>510,785.</b>	<b>END-OF-YEAR MARKET VALUE</b>
<b>Total.</b> (Col (b) must equal Form 990, Part X, col (B) line 12.)	<b>510,785.</b>	

**Part VIII Investments - Program Related.** See Form 990, Part X, line 13

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
<b>Total.</b> (Col (b) must equal Form 990, Part X, col (B) line 13.)		

**Part IX Other Assets.** See Form 990, Part X, line 15

(a) Description	(b) Book value
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 15.)	

**Part X Other Liabilities.** See Form 990, Part X, line 25

1 (a) Description of liability	(b) Amount
Federal income taxes	
<b>OTHER PAYABLES AND ACCRUED LIABILITIES</b>	<b>7,509.</b>
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 25.)	<b>7,509.</b>

2. FIN 48 Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48

**Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements**

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	3,194,252.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	3,030,892.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	163,360.
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	89,595.
9	Total adjustments (net). Add lines 4 through 8	9	89,595.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	252,955.

**Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return**

1	Total revenue, gains, and other support per audited financial statements	1	2,979,256.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	89,595.
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV.)	2d	
e	Add lines 2a through 2d	2e	89,595.
3	Subtract line 2e from line 1	3	2,889,661.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	4,661.
b	Other (Describe in Part XIV.)	4b	299,930.
c	Add lines 4a and 4b	4c	304,591.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	3,194,252.

**Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return**

1	Total expenses and losses per audited financial statements	1	2,726,301.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV.)	2d	
e	Add lines 2a through 2d	2e	0.
3	Subtract line 2e from line 1	3	2,726,301.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	4,661.
b	Other (Describe in Part XIV.)	4b	299,930.
c	Add lines 4a and 4b	4c	304,591.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	3,030,892.

**Part XIV Supplemental Information**

Complete this part to 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, line 8; Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

**PART XI, LINE 8 - OTHER ADJUSTMENTS:****UNREALIZED GAIN/(LOSS)****PART XII, LINE 4B - OTHER ADJUSTMENTS:****DONOR CHOICE DESIGNATIONS NOT RECOGNIZED ON FINANCIAL STATEMENTS****PART XIII, LINE 4B - OTHER ADJUSTMENTS:**

<b>Part XIV</b>	<b>Supplemental Information</b> <i>(continued)</i>
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## ALLOCATION OF DONOR CHOICE DESIGNATIONS NOT RECOGNIZED ON THE

**FIN STMTS**



Department of the Treasury  
Internal Revenue Service

▶ **Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.**  
▶ **Attach to Form 990 or Form 990-EZ.** ▶ **See separate instructions.**

# 2009

### Open To Public Inspection

Name of the organization

UNITED WAY OF SIOUXLAND, INC.

Employer identification number

42-0680395

**Fundraising Activities.** Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

- a** ☐ Mail solicitations

- b** ☐ Internet and email solicitations

- c** ☐ Phone solicitations

- d** ☐ In-person solicitations

- e ☐ Solicitation of non-government grants

- f** ☐ Solicitation of government grants

- g** ☐ Special fundraising events

- 2 a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?

☐ Yes☐ No

- b** If "Yes," list the ten highest paid individuals or entries (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
Total						

- 3** List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing.

**Part II Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000

		(a) Event #1 LEMARS GOLF TOURNAMENT (event type)	(b) Event #2 WOMEN'S POWER LUNCH (event type)	(c) Other events NONE (total number)	(d) Total events (add col. (a) through col. (c))
Revenue	1 Gross receipts .....	26,958.	103,996.		130,954.
	2 Less: Charitable contributions		19,650.		19,650.
	3 Gross income (line 1 minus line 2)	26,958.	84,346.		111,304.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes	300.			300.
	6 Rent/facility costs		16,500.		16,500.
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	22,000.	56,894.		78,894.
	10 Direct expense summary. Add lines 4 through 9 in column (d)				( 95,694.)
	11 Net income summary. Combine line 3, column (d), and line 10				15,610.

**Part III Gaming.** Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Direct Expenses	1 Gross revenue				
	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
	7 Direct expense summary. Add lines 2 through 5 in column (d)				( )
	8 Net gaming income summary. Combine line 1, column (d), and line 7				

9 Enter the state(s) in which the organization operates gaming activities: \_\_\_\_\_

a Is the organization licensed to operate gaming activities in each of these states?

b If "No," explain.

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? .....

b If "Yes," explain:

11 Does the organization operate gaming activities with nonmembers?

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?

	Yes	No
9a		
10a		
11	X	
12		

**13** Indicate the percentage of gaming activity operated in.**a** The organization's facility**b** An outside facility

<b>13a</b>	<b>100.00 %</b>
<b>13b</b>	<b>%</b>

**14** Enter the name and address of the person who prepares the organization's gaming/special events books and records:Name ► **BARB URAN; UNITED WAY OF SIOUXLAND**Address ► **701 STEUBEN STREET - SIOUX CITY, IA 51101****15a** Does the organization have a contract with a third party from whom the organization receives gaming revenue?**15a****b** If "Yes," enter the amount of gaming revenue received by the organization ► \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party ► \$ \_\_\_\_\_**c** If "Yes," enter name and address of the third party:

Name ► \_\_\_\_\_

Address ► \_\_\_\_\_

**16** Gaming manager information:

Name ► \_\_\_\_\_

Gaming manager compensation ► \$ \_\_\_\_\_

Description of services provided ► \_\_\_\_\_

☐ Director/officer☐ Employee☐ Independent contractor**17** Mandatory distributions:**a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?**17a****b** Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ \_\_\_\_\_

**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.  
▶ Attach to Form 990.

OMB No 1545-0047

**2009**

Open to Public  
Inspection

Name of the organization

**UNITED WAY OF SIOUXLAND, INC.**

Employer identification number  
**42-0680395**

**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 Governments and Organizations in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed. ▶ ☐

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ALZHEIMERS ASSOCIATION 420 CHAMBERS SIOUX CITY, IA 51101	42-1298350		46,716.	0.			CARE AND SUPPORT OF ALZHEIMER'S CLIENTS
ARC OF WOODBURY COUNTY 3001 MALLOY ROAD SIOUX CITY, IA 51103	42-0942423		17,121.	0.			SUMMER PROGRAM FOR MENTALLY CHALLENGED CHILDREN
BIG BROTHERS/BIG SISTERS 600 4TH ST, STE 112 SIOUX CITY, IA 51103	42-1121154		90,563.	0.			YOUTH MENTORING PROGRAM
BOY SCOUTS 12401 W MAPLE ROAD OMAHA, NE 68164	47-0376545		91,533.	0.			SCOUTING FITNESS PROGRAM TO CREATE GOOD HEALTH HABITS
BOYS CLUB 823 PEARL STREET SIOUX CITY, IA 51101	42-0940032		100,244.	0.			AFTER SCHOOL PROGRAM FOR BOYS 7-18 YEARS OF AGE
CATHOLIC CHARITIES 1601 MILITARY ROAD SIOUX CITY, IA 51103	42-0681062		134,950.	0.			COUNSELING AND THERAPY FOR FAMILIES AND INDIVIDUALS/REDUCE CHILD ABUSE

**2** Enter total number of section 501(c)(3) and government organizations

**3** Enter total number of other organizations

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

**SEE PART IV FOR COLUMN (H) DESCRIPTIONS**

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance

**Part IV** Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information

**FUNDING PROCESS AND PROCEDURES FOR ALLOCATED FUNDS:**

ANNUAL COMMUNITY IMPACT FUNDING IS DISBURSED TO THE UNITED WAY OF SIOUXLAND'S (UWS) COMMUNITY PARTNERS THAT PROVIDE QUALITY DIRECT SERVICE PROGRAMS THAT ARE IMPACTING LIVES ON A DAY TO DAY BASIS. UWS INVESTS IN STRATEGIES THAT ALIGN WITH, OR CORRESPOND TO, THE AGENDA FOR COMMUNITY IMPACT. FUNDING DECISIONS ARE MADE THROUGH UWS COMMUNITY IMPACT TEAMS WHICH CONSIST OF COMMUNITY VOLUNTEERS AND AGENCY DIRECTORS. COMMUNITY IMPACT VOLUNTEERS REVIEW AGENCY APPLICATIONS SUBMITTED ONLINE UTILIZING THE ANDAR COMMUNITY BUILDING WEB-BASED

Name of the organization

**UNITED WAY OF SIOUXLAND, INC.**

Employer identification number  
**42-0680395**

Part I Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part I)							(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)			
CENTER FOR SIOUXLAND 715 DOUGLAS STREET SIOUX CITY, IA 51101	42-1078435		147,487.	0.				PROVIDES EMERGENCY ASSISTANCE; SENIOR VOLUNTEER PROGRAMS
CHRISTIAN NEEDS CENTER 900 6TH STREET SW LEMARS, IA 51031	42-1326736		1,100.	0.				FOOD VOUCHERS/LOW INCOME PROVIDES SUPPORT, ADVOCACY AND A SAFE ENVIRONMENT TO EMPOWER ADULTS AND CHILDREN WHO
COUNCIL ON SEXUAL ASSAULT PO BOX 1565 SIOUX CITY, IA 51102	42-1104234		126,069.	0.				OUTPATIENT THERAPY FOR VICTIMS OF ABUSE AND VIOLENCE
FAMILY SERVICES, INC 2101 COURT STREET SIOUX CITY, IA 51104	93-0991864		160,975.	0.				TRANSITIONAL KINDERGARTEN FUNDING
GEHLEN CATHOLIC SCHOOLS 709 PLYMOUTH NW LEMARS, IA 51031	42-0733467		7,500.	0.				SCOUTING PROGRAMS TO HELP GIRLS DEVELOP TO THEIR FULL POTENTIAL
GIRL SCOUTS 1515 ZENITH DRIVE SIOUX CITY, IA 51103	42-0698218		53,896.	0.				EVIDENCED-BASED EDUCATIONAL PROGRAMS FOR GIRLS, AGE 6-16, PARTICULARLY THOSE IN
GIRLS INCORPORATED 500 MAIN STREET SIOUX CITY, IA 51103	42-1272032		110,662.	0.				DONOR DESIGNATION
HOSPICE OF SIOUXLAND	38-3320710		100.	0.				

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

Schedule I-1 (Form 990) 2009

**SCHEDULE I-1**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Continuation Sheet for Schedule I (Form 990)**  
**► Attach to Form 990 to list additional information for**  
**Schedule I (Form 990), Part II or Part III.**

OMB No. 1545-0047  
**2009**  
**Open to Public**  
**Inspection**

Name of the organization

**UNITED WAY OF SIOUXLAND, INC.**

Employer identification number  
**42-0680395**

Part I	Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)						
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
JACKSON RECOVERY 800 5TH ST, SUITE 200 SIOUX CITY, IA 51105	39-1900255		4,100.	0.			SUBSTANCE ABUSE SERVICES
LE MARS COMMUNITY SCHOOLS 921 3RD AVE SW LEWARS, IA 51031	42-6037691		5,300.	0.			AFTER SCHOOL PROGRAM
LEWARS ART COUNCIL 200 CENTRAL AVE SE LEWARS, IA 51031	23-7176053		2,880.	0.			CERTIFIED INSTRUCTOR/CHILD DEVELOPMENT
LEWARS YMCA 201 12TH ST SE LEWARS, IA 51031	42-1413807		4,500.	0.			YMCA SCHOLARSHIP PROGRAM
LUTHERAN SOCIAL SERVICE 106 16TH STREET SW WAVERLY, IA 50677	42-0698267		24,386.	0.			TEEN PARENTING CLASSES
MARY ELIZABETH DAY NURSERY 814 COURT STREET SIOUX CITY, IA 51105	42-0698200		71,418.	0.			PRESCHOOL AND CHILD CARE SCHOLARSHIPS
MARY J. TREGLIA COMM HOUSE 900 JENNINGS ST SIOUX CITY, IA 51105	42-0681107		157,808.	0.			IMMIGRATION SERVICES AND CAMP IMAGINATION SUMMER PROGRAM
NATIVE AMERICAN CHILD CARE CENTER 1735 MORNINGSIDE AVE SIOUX CITY, IA 51106	42-1149473		49,159.	0.			AGE APPROPRIATE DEVELOPMENT PROGRAM/CHILD CARE PRESCHOOL SCHOLARSHIPS

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

Schedule I-1 (Form 990) 2009

Continuation Sheet for Schedule I (Form 990)  
 Attach to Form 990 to list additional information for Schedule I (Form 990), Part II or Part III.

**SCHEDULE I-1**  
 (Form 990)  
 Department of the Treasury  
 Internal Revenue Service

Name of the organization **UNITED WAY OF SIOUXLAND, INC.** Employer identification number **42-0680395**

Part I	Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)	(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
		NORM WAIT SR YMCA 601 RIVERVIEW DRIVE SOUTH SIOUX CITY, NE 68776	42-0738980		91,123.	0.			YOUR PROGRAM SCHOLARSHIPS
		PLAINS AREA MENTAL HEALTH 180 10TH ST SE, SUITE 201 LEWARS, IA 51031	42-1000717		5,000.	0.			THERAPY PROGRAMS
		PLYMOUTH COUNTY SENIOR HELPMATE 313 COOK STREET SIOUX CITY, IA 51103	42-0984100		7,000.	0.			SENIOR VOLUNTEERS
		SALVATION ARMY 1415 VILLA AVENUE SIOUX CITY, IA 51103	36-2167910		32,019.	0.			COMMUNITY SERVICES AND BASIC NEED ASSISTANCE
		SANFORD CENTER 1700 GENEVA ST SIOUX CITY, IA 51103	42-0698174		111,696.	0.			DELINQUENCY PREVENTION/CULTURAL EDUCATION
		SIOUXLAND AREA CHAPTER AMERICAN RED CROSS - 4200 WAR EAGLE DRIVE - SIOUX CITY, IA 51109	42-0680402		128,976.	0.			HELPING SIOUXLAND PREVENT, PREPARE AND RESPOND TO EMERGENCIES
		SIOUXLAND CARES 101 PIERCE STREET SIOUX CITY, IA 51101	42-1331282		22,854.	0.			COORDINATES ON-GOING AWARENESS AND EDUCATIONAL PROGRAMS TO REDUCE SUBSTANCE ABUSE
		SIOUXLAND CENTER FOR ACTIVE GENERATIONS - 313 COOK STREET - SIOUX CITY, IA 51103	42-0984100		52,325.	0.			ENHANCING THE LIFESTYLES OF OLDER ADULTS



**SCHEDULE I-1  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Continuation Sheet for Schedule I (Form 990)  
► Attach to Form 990 to list additional information for  
Schedule I (Form 990), Part II or Part III.**

OMB No. 1545-0047

**2009**

**Open to Public  
Inspection**

Name of the organization

**UNITED WAY OF SIOUXLAND, INC.**

Employer identification number  
**42-0680395**

Part I Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SIOUXLAND FAMILY COMMUNITY CENTER 2101 COURT STREET SIOUX CITY, IA 51104	47-0753759		1,539.	0.			BASIC NEEDS FOR FAMILIES IN CRISIS
SIOUXLAND HUMAN INVESTMENT PARTNERSHIP - 1520 MORNINGSIDE AVE - SIOUX CITY, IA 51106	42-1495836		104,259.	0.			CLASSROOM VOLUNTEERS/AFTER SCHOOL PROGRAM
SIOUXLAND YOUTH FOR CHRIST PO BOX 534 LEMARS, IA 51031	42-1108779		6,000.	0.			YOUTH PROGRAMS PROVIDES COMPLETE PREGNANCY AND POSTPARTUM SERVICES FOR LOW-INCOME, AT-RISK, AND
THE CRITTENTON CENTER 303 W 24TH STREET SIOUX CITY, IA 51103	42-0698246		105,872.	0.			
THE LIVING CENTER 112 CENTRAL AVE NE LEMARS, IA 51031	74-3070252		4,500.	0.			BASIC NEEDS ASSISTANCE
UNITED WAY OF LEMARS	42-0680395		4,651.	0.			DONOR DESIGNATION
WAYNE COMMUNITY CHEST	47-6028099		432.	0.			DONOR DESIGNATION PROVIDE ACCESS AND INFORMATION TO RESOURCES TO ASSIST CLIENTS TOWARD EMOTIONAL AND ECONOMIC
WOMEN AWARE 520 NEBRASKA, SUITE 237 SIOUX CITY, IA 51101	42-1164702		33,475.	0.			

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

Schedule I-1 (Form 990) 2009

**Part IV** Supplemental Information

SOFTWARE.

APPLICATION PROCESS INCLUDES:

-SUBMITTING FINANCIAL RECORDS, BUDGET INFORMATION, AND PROGRAM/OUTCOME

MEASUREMENT INFORMATION AS REQUESTED.

-EXPLANATION OF THE PROPOSED USE AND RESULTS FROM USE OF THE FUNDING.

-FINANCIAL REVIEW OF THE ORGANIZATION TO GAIN A LEVEL OF ASSURANCE THAT  
THE ORGANIZATION FOLLOWS SOUND FISCAL POLICIES.

-VERIFICATION OF COMPLIANCE WITH THE PROVISIONS OF THE PATRIOT ACT.

-VERIFICATION OF CURRENT STATUS AS AN IRS CODE SECTION 501(C)(3).

-PROVIDE DEMOGRAPHIC INFORMATION ON CLIENTS SERVED THROUGH UWS FUNDING.

DONOR DESIGNATIONS TO AGENCY PARTNERS ARE DISBURSED QUARTERLY TO  
ORGANIZATIONS WHO HAVE PROVIDED VERIFICATION OF BEING A 501(C)(3), AND  
WHO HAVE VERIFIED COMPLIANCE WITH THE PROVISIONS OF THE PATRIOT ACT.

PART II, LINE 1, COLUMN (H):

NAME OF ORGANIZATION OR GOVERNMENT: COUNCIL ON SEXUAL ASSAULT

(H) PURPOSE OF GRANT OR ASSISTANCE: PROVIDES SUPPORT, ADVOCACY AND A  
SAFE ENVIRONMENT TO EMPOWER ADULTS AND CHILDREN WHO HAVE EXPERIENCE  
VIOLENCE

NAME OF ORGANIZATION OR GOVERNMENT: GIRLS INCORPORATED

(H) PURPOSE OF GRANT OR ASSISTANCE: EVIDENCED-BASED EDUCATIONAL PROGRAMS  
FOR FIRLS, AGE 6-16, PARTICULARLY THOSE IN HIGH RISK, UNDERSERVED AREAS

NAME OF ORGANIZATION OR GOVERNMENT: THE CRITTENTON CENTER

(H) PURPOSE OF GRANT OR ASSISTANCE: PROVIDES COMPLETE PREGNANCY AND  
POSTPARTUM SERVICES FOR LOW-INCOME, AT-RISK, AND UNINSURED/UNDERINSURED

**Part IV** Supplemental Information

WOMEN; STELLA SANFORD CHILD DEVELOPMENT CENTER

NAME OF ORGANIZATION OR GOVERNMENT: WOMEN AWARE

(H) PURPOSE OF GRANT OR ASSISTANCE: PROVIDE ACCESS AND INFORMATION TO  
RESOURCES TO ASSIST CLIENTS TOWARD EMOTIONAL AND ECONOMIC STABILITY

**SCHEDULE J  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Compensation Information**

For certain Officers, Directors, Trustees, Key Employees, and Highest  
Compensated Employees

▶ Complete if the organization answered "Yes" to Form 990,  
Part IV, line 23.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

**2009**

Open to Public  
Inspection

Name of the organization

**UNITED WAY OF SIOUXLAND, INC.**

Employer identification number

**42-0680395**

**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 in Form 990,  
Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

☐ First-class or charter travel

☐ Travel for companions

☐ Tax indemnification and gross-up payments

☐ Discretionary spending account

☐ Housing allowance or residence for personal use

☐ Payments for business use of personal residence

☐ Health or social club dues or initiation fees

☐ Personal services (e.g., 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 officers, directors,  
trustees, and the CEO/Executive Director, regarding the items checked in line 1a?

**3** Indicate which, if any, of the following the organization uses to establish the compensation of the organization's  
CEO/Executive Director. Check all that apply.

☒ Compensation committee

☐ Independent compensation consultant

☒ Form 990 of other organizations

☐ Written employment contract

☐ Compensation survey or study

☒ Approval by the board or compensation committee

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

**a** Receive a severance payment or change-of-control payment?

**b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?

**c** Participate in, or receive payment from, an equity-based compensation arrangement?

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III

**Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.**

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

**a** The organization?

**b** Any related organization?

If "Yes" to line 5a or 5b, describe in Part III

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

**a** The organization?

**b** Any related organization?

If "Yes" to line 6a or 6b, describe in Part III.

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

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

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

Yes No

**1b**

**2**

**4a**

**4b**

**4c**

**5a**

**5b**

**6a**

**6b**

**7**

**8**

**9**

**X**

**X**

**X**

**X**

**X**

**X**

**X**

**X**

**X**

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

Schedule J (Form 990) 2009



Department of the Treasury  
Internal Revenue Service

▶ Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.  
▶ See the Instructions for Form 990.

**Open to Public Inspection**

Employer Identification number  
42-0680395

**(F)**  
Estimated  
amount of  
other  
compensation  
from the  
organization  
and related  
organizations

2009.04011 UNITED WAY OF SIOUXLAND, IN 77070001

**SCHEDULE M  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Noncash Contributions**

► **Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.**  
► **Attach to Form 990.**

OMB No 1545-0047

**2009**

**Open to Public Inspection**

Name of the organization

**UNITED WAY OF SIOUXLAND, INC.**

Employer identification number

**42-0680395**

**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d) Method of determining revenues
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded				
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ► ( <b>MEDIA AND SUP</b> )	<b>X</b>	<b>10</b>	<b>19,650.</b>	<b>ESTIMATED COST</b>
26 Other ► ( <b>SUPPLIES</b> )	<b>X</b>	<b>4</b>	<b>4,600.</b>	<b>ESTIMATED COST</b>
27 Other ► ( <b>ACCOUNTING SE</b> )	<b>X</b>	<b>1</b>	<b>4,100.</b>	<b>COST</b>
28 Other ► ( )				

**29** Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgment

**29**

**30a** During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?

**b** If "Yes," describe the arrangement in Part II.

**31** Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?

**32a** Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?

**b** If "Yes," describe in Part II

**33** If the organization did not report revenues in column (c) for a type of property for which column (a) is checked, describe in Part II.

	Yes	No
<b>30a</b>		<b>X</b>
<b>31</b>		<b>X</b>
<b>32a</b>		<b>X</b>

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

Schedule M (Form 990) 2009

**SCHEDULE O**

(Form 990)

Department of the Treasury  
Internal Revenue Service**Supplemental Information to Form 990**Complete to provide information for responses to specific questions on  
Form 990 or to provide any additional information.  
▶ Attach to Form 990.

OMB No 1545-0047

**2009**Open to Public  
Inspection

Name of the organization

UNITED WAY OF SIOUXLAND, INC.

Employer identification number

42-0680395

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

OUR STRONG PARTNERSHIPS AND INITIATIVES ARE ACHIEVING POSITIVE,  
COMMUNITY-WIDE RESULTS.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

DONOR CHOICE AND COMBINED FEDERAL CAMPAIGN DESIGNATIONS TO NON-PROFIT  
ORGANIZATIONS

EXPENSES \$ 299930. INCLUDING GRANTS OF \$ 299930. REVENUE \$ 0.

FORM 990, PART VI, SECTION B, LINE 11: THE FORM 990 IS PRESENTED TO THE  
BOARD BEFORE FILING AND REVIEWED FOR ANY ERRORS.FORM 990, PART VI, SECTION B, LINE 12C: CONFLICTS OF INTEREST REVIEWED BY  
PRESIDENT ANNUALLYFORM 990, PART VI, SECTION B, LINE 15A: CEO REVIEW IS DONE BY THE EXECUTIVE  
COMMITTEE AND IS BASED ON CORE COMPETENCIES STANDARDS DEVELOPED BY UNITED  
WAY OF AMERICA, COMPENSATION IS BASED ON THIS REVIEW, NATIONAL SALARY  
SURVEY FOR UNITED WAY CEO'S AND LOCAL SALARY & COST OF LIVING ADJUSTMENT.  
OTHER KEY EMPLOYEES USE SAME PROCESS AT RECOMMENDATION MADE BY CEO &  
APPROVED BY THE EXECUTIVE COMMITTEE AND BOARD.FORM 990, PART VI, SECTION C, LINE 18: FORM 1023 AND 990'S ARE AVAILABLE  
FOR PUBLIC INSPECTION UPON REQUEST AT THE MAIN OFFICE.

FORM 990, PART VI, SECTION C, LINE 19: DOCUMENTS, POLICIES, AND STATEMENTS

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

Schedule O (Form 990) 2009

832211  
02-03-10



**SCHEDULE O**

(Form 990)

Department of the Treasury  
Internal Revenue Service**Supplemental Information to Form 990**Complete to provide information for responses to specific questions on  
Form 990 or to provide any additional information.  
▶ Attach to Form 990.

OMB No 1545-0047

**2009**Open to Public  
Inspection

Name of the organization

UNITED WAY OF SIOUXLAND, INC.

Employer identification number

42-0680395

ARE AVAILABLE FOR PUBLIC INSPECTION UPON REQUEST AT THE MAIN OFFICE.

FORM 990, PART VII CONTACT ADDRESSES FOR OFFICERS, DIRECTORS, ETC:

PETER THOREEN - 2720 STONE PARK BLVD, SIOUX CITY, IA 51104

DAVE MADSEN - 3135 FLOYD BLVD, SIOUX CITY, IA 51108

KENT MCCLUN - 600 4TH ST, SIOUX CITY, IA 51101

ROBERT DUNKER - PO BOX 5199, SIOUX CITY, IA 51102

WARREN BAKER - 3038 S LAKEPORT, SIOUX CITY, IA 51106

CHRIS BOGENRIEF - 306 FIELDSTONE CT, JEFFERSON, SD 57038

NORMA E DE LA O - PO BOX 277, SOUTH SIOUX CITY, NE 68776

PAUL GAUSMAN - 1325 LEWIS BLVD, SIOUX CITY, IA 51105

BETH GRIGSBY - 835 GORDON DR, SIOUX CITY, IA 51101

MIKE BENNETT - 600 4TH ST, SIOUX CITY, IA 51101

KIM MCCORMICK - 3303 REBECCA ST, SIOUX CITY, IA 51104

JERRY PFEIFER - 524 MONTEREY TRAIL, DAKOTA DUNES, SD 57049

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

Schedule O (Form 990) 2009

932211  
02-03-10

**SCHEDULE O**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990**

Complete to provide information for responses to specific questions on  
Form 990 or to provide any additional information.  
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OMB No 1545-0047

**2009**

Open to Public  
Inspection

Name of the organization

UNITED WAY OF SIOUXLAND, INC.

Employer identification number  
42-0680395

JILL COLLING - 600 4TH ST STE 112, SIOUX CITY, IA 51101

HARLAN SALVATORI - 520 NEBRASKA ST #237, SIOUX CITY, IA 51101

BRIAN COYLE - 600 4TH ST STE 201, SIOUX CITY, IA 51101

JUDY PETERSON - 2612 S LYON, SIOUX CITY, IA 51106

LILLYAN RODRIGUEZ - 835 GORDON DR, SIOUX CITY, IA 51101

PAT SEALEY - 701 PIERCE ST, SIOUX CITY, IA 51101

RANDY STEIN - 223 SO IOWA ST, SIOUX CITY, IA 51101

JIM SPENCER - 600 4TH ST STE 950, SIOUX CITY, IA 51101

FRANCISCO TOSTADO - 705 DOUGLAS ST #250, SIOUX CITY, IA 51101

DR. ANGELA BANKS - 820 E ST ANDREWS, DAKOTA DUNES, SD 57049

JANET FLANAGAN - 520 NEBRASKA ST #404, SIOUX CITY, IA 51101

JIM FRANCE - 1520 MORNINGSIDE AVE, SIOUX CITY, IA 51106

DR ALAN HEISTERKAMP - 801 RIVER DRIVE #200, DAKOTA DUNES, SD 57049

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

Schedule O (Form 990) 2009

932211  
02-03-10

**SCHEDULE O**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990**

Complete to provide information for responses to specific questions on  
Form 990 or to provide any additional information.  
▶ Attach to Form 990.

OMB No 1545-0047

**2009**

Open to Public  
Inspection

Name of the organization

UNITED WAY OF SIOUXLAND, INC.

Employer identification number

42-0680395

LYNN KAFKA - 1501 MORNINGSIDE AVE, SIOUX CITY, IA 51106

JAMES KAVANAUGH - 5001 HARBOR DR, SIOUX CITY, IA 51111

CURT MILLER - PO BOX 447, SIOUX CITY, IA 51102

BRIAN PEARSON - 1500 HWY 75 NORTH, SIOUX CITY, IA 51105

SKIP PERLEY - 721 14TH STREET, SIOUX CITY, IA 51105

JULIE SCHMIDT - 601 PIERCE STREET, SIOUX CITY, IA 51101

MICHAEL YANEFF - 329 PIERCE STREET, SIOUX CITY, IA 51101

FORM 990, PART IX, LINE 2C EXPLANATION

PROCESS CONSISTENT WITH PRIOR YEARS

FORM 990, PART III, LINE 4D,

OTHER PROGRAM SERVICE ACCOMPLISHMENTS:

UNITED WAY OF SIOUXLAND'S WOMEN'S POWER LUNCH

IN ITS 9TH YEAR, UNITED WAY'S WOMEN'S POWER LUNCH HAS PROVIDED OVER

\$173,000 TO BENEFIT SIOUXLAND WOMEN AND SINGLE PARENTS THROUGH FRE

MAMMOGRAMS, EDUCATION ON HEART DISEASE AND SINGLE PARENT SCHOLARSHIPS

TO LOCAL COLLEGES AND UNIVERSITIES. OVER 6,775 WOMEN HAVE ATTENDED THE

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

Schedule O (Form 990) 2009

932211  
02-03-10

**SCHEDULE O**

(Form 990)

Department of the Treasury  
Internal Revenue Service**Supplemental Information to Form 990**Complete to provide information for responses to specific questions on  
Form 990 or to provide any additional information.  
▶ Attach to Form 990.

OMB No. 1545-0047

**2009**Open to Public  
Inspection

Name of the organization

UNITED WAY OF SIOUXLAND, INC.

Employer identification number

42-0680395

POWER LUNCH SINCE IT'S INCEPTION.

MISSION: UNITED WAY OF SIOUXLAND'S WOMEN'S POWER LUNCH WAS INITIATED TO  
PROVIDE AN ENVIRONMENT IN WHICH WOMEN CAN BE NURTURED THROUGH  
EDUCATION, STRENGTHENED THROUGH EMPOWERMENT, AND VALUED THROUGH  
FRIENDSHIP. THIS EVENT PROVIDES THE OPPORTUNITY FOR WOMEN TO UNIFY  
THEIR RESOURCES AND TAKE THE LEAD IN FOCUSING ON ISSUES THAT IMPACT  
THEIR LIVES.

GOALS: UNITED WAY OF SIOUXLAND'S WOMEN'S POWER LUNCH WAS ESTABLISHED BY  
THE WOMEN'S LEADERSHIP GROUP, A PART OF UNITED WAY OF SIOUXLAND'S  
LEADERSHIP GIVING SOCIETY TO ACHIEVE FIVE SPECIFIC GOALS:

- PROMOTE UNITED WAY AS THE LEADING COMMUNITY IMPACT ORGANIZATION.
- INCREASE UNITED WAY OF SIOUXLAND'S LEADERSHIP GIVING.
- EDUCATE WOMEN TO MAKE INFORMED DECISIONS ABOUT KEY ISSUES

IMPACTING THEIR LIVES.

- ACHIEVE BROAD CIVIC GOALS THAT NO SINGLE DONOR, CITIZEN, OR  
ORGANIZATION CAN ACCOMPLISH ALONE.

- PARTNER WITH OTHER COMMUNITY ORGANIZATIONS NOT REGULARLY  
BENEFITING FROM UNITED WAY FUNDING.

**WOMEN UNITED**

WOMEN UNITED HAS AWARDED OVER \$280,000 SINCE IT'S INCEPTION IN 2006 AND  
TO FIVE DESERVING PROGRAMS IN 2009.

CAMP IMAGINATION, AN ACADEMIC SUMMER PROGRAM OF MARY TREGLIA COMMUNITY  
HOUSE HAS BEEN PROVEN TO STOP SUMMER LEARNING LOSS IN AT-RISK STUDENTS.

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

Schedule O (Form 990) 2009

932211  
02-03-10

**SCHEDULE O**

(Form 990)

Department of the Treasury  
Internal Revenue Service**Supplemental Information to Form 990**Complete to provide information for responses to specific questions on  
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OMB No 1545-0047

**2009**Open to Public  
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Name of the organization

UNITED WAY OF SIOUXLAND, INC.

Employer identification number

42-0680395

GIRLS ENCOURAGE, A COLLABORATIVE PROJECT LED BY GIRLS, INC. ALONG WITH  
THE NORM WAITT SR. YMCA AND SIOUXLAND COMMUNITY HEALTH TO HELP GIRLS  
DEVELOP HEALTHY EMOTIONAL AND PHYSICAL LIFESTYLES.

BIG SPLASH, A PROGRAM OF SIOUXLAND AQUATICS AND THE SIOUX CITY  
COMMUNITY SCHOOLS WILL EXPAND SWIMMING INSTRUCTION FOR SPECIAL NEED  
STUDENTS.

TWO PROGRAMS AT THE CRITTENTON CENTER'S CHILDREN SHELTER: GUITAR  
SUPERSTARS & RESPONSABLE INDEPENDENCE WILL PROVIDE GUITAR INSTRUCTION  
AND TEACH INDEPENDENT LIVING SKILLS TO CHILDREN STAYING AT THE SHELTER.

MISSION: WOMEN UNITED EXISTS TO PROVIDE FINANCIAL SUPPORT TO  
ORGANIZATIONS OR GROUPS THAT DEMONSTRATE THE ABILITY TO ENHANCE THE  
QUALITY OF LIFE FOR OUR SIOUXLAND YOUTH.

GOALS: WOMEN UNITED WAS STARTED BY A GROUP OF SIOUXLAND WOMEN WHO  
WANTED TO MAKE POSITIVE CHANGES IN OUR COMMUNITY BY ADDRESSING THE ROOT  
CAUSES OF ISSUES THEY CARE ABOUT.

THIS GROUP WORKS TO ENGAGE WOMEN AS ACTIVE PHILANTHROPISTS IN ITS FOCUS  
ON YOUTH DEVELOPMENT THROUGH LEADERSHIP, FUNDRAISING AND ADVOCACY. WE  
INVITE YOU TO JOIN US AS WE RECOGNIZE AND MAXIMIZE WOMEN'S EFFORTS TO  
SUPPORT OUR COMMUNITY.

EITC (EARNED INCOME TAX CREDIT) OUTREACH

EITC IS A PARTNERSHIP TO PROVIDE IMPROVED EDUCATION & ACCESS TO FREE  
TAX PREPARATION SITES. IN 2009, UNITED WAY HELPED SUPPORT 5 FREE TAX  
SITES. VOLUNTEERS AT CENTER FOR SIOUXLAND, A MOBILE RURAL SITE BASED

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

Schedule O (Form 990) 2009

932211  
02-03-10

**SCHEDULE O**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990**

Complete to provide information for responses to specific questions on  
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▶ Attach to Form 990.

OMB No. 1545-0047

**2009**

Open to Public  
Inspection

Name of the organization

UNITED WAY OF SIOUXLAND, INC.

Employer identification number

42-0680395

IN MOVILLE, IA, THE SALVATION ARMY, MARY TREGLIA COMMUNITY HOUSE, AND  
GOODWILL INDUSTRIES HELPED RETURN OVER \$771,000 IN TAX REFUNDS TO LOCAL  
INDIVIDUALS. THIS INCLUDES \$284,164 IN EITC DOLLARS. EITC INCREASES  
THE FINANCIAL STABILITY FOR FAMILIES AND INDIVIDUALS IN THE COMMUNITY  
BY INCREASING THEIR INCOME.

EVERY CLASSROOM COUNTS

BY THE 4TH GRADE, SIOUXLAND AREA STUDENTS SHOW A READING ACHIEVEMENT  
GAP BASED ON FAMILY INCOME AND RACE THAT RANGES FROM 8% TO 21% BELOW  
STUDENTS FROM HIGHER INCOME OR NON-MINORITY FAMILIES. 160 VOLUNTEERS  
AND 160 MENTORS HAVE BEEN MATCHED WITH LOCAL 1ST, 2ND AND 3RD GRADE  
CLASSROOMS IN THIS PROGRAM CONNECTING MENTORS AND VOLUNTEERS WITH  
STUDENTS/CLASSROOMS NEEDING HELP WITH ACADEMIC NEEDS, ESPECIALLY  
READING SKILLS. EVERY CLASSROOM COUNTS IS IMPACTING THE COMMUNITY BY  
WORKING TO REDUCE THE READING ACHIEVEMENT GAP THAT EXISTS BETWEEN  
STUDENTS BY THE 4TH GRADE.

**Application for Extension of Time To File an  
Exempt Organization Return**

OMB No. 1545-1709

► File a separate application for each return.

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box ☒ **X**
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).

**Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868****Part I Automatic 3-Month Extension of Time.** Only submit original (no copies needed).A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only ☐*All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.***Electronic Filing (e-file).** Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile) and click on *e-file for Charities & Nonprofits*

Type or print  File by the due date for filing your return. See instructions.	Name of Exempt Organization	Employer identification number
	<b>UNITED WAY OF SIOUXLAND, INC.</b>	<b>42-0680395</b>
	Number, street, and room or suite no. If a P.O. box, see instructions. <b>PO BOX 204</b>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>SIOUX CITY, IA 51102</b>	

**Check type of return to be filed** (file a separate application for each return)

- |  |   |                                    |
|--|---|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation)                 | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL         | <input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ         | <input type="checkbox"/> Form 990-T (trust other than above)      | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF         | <input type="checkbox"/> Form 1041-A                              | <input type="checkbox"/> Form 8870 |

**TIM STILES**

- The books are in the care of ► **701 STEUBEN STREET, BOX 204, SIOUX CITY, IA - 51102**  
Telephone No. ► **712-255-3551** FAX No. ► \_\_\_\_\_

- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_. If this is for the whole group, check this box ☐. If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension will cover.

- 1 I request an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time until **AUGUST 15, 2010**, to file the exempt organization return for the organization named above. The extension is for the organization's return for  
 ► ☒ calendar year **2009** or  
 ► ☐ tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_.

- 2 If this tax year is for less than 12 months, check reason ☐ Initial return ☐ Final return ☐ Change in accounting period

<b>3a</b> If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	<b>3a</b>	\$
<b>b</b> If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	<b>3b</b>	\$
<b>c Balance Due.</b> Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>3c</b>	\$ <b>N/A</b>

**Caution.** If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

LHA For Privacy Act and Paperwork Reduction Act Notice, see Instructions.

Form **8868** (Rev. 4-2009)