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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 01-01-2009 and ending 12-31-2009

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
SIOUX EMPIRE UNITED WAY INC

Doing Business As

Number and street (or P O box if mail is not delivered to street address) | Room/suite
1000 N WEST AVENUE
ROOM/SUITE 120

City or town, state or country, and ZIP + 4
SIOUX FALLS, SD 571041314

D Employer identification number
46-0233701

E Telephone number
(605) 336-2095

G Gross receipts $ 9,084,846

F Name and address of principal officer
JAY POWELL
1000 N WEST AVENUE
SIOUX FALLS, SD 571041314

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 SIOUXEMPIREUNITEDWAY ORG

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶ | **L** Year of formation | **M** State of legal domicile

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities
TO LEAD, SUSTAIN AND NURTURE A UNIFIED, EFFECTIVE RESPONSE TO COMMUNITY NEEDS

2 Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets

3	Number of voting members of the governing body (Part VI, line 1a)	3	30
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	29
5	Total number of employees (Part V, line 2a)	5	13
6	Total number of volunteers (estimate if necessary)	6	1,000
7a	Total gross unrelated business revenue from Part VIII, column (C), line 12	7a	0
b	Net unrelated business taxable income from Form 990-T, line 34	7b	

		Prior Year	Current Year
Revenue 8	Contributions and grants (Part VIII, line 1h)	7,907,140	9,082,321
9	Program service revenue (Part VIII, line 2g)		0
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	101,283	1,952
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	8,008,423	9,084,273
Expenses 13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	7,341,592	7,270,324
14	Benefits paid to or for members (Part IX, column (A), line 4)		0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	701,462	728,028
16a	Professional fundraising fees (Part IX, column (A), line 11e)		0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶395,701		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	783,684	718,514
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	8,826,738	8,716,866
19	Revenue less expenses Subtract line 18 from line 12	-818,315	367,407

		Beginning of Current Year	End of Year
Net Assets or Fund Balances 20	Total assets (Part X, line 16)	11,173,607	11,375,602
21	Total liabilities (Part X, line 26)	774,411	451,709
22	Net assets or fund balances Subtract line 21 from line 20	10,399,196	10,923,893

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

****** | 2010-10-13
Signature of officer | Date

JAY POWELL PRESIDENT
Type or print name and title

Paid Preparer's Use Only

Preparer's signature ▶ TRENT R PRINS | Date 2010-10-21 | Check if self-empolyed ▶ ☐ | Preparer's identifying number (see instructions)

Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ WOLTMAN VAN KEKERIX & STOTZ PC
4500 S TECHNOLOGY DR
SIOUX FALLS, SD 571064214

EIN ▶

Phone no ▶ (605) 361-1200

May the IRS discuss this return with the preparer shown above? (see instructions) ☑ Yes ☐ No

Part III Statement of Program Service Accomplishments

1 Briefly describe the organization's mission

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

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

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

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? . . . . . ☐ Yes ☑ No

If "Yes," describe these changes on Schedule O

4 Describe the 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

4a (Code) (Expenses $ 105,865 including grants of $) (Revenue $)

NINE VOLUNTEERS SERVED ON THE MARKETING DIVISION, MET 9 TIMES THROUGHOUT THE YEAR YEAR ROUND MARKETING EXPANDED TO 17 COMPANIES UNITED WAY CREATES PERSONALIZED MATERIALS AND MESSAGES FOR COMPANIES TO SHARE WITH THEIR STAFF THROUGHOUT THE YEAR BECAUSE OF THE EFFORTS, COMPANIES' EMPLOYEES ARE BETTER EDUCATED ABOUT THE IMPACT OF THEIR UNITED WAY GIFT THE FEBRUARY 2009 THANK YOU EVENT WAS ATTENDED BY OVER 400 PEOPLE FIVE LOCAL SOUP VENDORS PARTICIPATED SIX INDIVIDUALS AND THREE COMPANIES WERE RECOGNIZED WITH AWARDS 16 LOCAL COMPANIES LOANED UNITED WAY THEIR MARQUEES WITH THANK YOU MESSAGES DURING THE WEEK OF THE EVENT UNITED WAY ENTERED INTO A ONE YEAR CONTRACT WITH LAWRENCE & SCHILLER TO CREATE THE 2010 CAMPAIGN MATERIALS THE MATERIALS INTRODUCED THE NATIONAL BRAND OF LIVE UNITED AND FOCUSED ON THE FACT THAT THE DOLLARS RAISED BY UNITED WAY ARE USED TO MEET THE NEEDS OF THE SIOUX EMPIRE IN ADDITION TO THE TRADITIONAL CAMPAIGN MATERIALS, L&S ALSO COMPLETED A SEPARATE VIDEO ABOUT THE ALLOCATIONS PROCESS, FACILITATED THE KICKOFF EVENT, AND PRODUCED A SHORT VIDEO AND EVENT TO ANNOUNCE THE CAMPAIGN TOTAL THE JULY 2009 WOMENUNITE EVENT WAS ATTENDED BY OVER 400 INDIVIDUALS THE EVENT INCLUDED TOUCHING FIRST HAND TESTIMONY ABOUT THE ISSUE OF HOMELESSNESS IN THE SIOUX EMPIRE 112 INDIVIDUALS ATTENDED 43 DIFFERENT AGENCY TOURS THROUGHOUT THE SUMMER SPEAKERS BUREAU SCHEDULED SPEAKERS FOR 62 COMPANIES' RALLIES 32 NEW SPEAKERS PARTICIPATED IN SPEAKERS BUREAU THROUGH OUR PARTNER AGENCIES THE 2010 CAMPAIGN KICKOFF HELD IN SEPTEMBER WAS ATTENDED BY OVER 500 PEOPLE A MENTOR SHARED THEIR EXPERIENCE WITH GENESIS, THE CAMPAIGN GOAL WAS ANNOUNCED, AND THE EVENT ENDED WITH MORE THAN 200 PARTNER AGENCY REPRESENTATIVES CIRCLING THE ROOM E-UPDATES WERE DISTRIBUTED IN TWO WAYS CAMPAIGN UPDATES WERE EMAILED ONCE A WEEK TO 865 VOLUNTEERS FROM SEPTEMBER TO JANUARY WITH UPDATES ABOUT THE STATUS OF THE CAMPAIGN, TIPS AND TOOLS MONTHLY UPDATES WERE DISTRIBUTED YEAR ROUND TO MORE THAN 3,600 SUPPORTERS THESE UPDATES INCLUDED INFORMATION ABOUT PARTNER PROGRAMS, RESULTS, SUCCESS STORIES AND MORE IN-KIND MEDIA TIME WAS PROVIDED BY MIDCONTINENT COMMUNICATIONS AND BACKYARD BROADCASTING UNITED WAY RECEIVED COVERAGE ON STORIES FROM KELO, KDLT, KSFY, ARGUS LEADER, BRANDON VALLEY CHALLENGER, AND TEA AND HARRISBURG CHAMPION

4b (Code) (Expenses $ 201,598 including grants of $) (Revenue $)

RECRUITED AND TRAINED 19 NEW VOLUNTEERS FOR THE DIVISION VOLUNTEERS ALLOCATED 7,567,594 TO OUR 47 PARTNER AGENCIES THIS INCLUDED THE ADDITION OF A NEW PARTNER AGENCY PROGRAM, FRIENDSLINK, AND A NEW INITIATIVE, GENESIS FUNDED 10 WORTHY GRANTS IN 2009 FOR A TOTAL OF 185,918 CONTINUED TO BUILD RELATIONSHIPS WITH AGENCIES THROUGH QUARTERLY FORUMS AND FALL VISITS PROVIDED MATCHING FUNDS FOR STRATEGIC PLANNING FACILITATORS AND 250 TO EACH AGENCY FOR CAPACITY BUILDING PARTICIPATED IN COMMUNITY COLLABORATIVE EFFORTS SUCH AS THE BUSINESS EDUCATION CIVIC LEADERSHIP GROUP, CHILD PROTECTION COUNCIL, COALITION ON AGING, EMERGENCY FOOD AND SHELTER BOARD, FIRST CHILDREN'S FINANCE, GENESIS, HOMELESS ADVISORY BOARD, PETTIGREW HEIGHTS COMMITTEE, AND TRANSFORMING LEADERSHIP COMMITTEE OTHER WAYS THE CI DIVISION RESPONDED TO ONGOING COMMUNITY NEEDS PROVIDED FUNDING OF 30,300 FOR THE STABILITY BUS PROGRAM TO KEEP AT-RISK CHILDREN IN A STABLE SCHOOL SETTING WORKED WITH BOY SCOUTS TO HELP STORE BABY AND TODDLER CLOTHING AND DISTRIBUTE TO CHILDREN IN NEED IN THE COMMUNITY WORKED WITH AEROPOSTALE, ONE WARM COAT, THE SALVATION ARMY, AND THE SIOUX FALLS SCHOOL DISTRICT TO DISTRIBUTE FREE WINTER COATS TO CHILDREN IN NEED WORKED WITH BARNES AND NOBLE AND THE SIOUX FALLS SCHOOL DISTRICT TO DISTRIBUTE BRAND NEW BOOKS TO CHILDREN BEING SERVED BY THE BACKPACK PROGRAM THROUGH BASIC NEEDS FUND PROVIDED 10,868 TO THE BACKPACK PROGRAM TO PROVIDE WEEKEND MEALS TO 345 CHILDREN IN THE "URGENT" NEEDS CATEGORY OF THE WAITING LIST PROVIDED 55 ADDITIONAL BOXES OF FOOD FOR THE SENIORS COMMODITIES FOOD PROGRAM PROVIDED COMMUNITY OUTREACH'S GENERAL ASSISTANCE FUND WITH 32,600 TO MEET THE INCREASING NEEDS IN THE COMMUNITY PROVIDED FUNDING TO THE HELPLINE CENTER TO PRINT AN INFORMATIONAL BOOKLET TO HELP INDIVIDUALS WHO HAVE RECENTLY LOST THEIR JOB AND/OR RECEIVED REDUCED HOURS/WAGES

4c (Code) (Expenses $ 7,609,902 including grants of $ 7,270,324) (Revenue $)

PARTNER AGENCY AND PROGRAM FUNDING VOLUNTEERS ALLOCATED 7,567,594 TO OUR 47 PARTNER AGENCIES THIS INCLUDED THE ADDITION OF A NEW PARTNER PROGRAM, FRIENDSLINK, AND A NEW INITIATIVE, GENESIS 98 DIFFERENT PROGRAMS RECEIVED FUNDS THROUGH 12 DIFFERENT IMPACT AREAS AFTER SCHOOL NEED 31,000 CHILDREN AGES 5-14 LIVE IN OUR IN FOUR-COUNTY AREA IN SD, 74% OF CHILDREN AGES 6-12 HAVE BOTH PARENTS WORKING OUTSIDE THE HOME NEED STUDIES INDICATE THAT WEEKDAYS FROM 3 30 TO 6 00PM IS THE HIGHEST LEVEL OF INCIDENCE FOR JUVENILE CRIMINAL, DRUG, AND ALCOHOL-RELATED ACTIVITY PROVIDES YOUTH A FUN, SUPERVISED PLACE TO GO DURING OUT-OF-SCHOOL HOURS BASIC NEEDS NEED 3,429 PEOPLE ON WAITING LIST FOR HOUSING ASSISTANCE 1,597 HOUSEHOLDS CURRENTLY RECEIVE HOUSING ASSISTANCE NEED IN SIOUX FALLS, 40% OF ELEMENTARY STUDENTS AND 35% OF MIDDLE SCHOOL STUDENTS RELY ON FREE OR REDUCED COST SCHOOL MEALS TO PROVIDE THEM THEIR DAILY NUTRITIONAL INTAKE PROVIDES EMERGENCY FINANCIAL ASSISTANCE TO THOSE IN NEED OF SUCH THINGS AS FOOD, SHELTER, AND UTILITIES TRANSITIONAL HOUSING AND CASE MANAGEMENT FOR HOMELESS FAMILIES HOT MEALS AND PERSONAL ITEMS TO THOSE WHO OTHERWISE COULD NOT AFFORD THEM HELP TO KEEP INDIVIDUALS AND FAMILIES IN THEIR HOMES, PREVENTING THEM FROM BECOMING HOMELESS ASSISTANCE TO INCREASE SELF-SUFFICIENCY BY HELPING LOW-INCOME INDIVIDUALS FURTHER THEIR EDUCATION CHILD CARE NEED 20% OF CHILDREN IN SD LIVE IN HOUSEHOLDS WITH INCOMES AT OR BELOW THE POVERTY LEVEL LOW FAMILY INCOME CAN IMPEDE CHILDREN'S COGNITIVE DEVELOPMENT AND THEIR ABILITY TO LEARN, AS WELL AS CONTRIBUTE TO BEHAVIORAL, SOCIAL, EMOTIONAL, AND HEALTH PROBLEMS NEED 80% OF A CHILD'S BRAIN DEVELOPS BY AGE 3, 90% BY AGE 5 THE AVERAGE LOCAL COST OF AN INFANT IN A FAMILY DAYCARE IS 5824 FOR 45 HOURS/WEEK CARE FOR A YEAR THE COST IN A CHILD CARE CENTER IS 8320 PROVIDES QUALITY CHILDCARE AND EARLY CHILDHOOD EDUCATION PROGRAMS FOR YOUNG CHILDREN CHILDCARE TO HELP TEEN PARENTS TO FINISH SCHOOL PARENTS ASSISTANCE IN FINDING QUALITY CHILDCARE COUNSELING NEED CHILDREN WITH INCARCERATED PARENTS ARE EXPOSED TO A GREATER NUMBER OF PROBLEMS (PARENTAL SUBSTANCE ABUSE, MENTAL ILLNESS, EXTREME POVERTY, DOMESTIC VIOLENCE) 1 IN 5 CHILDREN OF INMATES ARE FOUND TO HAVE CLINICALLY SIGNIFICANT DEPRESSION, ANXIETY, AND TENDENCIES TO WITHDRAW FROM OTHERS ADDITIONALLY, 1 IN 3 HAD DEMONSTRATED SIGNIFICANT AGGRESSION, DISRUPTIVE BEHAVIOR AND BELOW-AVERAGE ACADEMIC PERFORMANCE NEED A RECENT POLL OF SD HOUSEHOLDS FOUND 29% HAD PROBLEMS PAYING THEIR BASIC BILLS, 44% HAVE CUT BACK ON AMOUNT SPENT ON FOOD, 45% HAVE CUT BACK ON SAVING FOR RETIREMENT, AND 42% WERE NOT FAMILIAR WITH SERVICES LIKE HOUSING OR FOOD ASSISTANCE IN SEPTEMBER 2009, 8,771 HOUSEHOLDS QUALIFIED FOR FOOD STAMPS IN OUR FOUR COUNTY AREA, A 48% INCREASE FROM SEPTEMBER 2008 PROVIDES COUNSELING AND FAMILY SERVICES TO STRENGTHEN THE QUALITY OF LIFE FOR INDIVIDUALS AND FAMILIES SUPPORTIVE SERVICES FOR CHILDREN WHOSE PARENT OR CLOSE FAMILY MEMBER HAS BEEN INCARCERATED INDIVIDUALS THE TOOLS TO HELP REDUCE DEBT AND BECOME BETTER MONEY MANAGERS DISABILITIES NEED THERE ARE OVER 18,000 INDIVIDUALS IN THE SIOUX EMPIRE WITH SOME SORT OF DISABILITY NEED 10% OF THE POPULATION SUFFERS FROM A COMMUNICATION DISORDER 10% OF YOUNG CHILDREN HAVE SPEECH SOUND DISORDERS 7 5 MILLION PEOPLE IN THE US HAVE TROUBLE USING THEIR VOICES MORE THAN 3 MILLION AMERICANS STUTTER CHILDREN WITH SPEECH SOUND DISORDERS ARE AT HIGH RISK FOR READING AND WRITING DISABILITIES PROVIDES SOCIAL AND RECREATIONAL OPPORTUNITIES TO PEOPLE WITH DISABILITIES INDIVIDUALS WITH DISABILITIES LIVE AS INDEPENDENTLY AS POSSIBLE BY PROVIDING ASSISTANCE WITH EMPLOYMENT, HOUSING, AND/OR MEDICAL SUPPORT HELP TO ADULTS TO INCREASE SKILLS IN ENGLISH READING, WRITING, AND COMMUNICATION ASSISTANCE WITH EVALUATIONS, TREATMENT, AND EDUCATION FOR CHILDREN WITH COMMUNICATION DISORDERS EMERGENCY SERVICES NEED CHILDREN REQUIRE ONGOING RELATIONSHIPS WITH THE PARENTS THEY BOTH LOVE AND DEPEND ON CHILDREN WHO GROW UP IN FATHER-ABSENT HOMES ARE SIGNIFICANTLY MORE LIKELY TO DO POORLY ON ALMOST ANY MEASURE OF CHILD WELL-BEING 2 TO 3 TIMES MORE LIKELY TO BE POOR, USE DRUGS, AND EXPERIENCE EDUCATIONAL, HEALTH, EMOTIONAL, AND BEHAVIORAL PROBLEMS NEED IN 2006, SD WAS 6TH AMONG STATES WITH A RATE OF 16 6 SUICIDE DEATHS PER 100,000 PEOPLE EVERY THREE DAYS SOMEONE IN SD DIES FROM SUICIDE IT IS ESTIMATED THAT EVERY COMPLETED SUICIDE INTIMATELY AFFECTS AT LEAST 6 OTHER PEOPLE PROVIDES HELPS TO SIOUX EMPIRE WOMEN, WHO ARE INVOLVED IN ABUSIVE RELATIONSHIPS, ESCAPE VIOLENCE AND DEVELOP INDEPENDENCE RELIEF FOR VICTIMS OF DISASTERS AND EDUCATION TO INDIVIDUALS TO PREVENT, PREPARE, AND RESPOND TO EMERGENCIES SUPPORT FOR A 24-HOUR HOTLINE AND REFERRAL SERVICE WHICH PROVIDES CRISIS SUPPORT AND COMMUNITY INFORMATION HEALTH & HEALING NEED 3 OF THE 4 SEUW COUNTIES HAD CANCER INCIDENCE RATES HIGHER THAN THE STATE INCIDENCE RATE THE 4 COUNTIES HAD 967 NEW CANCER CASES IN 2006, 27% OF THE TOTAL CASES IN SD NEED THE NATIONAL SAFETY COUNCIL LISTS ACCIDENTAL DROWNING AS ONE OF THE MAJOR CAUSES OF DEATH AMONGST CHILDREN AND ONE OF THE TOP SIX CAUSES FOR DEATH AMONG ADULTS PROVIDES HELP TO INDIVIDUALS WHO HAVE BEEN DIAGNOSED WITH CANCER FREE DENTAL CARE FOR CHILDREN WHO OTHERWISE COULD NOT AFFORD IT AN INCREASE IN OVERALL WELL-BEING OF INDIVIDUALS THROUGH PHYSICAL FITNESS SENIORS NEED SD HAS ONE OF THE HIGHEST % OF 65+ POPULATION - WITH 9 9 PERSONS PER SQUARE MILE CENSUS IN 2008 SHOWS THAT 14 4% OF POPULATION IS 65+ AND 11 1% OF THE 65+ POPULATION IS BELOW THE POVERTY LEVEL NEED 2004 STUDY FOUND THAT 79% OF BABY BOOMERS BELIEVE THEY WILL BE WORKING AT LEAST PART-TIME DURING THEIR RETIREMENT AND 30% PLANNED TO WORK FOR ENJOYMENT, WHILE 25% WOULD WORK FOR THE NEEDED INCOME FOR THE FIRST TIME IN 3 DECADES SOCIAL SECURITY RECIPIENTS WILL NOT RECEIVE A BENEFIT INCREASE PROVIDES HELP TO ELDERLY ADULTS MAY REMAIN IN THEIR OWN HOMES ASSISTANCE TO SENIORS WITH NUTRITION, TRANSPORTATION, AND ADULT CARE SERVICES MATCHING SERVICES FOR OLDER ADULTS WITH VOLUNTEER OPPORTUNITIES IN NON-PROFIT AGENCIES SUCCESS BY 6 NEED SD LEADS THE NATION WITH 74% OF BOTH PARENTS IN THE WORKFORCE WHO HAVE CHILDREN YOUNGER THAN SIX YEARS OF AGE NEED EACH YEAR IN THE SIOUX EMPIRE, OVER 4,000 CASES OF POTENTIAL CHILD ABUSE AND NEGLECT ARE REPORTED AND MORE THAN 400 OF THOSE CASES ARE SUBSTANTIATED STUDIES SHOW THAT NURSE HOME VISITATION PROGRAMS CAN REDUCE CASES OF CHILD ABUSE AND NEGLECT BY 79%, SIMPLY BY VISITING THE MOTHER WEEKLY BEGINNING IN THE FIRST TRIMESTER OF PREGNANCY PROVIDES MAXIMIZATION OF THE LEARNING PROCESS OF ENGLISH LANGUAGE LEARNERS/ELL BY INCREASING ENGAGEMENT IN THE READING AND WRITING PROCESS HELP TO INFANTS AND TODDLERS ACCOMPLISH EARLY DEVELOPMENTAL MILESTONES THAT PREPARE THEM FOR A SUCCESSFUL START IN SCHOOL YOUTH DEVELOPMENT NEED 73% OF CHILDREN IN FAMILIES OF LOW-INCOME PARTICIPATE IN OUTSIDE ACTIVITIES COMPARED TO 90% OF CHILDREN WHO COME FROM HIGH-INCOME FAMILIES NEED 1 OUT OF EVERY 3 CHILDREN BORN TODAY WILL FACE A FUTURE WITH DIABETES IF CURRENT TRENDS CONTINUE 17% OF STUDENTS AGE 5-19 ARE OVERWEIGHT, AND 16 6% OF STUDENTS IN THE SAME AGE RANGE ARE OBESE NEARLY 55% WORKING CLASS ADOLESCENT GIRLS WERE DISSATISFIED WITH THEIR SHAPE AND WEIGHT AND ALMOST 70% OF THE SAMPLE STATED THAT PICTURES IN MAGAZINES INFLUENCE THEIR CONCEPTION OF THE "PERFECT" BODY SHAPE PROVIDES YOUTH EXPOSURES TO EXPERIENCES THAT BUILD LEADERSHIP SKILLS, EMPHASIZE POSITIVE VALUES, AND TEACH THE IMPORTANCE OF COMMUNITY INVOLVEMENT IMPROVEMENT OF CHARACTER OF YOUTH BY TEACHING THE IMPORTANCE OF MAKING GOOD ETHICAL CHOICES AND BY EDUCATING AND PREPARING THEM FOR A LIFETIME OF SELF-RESPECT AND HEALTHY LIVING YOUTH OF ALL INCOME LEVELS THE OPPORTUNITY TO PARTICIPATE IN CAMPS, ATHLETICS, AND A VARIETY OF OTHER RECREATIONAL ACTIVITIES THAT THEY OTHERWISE WOULD NOT HAVE THE CHANCE TO EXPERIENCE YOUTH OUTREACH NEED BETWEEN 30 AND 40 PERCENT OF UNACCOMPANIED YOUTH REPORT ALCOHOL PROBLEMS IN THEIR LIFETIME, AND 40 TO 50 PERCENT REPORT DRUG PROBLEMS 95% OF HOMELESS YOUTH REPORT BEING SEXUALLY ACTIVE AND 45% REPORTED MENTAL HEALTH PROBLEMS IN THE PAST YEAR RUNAWAY AND HOMELESS YOUTH EXPERIENCE RAPE AND ASSAULT RATES 2 TO 3 TIMES HIGHER THAN THE GENERAL POPULATION OF YOUTH HOMELESS YOUTH ARE 7 TIMES AS LIKELY TO DIE FROM AIDS AND 16 TIMES AS LIKELY TO BE DIAGNOSED WITH HIV AS THE GENERAL YOUTH POPULATION NEED 27% OF CHILDREN IN SD ARE BEING RAISED IN SINGLE PARENT HOMES PROVIDES HELP TO SIOUX EMPIRE YOUTH REMAIN DRUG FREE PROVIDES YOUTH WHO ARE AT-RISK FOR LOW ACHIEVEMENT SOCIALLY, EMOTIONALLY, AND ECONOMICALLY WITH A MENTOR MATCHES AT-RISK CHILDREN WITH POSITIVE ROLE MODELS SEEKS OUT YOUTH IN NEED OF SERVICES AND MATCHES THEM WITH AGENCIES WHO CAN HELP

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

4e **Total program service expenses** ▶ $ 7,917,365

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		No
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities? *If "Yes," complete Schedule C, Part II*	4		No
5	**Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations.** Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? *If "Yes," complete Schedule C, Part III*	5		
6	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? *If "Yes," complete Schedule D, Part I*	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? *If "Yes," complete Schedule D, Part II*	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		No
9	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? *If "Yes," complete Schedule D, Part IV*	9		No
10	Did the organization, directly or through a related organization, hold assets in term, permanent,or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10		No
11	Is the organization's answer to any of the following questions "Yes"? *If so,complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.*	11	Yes	
	• Did the organization report an amount for land, buildings, and equipment in Part X, line10? *If "Yes," complete Schedule D, Part VI.*			
	• Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII.*			
	• Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII.*			
	• Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX.*			
	• Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X.*			
	• 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? *If "Yes," complete Schedule D, Part X.*			
12	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI, XII, and XIII*	12	Yes	
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional*	12A	No	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
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? *If "Yes," complete Schedule F, Part I*	14b		No
15	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 U S ? *If "Yes," complete Schedule F, Part II*	15		No
16	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 U S ? *If "Yes," complete Schedule F, Part III*	16		No
17	Did the organization report a total of more than $15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I*	17		No
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18		No
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		No
20	Did the organization operate one or more hospitals? *If "Yes," complete Schedule H*	20		No

Part IV Checklist of Required Schedules *(continued)*

21	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? *If "Yes," complete Schedule I, Parts I and II*	**21**	Yes	
22	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? *If "Yes," complete Schedule I, Parts I and III*	**22**		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	**23**	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer questions 24b–24d and complete Schedule K. If "No," go to line 25*	**24a**		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	**24b**		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	**24c**		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	**24d**		
25a	**Section 501(c)(3) and 501(c)(4) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	**25a**		No
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? *If "Yes," complete Schedule L, Part I*	**25b**		No
26	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? *If "Yes," complete Schedule L, Part II*	**26**		No
27	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? *If "Yes," complete Schedule L, Part III*	**27**		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28a**		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28b**		No
c	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 owner? *If "Yes," complete Schedule L, Part IV*	**28c**		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	**32**		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	**33**		No
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1*	**34**		No
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	**35**		No
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	**36**		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	**37**		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? **Note.** All Form 990 filers are required to complete Schedule O	**38**	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096, *Annual Summary and Transmittal of U.S. Information Returns. Enter -0-* if not applicable	**1a**	3		
b	Enter the number of Forms W-2G included in line 1a *Enter -0-* if not applicable	**1b**	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	**1c**			No
2a	Enter the number of employees reported on Form W-3, *Transmittal of Wage and Tax Statements* filed for the calendar year ending with or within the year covered by this return	**2a**	13		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note:** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)	**2b**		Yes	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year covered by this return?	**3a**			No
b	If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O*	**3b**			
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	**4a**			No
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				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . .	**5a**			No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	**5b**			No
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	**5c**			
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible?	**6a**			No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	**6b**			
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?	**7a**			No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	**7b**			
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	**7c**			No
d	If "Yes," indicate the number of Forms 8282 filed during the year	**7d**			
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	**7e**			No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . .	**7f**			No
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required? . . .	**7g**			No
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	**7h**			No
8	**Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	**8**			
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the organization make any taxable distributions under section 4966?	**9a**			
b	Did the organization make a distribution to a donor, donor advisor, or related person?	**9b**			
10	**Section 501(c)(7) organizations.** Enter				
a	Initiation fees and capital contributions included on Part VIII, line 12 . . .	**10a**			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	**10b**			
11	**Section 501(c)(12) organizations.** Enter				
a	Gross income from members or shareholders	**11a**			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	**11b**			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?	**12a**			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	**12b**			

Part VI **Governance, Management, and Disclosure** For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 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	1a	30		
b	Enter the number of voting members that are independent	1b	29		
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?		2		No
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?		3		No
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?		4		No
5	Did the organization become aware during the year of a material diversion of the organization's assets?		5		No
6	Does the organization have members or stockholders?		6	Yes	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		7a	Yes	
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following				
a	The governing body?		8a	Yes	
b	Each committee with authority to act on behalf of the governing body?		8b	Yes	
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		9		No

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?	10a		No
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?	10b		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11	Yes	
11A	Describe in Schedule O the process, if any, used by the organization to review the Form 990			
12a	Does the organization have a written conflict of interest policy? *If "No," go to line 13*	12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes	
13	Does the organization have a written whistleblower policy?	13	Yes	
14	Does the organization have a written document retention and destruction policy?	14	Yes	
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	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line a or b, 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?	16a		No
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?	16b		

Section C. Disclosure

17 List the States with which a copy of this Form 990 is required to be filed ▶

18 Section 6104 requires an organization to make its Form 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 See Additional Data Table

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization ▶

JAY POWELL
1000 N WEST AVENUE 120
SIOUX FALLS, SD 571041314
(605) 336-2095

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, and **current** key employees 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, or 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 or former officer, director, trustee or key employee

(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			
See add'l data										

1b Total . . . . . ▶	215,378		27,645

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 ▶ 1

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

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

(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 ▶

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
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns . . 1a				
	b	Membership dues 1b				
	c	Fundraising events 1c				
	d	Related organizations . . . 1d				
	e	Government grants (contributions) 1e				
	f	All other contributions, gifts, grants, and similar amounts not included above 1f 9,082,321				
	g	Noncash contributions included in lines 1a-1f $ _____				
	h	**Total.** Add lines 1a-1f . . . . . ▶	9,082,321			
Program Service Revenue		Business Code				
	2a					
	b					
	c					
	d					
	e					
	f	All other program service revenue				
	g	**Total.** Add lines 2a–2f . . . . . ▶				
	3	Investment income (including dividends, interest and other similar amounts) . . . . . ▶	2,525			2,525
	4	Income from investment of tax-exempt bond proceeds . . ▶				
	5	Royalties . . . . . ▶				
		(i) Real / (ii) Personal				
	6a	Gross Rents				
	b	Less rental expenses				
	c	Rental income or (loss)				
	d	Net rental income or (loss) . . . . . ▶				
		(i) Securities / (ii) Other				
	7a	Gross amount from sales of assets other than inventory				
	b	Less cost or other basis and sales expenses	573			
	c	Gain or (loss)	-573			
	d	Net gain or (loss) . . . . . ▶	-573			-573
Other Revenue	8a	Gross income from fundraising events (not including $ _____ of contributions reported on line 1c) See Part IV, line 18 . . . a				
	b	Less direct expenses . . . b				
	c	Net income or (loss) from fundraising events . . ▶				
	9a	Gross income from gaming activities See Part IV, line 19 . . . a				
	b	Less direct expenses . . . b				
	c	Net income or (loss) from gaming activities . . ▶				
	10a	Gross sales of inventory, less returns and allowances . a				
	b	Less cost of goods sold . . b				
	c	Net income or (loss) from sales of inventory . . ▶				
		Miscellaneous Revenue / Business Code				
	11a					
	b					
	c					
	d	All other revenue				
	e	**Total.** Add lines 11a–11d . . . . . ▶				
	12	**Total revenue.** See Instructions . . . ▶	9,084,273			1,952

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	7,270,324	7,270,324		
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	218,434	15,609	160,178	42,647
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	365,136	187,153	23,858	154,125
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	60,787	21,182	19,170	20,435
9 Other employee benefits	41,289	14,731	12,372	14,186
10 Payroll taxes	42,382	14,498	14,107	13,777
11 Fees for services (non-employees)				
a Management				
b Legal				
c Accounting	15,535		15,535	
d Lobbying				
e Professional fundraising *See Part IV, line 17*				
f Investment management fees				
g Other				
12 Advertising and promotion	76,727	8,323		68,404
13 Office expenses	15,675	3,873	5,789	6,013
14 Information technology				
15 Royalties				
16 Occupancy	54,110	18,721	16,980	18,409
17 Travel	12,860	4,589	3,348	4,923
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	1,914	290	1,569	55
20 Interest				
21 Payments to affiliates	89,506		89,506	
22 Depreciation, depletion, and amortization	20,110	6,987	6,342	6,781
23 Insurance	5,733	1,401	2,983	1,349
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 SUCCESS BY SIX INITIATIVE	301,750	301,750		
b CAMPAIGN MATERIALS	30,504			30,504
c CONNECTING KIDS	29,828	29,828		
d EQUIPMENT LEASES & MAINTE	18,434	3,996	9,347	5,091
e POSTAGE & SHIPPING	13,671	2,892	4,534	6,245
f All other expenses	32,157	11,218	18,182	2,757
25 **Total functional expenses.** Add lines 1 through 24f	8,716,866	7,917,365	403,800	395,701
26 **Joint costs.** Check here ▶ ☐ 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
Assets	1	Cash—non-interest-bearing		86,183	1	230,457
	2	Savings and temporary cash investments		2,501,243	2	1,395,081
	3	Pledges and grants receivable, net		7,496,173	3	7,582,546
	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		47,632	7	30,408
	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges		3,000	9	3,341
	10a	Land, buildings, and equipment cost or other basis *Complete Part VI of Schedule D*	10a 168,393			
	b	Less accumulated depreciation	10b 117,111	63,566	10c	51,282
	11	Investments—publicly traded securities		975,810	11	2,082,487
	12	Investments—other securities See Part IV, line 11			12	
	13	Investments—program-related See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11			15	
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		11,173,607	16	11,375,602
Liabilities	17	Accounts payable and accrued expenses		768,136	17	445,809
	18	Grants payable		3,375	18	3,000
	19	Deferred revenue		2,900	19	2,900
	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			25	
	26	**Total liabilities.** Add lines 17 through 25		774,411	26	451,709
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		2,383,906	27	2,621,561
	28	Temporarily restricted net assets		8,015,290	28	8,302,332
	29	Permanently restricted net assets			29	
		Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		10,399,196	33	10,923,893
	34	Total liabilities and net assets/fund balances		11,173,607	34	11,375,602

Part XI Financial Statements and Reporting

			Yes	No
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?	2a		No
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
c	If "Yes," to 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	2c	Yes	
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 separated 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?	3a		
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	3b		

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SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
SIOUX EMPIRE UNITED WAY INC

Employer identification number
46-0233701

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

The organization is not a private foundation because it is (For lines 1 through 11, check only one box)

1 ☐ A church, convention of churches, or association of churches **section 170(b)(1)(A)(i).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E)

3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state

_____

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☑ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)** (Complete Part II)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)

9 ☐ An organization that normally receives (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)

10 ☐ An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**

11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h

a ☐ Type I **b** ☐ Type II **c** ☐ Type III - Functionally integrated **d** ☐ Type III - Other

e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)

f If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box ☐

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

	Yes	No
(i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization? **11g(i)**		
(ii) a family member of a person described in (i) above? **11g(ii)**		
(iii) a 35% controlled entity of a person described in (i) or (ii) above? **11g(iii)**		

h Provide the following information about the supported organization(s)

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

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

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 ")	7,453,215	8,004,083	9,201,871	7,907,140	9,082,321	41,648,630
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	7,453,215	8,004,083	9,201,871	7,907,140	9,082,321	41,648,630
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)						300,948
6 **Public Support.** Subtract line 5 from line 4						41,347,682

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	7,453,215	86,984	9,201,871	7,907,140	9,082,321	41,648,630
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	60,609	86,984	138,788	101,246	2,525	390,152
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income (Explain in Part IV) Do not include gain or loss from the sale of capital assets						
11 **Total support** (Add lines 7 through 10)						42,038,782

12 Gross receipts from related activities, etc (See instructions) — 12

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

Section C. Computation of Public Support Percentage

14 Public Support Percentage for 2009 (line 6 column (f) divided by line 11 column (f))	14	98 360 %
15 Public Support Percentage for 2008 Schedule A, Part II, line 14	15	98 430 %

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 ☑

b **33 1/3% support test—2008.** If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ☐

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 ☐

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 ☐

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

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

(Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

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

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 **Total support** (Add lines 9, 10c, 11 and 12)						

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

Section C. Computation of Public Support Percentage

15	Public Support Percentage for 2009 (line 8 column (f) divided by line 13 column (f))	15
16	Public support percentage from 2008 Schedule A, Part III, line 15	16

Section D. Computation of Investment Income Percentage

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

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 ▶

Part IV **Supplemental Information.** Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. See instructions

Additional Data

Software ID:
Software Version:
EIN: 46-0233701
Name: SIOUX EMPIRE UNITED WAY INC

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(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			
JEFF STRAND CHAIR	1 00	X		X				0	0	0
DICK MOLSEED VICE CHAIR	1 00	X		X				0	0	0
SCOTT LAWRENCE VICE CHAIR	1 00	X		X				0	0	0
CARL WYNJA SEC/TREA	1 00	X		X				0	0	0
JOHN MCGRATH PAST CHAIR	1 00	X		X				0	0	0
DAVE BROWN MEMBER	1 00	X						0	0	0
DR PAUL ADAM-BURCHILL MEMBER	1 00	X						0	0	0
BILL BYRNE MEMBER	1 00	X						0	0	0
ROD CARLSON MEMBER	1 00	X						0	0	0
JENINA GATNOOR MEMBER	1 00	X						0	0	0
MARCIA HENDRICKSON MEMBER	1 00	X						0	0	0
ANNE JACKSON MEMBER	1 00	X						0	0	0
MARILYN KORSTEN MEMBER	1 00	X						0	0	0
RICK MARTIN MEMBER	1 00	X						0	0	0
WAYNE MUTH MEMBER	1 00	X						0	0	0
MARK SCHMITT MEMBER	1 00	X						0	0	0
KATHRINE SCHNABEL MEMBER	1 00	X						0	0	0
PAUL SOVA MEMBER	1 00	X						0	0	0
PASTOR LES SVENDSEN MEMBER	1 00	X						0	0	0
BOB THIMJON MEMBER	1 00	X						0	0	0
JIM WIEDERRICH MEMBER	1 00	X						0	0	0
CAL WILLEMSEN MEMBER	1 00	X						0	0	0
RICK HULL MEMBER	1 00	X						0	0	0
TOM LORANG MEMBER	1 00	X						0	0	0
PATTI LYON MEMBER	1 00	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(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			
BILL SMITH MEMBER	1 00	X						0	0	0
RON MOQUIST MEMBER	1 00	X						0	0	0
JAY POWELL PRESIDENT	40 00			X				141,258	0	15,022
COLEEN THOMPSON FINANCE DIR	40 00			X				74,120	0	12,623

Form 990, Part IX - Statement of Functional Expenses - 24a - 24e Other Expenses

Do not include amounts reported on line 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
SUCCESS BY SIX INITIATIVE	301,750	301,750		
CAMPAIGN MATERIALS	30,504			30,504
CONNECTING KIDS	29,828	29,828		
EQUIPMENT LEASES & MAINTE	18,434	3,996	9,347	5,091
POSTAGE & SHIPPING	13,671	2,892	4,534	6,245

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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
SIOUX EMPIRE UNITED WAY INC

Employer identification number
46-0233701

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" 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? ☐ Yes ☑ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may 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 ☐ Yes ☑ 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)
☐ Preservation of land for public use (e g , recreation or pleasure)
☐ Preservation of an historically importantly land area
☐ Protection of natural habitat
☐ Preservation of a certified historic structure
☐ Preservation of open space

2 Complete lines 2a–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 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 taxable 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 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 accession and other records, check any of the following that are a significant use of its collection items (check all that apply)

- a ☐ Public exhibition
- b ☐ Scholarly research
- c ☐ Preservation for future generations
- d ☐ Loan or exchange programs
- e ☐ Other

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

		Amount
c Beginning balance	1c	
d Additions during the year	1d	
e Distributions during the year	1e	
f Ending balance	1f	

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

	(a) Current Year	(b) Prior Year	(c) Two Years Back	(d) Three Years Back	(e) Four Years Back
1a Beginning of year balance					
b Contributions					
c Investment earnings or losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the 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

		Yes	No
(i) unrelated organizations	3a(i)		No
(ii) related organizations	3a(ii)		No
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b		No

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				
b Buildings				
c Leasehold improvements		14,335	1,698	12,637
d Equipment		103,821	80,066	23,755
e Other		50,237	35,347	14,890
Total. Add lines 1a-1e *(Column (d) should equal Form 990, Part X, column (B), line 10(c).)* ▶				51,282

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		
Total. *(Column (b) should equal Form 990, Part X, col (B) line 12)* ▶		

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
Total. *(Column (b) should 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
Total. *(Column (b) should 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	
Total. *(Column (b) should equal Form 990, Part X, col (B) line 25)* ▶	

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 Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	9,084,273
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	8,716,866
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	367,407
4	Net unrealized gains (losses) on investments	4	157,290
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 - 8	9	157,290
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	524,697

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	9,241,563
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains on investments	2a	157,290		
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	157,290
3	Subtract line **2e** from line **1**			3	9,084,273
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			
b	Other (Describe in Part XIV)	4b			
c	Add lines **4a** and **4b**			4c	
5	Total Revenue Add lines **3** and **4c.** (This should equal Form 990, Part I, line 12)			5	9,084,273

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

1	Total expenses and losses per audited financial statements			1	8,716,866
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	
3	Subtract line **2e** from line **1**			3	8,716,866
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			
b	Other (Describe in Part XIV)	4b			
c	Add lines **4a** and **4b**			4c	
5	Total expenses Add lines **3** and **4c.** (This should equal Form 990, Part I, line 18)			5	8,716,866

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, 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

Identifier	Return Reference	Explanation

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493301015010

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," to 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
SIOUX EMPIRE UNITED WAY INC

Employer identification number
46-0233701

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . ☑ Yes ☐ No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to 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 . . . ▶ ☐

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
See Additional Data Table							

2 Enter total number of section 501(c)(3) and government organizations . . . ▶ 52

3 Enter total number of other organizations . . . ▶

Part III **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Use Schedule I-1 (Form 990) if additional space is needed.

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

Identifier	Return Reference	Explanation
PROCEDURES FOR MONITORING THE USE OF GRANT FUNDS INSIDE THE UNITED STATES	SCHEDULE I, PAGE 1, PART I, LINE 2	AGENCY ALLOCATIONS - THE UNITED WAY REVIEWS BUDGETS AND ALLOCATION REPORTS BY AFFILIATED AGENCIES DURING THE LATE SPRING FOLLOWING THIS REVIEW, THE COMMUNITY IMPACT DIVISION WILL MAKE ITS RECOMMENDATIONS TO THE UNITED WAY BOARD OF DIRECTORS AN AGENCY SHOULD ADVISE THE UNITED WAY IN WRITING OF ANY SIGNIFICANT CHANGES IN TOTAL EXPENDITURES OR RECEIPTS OF MORE THAN 10% COMMUNITY IMPACT GRANTS - APPLICATIONS SELECTED FOR FUNDING WILL BE REQUIRED TO SUBMIT AN AMENDED BUDGET AND EXECUTE A WRITTEN GRANT AGREEMENT PRIOR TO THE RELEASE OF FUNDS FINAL FINANCIAL PERFORMANCE REPORTS ARE REQUIRED AT THE COMPLETION OF THE PROJECT

Additional Data

Return to Form

Software ID:
Software Version:
EIN: 46-0233701
Name: SIOUX EMPIRE UNITED WAY INC

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code 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
AMERICAN CANCER SOCIETY4904 S TECHNOPOLIS DR SIOUX FALLS,SD 57106	41-0724036	3	216,212				PARTNER AGENCY ALLOC
AUGUSTANA COLLEGE READS2001 S SUMMIT AVE SIOUX FALLS,SD 57197	46-0224588	3	11,040				PARTNER AGENCY ALLOC
AUGUSTANT COLLEGE - PATHWAYS2001 S SUMMIT AVE SIOUX FALLS,SD 57197	42-1623480	3	13,197				COMMUNITY IMPACT
AVERA MCKENNAN HOSPITAL800 E 21ST STREET SIOUX FALLS,SD 57105	46-0224743	3	66,916				PARTNER AGENCY ALLOC
BIG BROTHERS BIG SISTERS1000 N WEST AVE 300 SIOUX FALLS,SD 57104	05-0593016	3	171,219				PARTNER AGENCY ALLOC
BOY SCOUTS800 N WEST AVE SIOUX FALLS,SD 57104	46-0224599	3	193,742				PARTNER AGENCY ALLOC
BOY SCOUTS800 N WEST AVE SIOUX FALLS,SD 57104	46-0224599	3	35,000				COMMUNITY IMPACT
CARROLL INSTITUTE310 S 1ST AVE SIOUX FALLS,SD 57104	46-0373475	3	75,582				PARTNER AGENCY ALLOC
CENTER FOR ACTIVE GENERATIONS2300 W 46TH ST SIOUX FALLS,SD 57105	46-0305500	3	226,253				PARTNER AGENCY ALLOC
CENTER FOR ACTIVE GENERATIONS2300 W 46TH ST SIOUX FALLS,SD 57105	46-0305500	3	15,000				COMMUNITY IMPACT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code 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
CHILDREN'S HOME SOCIETY409 N WESTERN AVE SIOUX FALLS,SD 57104	46-0224542	3	756,007				PARTNER AGENCY ALLOC
COMMUNITY OUTREACH 431 N CLIFF AVE SIOUX FALLS,SD 57103	46-0416744	3	130,959				PARTNER AGENCY ALLOC
DAKOTABILITIES3600 S DULUTH AVE SIOUX FALLS,SD 57105	46-0306216	3	39,000				PARTNER AGENCY ALLOC
DELL RAPIDS COMMUNITY HAVEN1216 N GARFIELD AVE DELL RAPIDS,SD 57022	91-1797767	3	14,394				PARTNER AGENCY ALLOC
FAMILY CONNECTIONS303 N MINNESOTA AVE SIOUX FALLS,SD 57104	46-0435140	3	16,379				PARTNER AGENCY ALLOC
FAMILY SERVICE2210 W BROWN PL SIOUX FALLS,SD 57105	46-0259350	3	259,394				PARTNER AGENCY ALLOC
FAMILY VISITATION CENTER311 E 14TH STREET SIOUX FALLS,SD 57104	26-3654937	3	40,000				PARTNER AGENCY ALLOC
FIRST CHILDREN'S FINANCE212 3RD AVE N 310 MINNEAPOLIS,MN 55401	41-1694837	3	40,000				COMMUNITY IMPACT
FIRST UNITED METHODIST CHURCH401 S SPRING AVE SIOUX FALLS,SD 57104	46-0230392	3	35,272				PARTNER AGENCY ALLOC
FURNITURE MISSION209 S NESMITH AVE SIOUX FALLS,SD 57103	81-0584500	3	39,500				PARTNER AGENCY ALLOC

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
GIRL SCOUTS1101 S MARION ROAD SIOUX FALLS,SD 57106	46-0250744	3	134,122				PARTNER AGENCY ALLOC
GOOD SAMARITAN SOCIETY - RSVPPO BOX 5038 SIOUX FALLS,SD 57117	45-0228055	3	21,630				PARTNER AGENCY ALLOC
GOOD SAMARITAN SOCIETY - SENIOR COMPO BOX 5038 SIOUX FALLS,SD 57117	45-0228055	3	86,688				PARTNER AGENCY ALLOC
HELPLINE CENTER1000 N WEST AVE 310 SIOUX FALLS,SD 57104	23-7424387	3	314,628				PARTNER AGENCY ALLOC
INTERLAKES COMMUNITY ACTION PROGRAMPO BOX 268 MADISON,SD 57042	46-0282131	3	120,451				PARTNER AGENCY ALLOC
KILIAN COMMUNITY COLLEGE300 E 6TH ST SIOUX FALLS,SD 57103	46-0385443	3	23,000				COMMUNITY IMPACT
LIBERTY CENTER1721 W 51ST ST SIOUX FALLS,SD 57105	46-0440761	3	75,136				PARTNER AGENCY ALLOC
LUNCH IS SERVED405 S MABLE AVE SIOUX FALLS,SD 57105	20-3832197	3	10,000				COMMUNITY IMPACT
LUTHERAN SOCIAL SERVICES705 E 41ST ST 200 SIOUX FALLS,SD 57105	46-0224731	3	345,883				PARTNER AGENCY ALLOC
MULTI-CULTURAL CENTER 515 N MAIN AVE SIOUX FALLS,SD 57104	46-0445034	3	193,450				PARTNER AGENCY ALLOC

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
RONALD MCDONALD DENTAL MOBILE201 E 38TH ST SIOUX FALLS,SD 57105	91-1776857	3	8,000				PARTNER AGENCY ALLOC
SALVATION ARMYPO BOX 1002 SIOUX FALLS,SD 57101	36-2167910	3	49,333				PARTNER AGENCY ALLOC
SANFORD CHILDREN'S SERVICES1305 W 18TH ST SIOUX FALLS,SD 57105	46-0227855	3	108,256				PARTNER AGENCY ALLOC
SDSU POSITIVE YOUTH GRANTS OFFICE BOX 2201 BROOKINGS,SD 57007	46-6000364	GOV	20,000				COMMUNITY IMPACT
SIOUX EMPIRE AMERICAN RED CROSS808 N WEST AVE SIOUX FALLS,SD 57104	53-0196605	3	134,615				PARTNER AGENCY ALLOC
SIOUX EMPIRE COMMUNITY THEATER315 N PHILLIPS AVENUE SIOUX FALLS,SD 57104	80-0074622	3	11,100				COMMUNITY IMPACT
SIOUX FALLS AREA CASA PROGRAMPO BOX 1901 SIOUX FALLS,SD 57101	46-0430647	3	74,389				PARTNER AGENCY ALLOC
SIOUX FALLS AREA COMMUNITY FOUNDATI 300 N PHILLPS AVE 102 SIOUX FALLS,SD 57104	31-1748533	3	120,000				PARTNER AGENCY ALLOC
SIOUX FALLS AREA LITERACY COUNCIL1000 N WEST AVE 240 SIOUX FALLS,SD 57104	46-0396579	3	47,831				PARTNER AGENCY ALLOC
SIOUX FALLS HOUSING630 S MINNESOTA AVE SIOUX FALLS,SD 57104	46-0333222	GOV	46,885				PARTNER AGENCY ALLOC

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code 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
SIOUX FALLS PSYCHOLOGICAL SERVICES1410 W 25TH ST SIOUX FALLS,SD 57105	46-0237098	3	28,754				PARTNER AGENCY ALLOC
SIOUX FALLS SCHOOL DISTRICT201 E 38TH ST SIOUX FALLS,SD 57105	46-6002586	GOV	476,707				PARTNER AGENCY ALLOC
SOUTH DAKOTA 4H FOUNDATIONSDSU BOX 2207E BROOKINGS,SD 57007	46-6016086	3	25,729				PARTNER AGENCY ALLOC
SOUTH DAKOTA ACHIEVE 4100 S WESTERN AVE SIOUX FALLS,SD 57105	23-7072116	3	80,000				PARTNER AGENCY ALLOC
SOUTHEASTERN BEHAVIORAL HEALTH2000 S SUMMIT AVE SIOUX FALLS,SD 57105	46-0232306	3	171,124				PARTNER AGENCY ALLOC
ST FRANCIS HOUSE1301 E AUSTIN STREET SIOUX FALLS,SD 57103	46-0423202	3	7,500				COMMUNITY IMPACT
TEDDY BEAR DEN500 S MAIN AVENUE SIOUX FALLS,SD 57104	31-1802800	3	12,000				PARTNER AGENCY ALLOC
THE COMPASS CENTER401 E 8TH STREET 211 SIOUX FALLS,SD 57103	46-0350199	3	124,175				PARTNER AGENCY ALLOC
UNITED DAY CARE401 S SPRING AVE SIOUX FALLS,SD 57104	46-0312397	3	69,360				PARTNER AGENCY ALLOC
USD DEPT OF DENTAL HYGIENE414 E CLARK STREET VERMILLION,SD 57069	46-6000364	GOV	15,818				COMMUNITY IMPACT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code 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
USD SCOTTISH RITE414 E CLARK ST VERMILLION,SD 57069	46-6000364	GOV	130,617				PARTNER AGENCY ALLOC
VOLUNTEERS OF AMERICA 1309 W 51ST ST SIOUX FALLS,SD 57106	23-7353508	3	608,071				PARTNER AGENCY ALLOC
YMCA230 S MINNESOTA SIOUX FALLS,SD 57104	46-0225021	3	578,674				PARTNER AGENCY ALLOC
YOUTH ENRICHMENT SERVICES824 E 14TH ST SIOUX FALLS,SD 57104	46-0399482	3	240,700				PARTNER AGENCY ALLOC
YWCA300 W 11TH ST SIOUX FALLS,SD 57104	46-0234998	3	355,632				PARTNER AGENCY ALLOC

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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, question 23.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
SIOUX EMPIRE UNITED WAY INC

Employer identification number
46-0233701

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate 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 ☐ Housing allowance or residence for personal use ☐ Travel for companions ☐ Payments for business use of personal residence ☐ Tax idemnification and gross-up payments ☐ Health or social club dues or initiation fees ☐ Discretionary spending account ☐ Personal services (e g , maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement orprovision of all the expenses described above? If "No," complete Part III to explain	**1b**		
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?	**2**		
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 ☐ Written employment contract ☐ Independent compensation consultant ☑ Compensation survey or study ☐ Form 990 of other organizations ☑ 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?	**4a**		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**		No
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only 501(c)(3) and 501(c)(4) organizations only 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?	**5a**		No
b	Any related organization?	**5b**		No
	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?	**6a**		No
b	Any related organization?	**6b**		No
	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	**7**		No
8	Were any amounts reported in Form 990, Part VII, paid or accured 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	**8**		No
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	**9**		

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space needed.

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

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
JAY POWELL	(i) (ii)	141,258			13,936	1,086	156,280	

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8 Also complete this part for any additional information

Identifier	Return Reference	Explanation

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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
SIOUX EMPIRE UNITED WAY INC

Employer identification number
46-0233701

Identifier	Return Reference	Explanation
EXPLANATION ON VOLUNTEERS AND TYPES OF SERVICES OR BENEFITS	FORM 990, PAGE 1, PART I, LINE 6	VOLUNTEER RESPONSIBILITES INCLUDED THE FOLLOWING SERVING ON COMMUNITY IMPACT AGENCY REVIEW PANELS, FUND-RAISING FOR CAMPAIGN DIVISIONS, CREATING MARKETING AND COMMUNICATION PIECES, SERVING ON THE FINANCE AND AUDIT COMMITTEES, AND SERVIING ON THE BOARD OF DIRECTORS
FIRST ACHIEVEMENT DESCRIPTION	FORM 990, PAGE 2, PART III, LINE 4A	MARQUEES WITH THANK YOU MESSAGES DURING THE WEEK OF THE EVENT UNITED WAY ENTERED INTO A ONE YEAR CONTRACT WITH LAWRENCE & SCHILLER TO CREATE THE 2010 CAMPAIGN MATERIALS THE MATERIALS INTRODUCED THE NATIONAL BRAND OF LIVE UNITED AND FOCUSED ON THE FACT THAT THE DOLLARS RAISED BY UNITED WAY ARE USED TO MEET THE NEEDS OF THE SIOUX EMPIRE IN ADDITION TO THE TRADITIONAL CAMPAIGN MATERIALS, L&S ALSO COMPLETED A SEPARATE VIDEO ABOUT THE ALLOCATIONS PROCESS, FACILITATED THE KICKOFF EVENT, AND PRODUCED A SHORT VIDEO AND EVENT TO ANNOUNCE THE CAMPAIGN TOTAL THE JULY 2009 WOMENUNITE EVENT WAS ATTENDED BY OVER 400 INDIVIDUALS THE EVENT INCLUDED TOUCHING FIRST HAND TESTIMONY ABOUT THE ISSUE OF HOMELESSNESS IN THE SIOUX EMPIRE 112 INDIVIDUALS ATTENDED 43 DIFFERENT AGENCY TOURS THROUGHOUT THE SUMMER SPEAKERS BUREAU SCHEDULED SPEAKERS FOR 62 COMPANIES' RALLIES 32 NEW SPEAKERS PARTICIPATED IN SPEAKERS BUREAU THROUGH OUR PARTNER AGENCIES THE 2010 CAMPAIGN KICKOFF HELD IN SEPTEMBER WAS ATTENDED BY OVER 500 PEOPLE A MENTOR SHARED THEIR EXPERIENCE WITH GENESIS, THE CAMPAIGN GOAL WAS ANNOUNCED, AND THE EVENT ENDED WITH MORE THAN 200 PARTNER AGENCY REPRESENTATIVES CIRCLING THE ROOM E-UPDATES WERE DISTRIBUTED IN TWO WAYS CAMPAIGN UPDATES WERE EMAILED ONCE A WEEK TO 865 VOLUNTEERS FROM SEPTEMBER TO JANUARY WITH UPDATES ABOUT THE STATUS OF THE CAMPAIGN, TIPS AND TOOLS MONTHLY UPDATES WERE DISTRIBUTED YEAR ROUND TO MORE THAN 3,600 SUPPORTERS THESE UPDATES INCLUDED INFORMATION ABOUT PARTNER PROGRAMS, RESULTS, SUCCESS STORIES AND MORE IN-KIND MEDIA TIME WAS PROVIDED BY MIDCONTINENT COMMUNICATIONS AND BACKYARD BROADCASTING UNITED WAY RECEIVED COVERAGE ON STORIES FROM KELO, KDLT, KSFY, ARGUS LEADER, BRANDON VALLEY CHALLENGER, AND TEA AND HARRISBURG CHAMPION
SECOND ACHIEVEMENT DESCRIPTION	FORM 990, PAGE 2, PART III, LINE 4B	AGING, EMERGENCY FOOD AND SHELTER BOARD, FIRST CHILDREN'S FINANCE, GENESIS, HOMELESS ADVISORY BOARD, PETTIGREW HEIGHTS COMMITTEE, AND TRANSFORMING LEADERSHIP COMMITTEE OTHER WAYS THE CI DIVISION RESPONDED TO ONGOING COMMUNITY NEEDS PROVIDED FUNDING OF 30,300 FOR THE STABILITY BUS PROGRAM TO KEEP AT-RISK CHILDREN IN A STABLE SCHOOL SETTING WORKED WITH BOY SCOUTS TO HELP STORE BABY AND TODDLER CLOTHING AND DISTRIBUTE TO CHILDREN IN NEED IN THE COMMUNITY WORKED WITH AEROPOSTALE, ONE WARM COAT, THE SALVATION ARMY, AND THE SIOUX FALLS SCHOOL DISTRICT TO DISTRIBUTE FREE WINTER COATS TO CHILDREN IN NEED WORKED WITH BARNES AND NOBLE AND THE SIOUX FALLS SCHOOL DISTRICT TO DISTRIBUTE BRAND NEW BOOKS TO CHILDREN BEING SERVED BY THE BACKPACK PROGRAM THROUGH BASIC NEEDS FUND PROVIDED 10,868 TO THE BACKPACK PROGRAM TO PROVIDE WEEKEND MEALS TO 345 CHILDREN IN THE "URGENT" NEEDS CATEGORY OF THE WAITING LIST PROVIDED 55 ADDITIONAL BOXES OF FOOD FOR THE SENIORS COMMODITIES FOOD PROGRAM PROVIDED COMMUNITY OUTREACH'S GENERAL ASSISTANCE FUND WITH 32,600 TO MEET THE INCREASING NEEDS IN THE COMMUNITY PROVIDED FUNDING TO THE HELPLINE CENTER TO PRINT AN INFORMATIONAL BOOKLET TO HELP INDIVIDUALS WHO HAVE RECENTLY LOST THEIR JOB AND/OR RECEIVED REDUCED HOURS/WAGES

Identifier	Return Reference	Explanation
THIRD ACHIEVEMENT DESCRIPTION	FORM 990, PAGE 2, PART III, LINE 4C	LEVEL OF INCIDENCE FOR JUVENILE CRIMINAL, DRUG, AND ALCOHOL-RELATED ACTIVITY PROVIDES YOUTH A FUN, SUPERVISED PLACE TO GO DURING OUT-OF-SCHOOL HOURS BASIC NEEDS NEED 3,429 PEOPLE ON WAITING LIST FOR HOUSING ASSISTANCE 1,597 HOUSEHOLDS CURRENTLY RECEIVE HOUSING ASSISTANCE NEED IN SIOUX FALLS, 40% OF ELEMENTARY STUDENTS AND 35% OF MIDDLE SCHOOL STUDENTS RELY ON FREE OR REDUCED COST SCHOOL MEALS TO PROVIDE THEM THEIR DAILY NUTRITIONAL INTAKE PROVIDES EMERGENCY FINANCIAL ASSISTANCE TO THOSE IN NEED OF SUCH THINGS AS FOOD, SHELTER, AND UTILITIES TRANSITIONAL HOUSING AND CASE MANAGEMENT FOR HOMELESS FAMILIES HOT MEALS AND PERSONAL ITEMS TO THOSE WHO OTHERWISE COULD NOT AFFORD THEM HELP TO KEEP INDIVIDUALS AND FAMILIES IN THEIR HOMES, PREVENTING THEM FROM BECOMING HOMELESS ASSISTANCE TO INCREASE SELF-SUFFICIENCY BY HELPING LOW-INCOME INDIVIDUALS FURTHER THEIR EDUCATION CHILD CARE NEED 20% OF CHILDREN IN SD LIVE IN HOUSEHOLDS WITH INCOMES AT OR BELOW THE POVERTY LEVEL LOW FAMILY INCOME CAN IMPEDE CHILDREN'S COGNITIVE DEVELOPMENT AND THEIR ABILITY TO LEARN, AS WELL AS CONTRIBUTE TO BEHAVIORAL, SOCIAL, EMOTIONAL, AND HEALTH PROBLEMS NEED 80% OF A CHILD'S BRAIN DEVELOPS BY AGE 3, 90% BY AGE 5 THE AVERAGE LOCAL COST OF AN INFANT IN A FAMILY DAYCARE IS 5824 FOR 45 HOURS/WEEK CARE FOR A YEAR THE COST IN A CHILD CARE CENTER IS 8320 PROVIDES QUALITY CHILDCARE AND EARLY CHILDHOOD EDUCATION PROGRAMS FOR YOUNG CHILDREN CHILDCARE TO HELP TEEN PARENTS TO FINISH SCHOOL PARENTS ASSISTANCE IN FINDING QUALITY CHILDCARE COUNSELING NEED CHILDREN WITH INCARCERATED PARENTS ARE EXPOSED TO A GREATER NUMBER OF PROBLEMS (PARENTAL SUBSTANCE ABUSE, MENTAL ILLNESS, EXTREME POVERTY, DOMESTIC VIOLENCE) 1 IN 5 CHILDREN OF INMATES ARE FOUND TO HAVE CLINICALLY SIGNIFICANT DEPRESSION, ANXIETY, AND TENDENCIES TO WITHDRAW FROM OTHERS ADDITIONALLY, 1 IN 3 HAD DEMONSTRATED SIGNIFICANT AGGRESSION, DISRUPTIVE BEHAVIOR AND BELOW-AVERAGE ACADEMIC PERFORMANCE NEED A RECENT POLL OF SD HOUSEHOLDS FOUND 29% HAD PROBLEMS PAYING THEIR BASIC BILLS, 44% HAVE CUT BACK ON AMOUNT SPENT ON FOOD, 45% HAVE CUT BACK ON SAVING FOR RETIREMENT, AND 42% WERE NOT FAMILIAR WITH SERVICES LIKE HOUSING OR FOOD ASSISTANCE IN SEPTEMBER 2009, 8,771 HOUSEHOLDS QUALIFIED FOR FOOD STAMPS IN OUR FOUR COUNTY AREA, A 48% INCREASE FROM SEPTEMBER 2008 PROVIDES COUNSELING AND FAMILY SERVICES TO STRENGTHEN THE QUALITY OF LIFE FOR INDIVIDUALS AND FAMILIES SUPPORTIVE SERVICES FOR CHILDREN WHOSE PARENT OR CLOSE FAMILY MEMBER HAS BEEN INCARCERATED INDIVIDUALS THE TOOLS TO HELP REDUCE DEBT AND BECOME BETTER MONEY MANAGERS DISABILITIES NEED THERE ARE OVER 18,000 INDIVIDUALS IN THE SIOUX EMPIRE WITH SOME SORT OF DISABILITY NEED 10% OF THE POPULATION SUFFERS FROM A COMMUNICATION DISORDER 10% OF YOUNG CHILDREN HAVE SPEECH SOUND DISORDERS 7 5 MILLION PEOPLE IN THE US HAVE TROUBLE USING THEIR VOICES MORE THAN 3 MILLION AMERICANS STUTTER CHILDREN WITH SPEECH SOUND DISORDERS ARE AT HIGH RISK FOR READING AND WRITING DISABILITIES PROVIDES SOCIAL AND RECREATIONAL OPPORTUNITIES TO PEOPLE WITH DISABILITIES INDIVIDUALS WITH DISABILITIES LIVE AS INDEPENDENTLY AS POSSIBLE BY PROVIDING ASSISTANCE WITH EMPLOYMENT, HOUSING, AND/OR MEDICAL SUPPORT HELP TO ADULTS TO INCREASE SKILLS IN ENGLISH READING, WRITING, AND COMMUNICATION ASSISTANCE WITH EVALUATIONS, TREATMENT, AND EDUCATION FOR CHILDREN WITH COMMUNICATION DISORDERS EMERGENCY SERVICES NEED CHILDREN REQUIRE ONGOING RELATIONSHIPS WITH THE PARENTS THEY BOTH LOVE AND DEPEND ON CHILDREN WHO GROW UP IN FATHER-ABSENT HOMES ARE SIGNIFICANTLY MORE LIKELY TO DO POORLY ON ALMOST ANY MEASURE OF CHILD WELL-BEING 2 TO 3 TIMES MORE LIKELY TO BE POOR, USE DRUGS, AND EXPERIENCE EDUCATIONAL, HEALTH, EMOTIONAL, AND BEHAVIORAL PROBLEMS NEED IN 2006, SD WAS 6TH AMONG STATES WITH A RATE OF 16 6 SUICIDE DEATHS PER 100,000 PEOPLE EVERY THREE DAYS SOMEONE IN SD DIES FROM SUICIDE IT IS ESTIMATED THAT EVERY COMPLETED SUICIDE INTIMATELY AFFECTS AT LEAST 6 OTHER PEOPLE PROVIDES HELPS TO SIOUX EMPIRE WOMEN, WHO ARE INVOLVED IN ABUSIVE RELATIONSHIPS, ESCAPE VIOLENCE AND DEVELOP INDEPENDENCE RELIEF FOR VICTIMS OF DISASTERS AND EDUCATION TO INDIVIDUALS TO PREVENT, PREPARE, AND RESPOND TO EMERGENCIES SUPPORT FOR A 24-HOUR HOTLINE AND REFERRAL SERVICE WHICH PROVIDES CRISIS SUPPORT AND COMMUNITY INFORMATION HEALTH & HEALING NEED 3 OF THE 4 SEUW COUNTIES HAD CANCER INCIDENCE RATES HIGHER THAN THE STATE INCIDENCE RATE THE 4 COUNTIES HAD 967 NEW CANCER CASES IN 2006, 27% OF THE TOTAL CASES IN SD NEED THE NATIONAL SAFETY COUNCIL LISTS ACCIDENTAL DROWNING AS ONE OF THE MAJOR CAUSES OF DEATH AMONGST CHILDREN AND ONE OF THE TOP SIX CAUSES FOR DEATH AMONG ADULTS PROVIDES HELP TO INDIVIDUALS WHO HAVE BEEN DIAGNOSED WITH CANCER FREE DENTAL CARE FOR CHILDREN WHO OTHERWISE COULD NOT AFFORD IT AN INCREASE IN OVERALL WELL-BEING OF INDIVIDUALS THROUGH PHYSICAL FITNESS SENIORS NEED SD HAS ONE OF THE HIGHEST % OF 65+ POPULATION - WITH 9 9 PERSONS PER SQUARE MILE CENSUS IN 2008 SHOWS THAT 14 4% OF POPULATION IS 65+ AND 11 1% OF THE 65+ POPULATION IS BELOW THE POVERTY LEVEL NEED 2004 STUDY FOUND THAT 79% OF BABY BOOMERS BELIEVE THEY WILL BE WORKING AT LEAST PART-TIME DURING THEIR RETIREMENT AND 30% PLANNED TO WORK FOR ENJOYMENT, WHILE 25% WOULD WORK FOR THE NEEDED INCOME FOR THE FIRST TIME IN 3 DECADES SOCIAL SECURITY RECIPIENTS WILL NOT RECEIVE A BENEFIT INCREASE PROVIDES HELP TO ELDERLY ADULTS MAY REMAIN IN THEIR OWN HOMES ASSISTANCE TO SENIORS WITH NUTRITION, TRANSPORTATION, AND ADULT CARE SERVICES MATCHING SERVICES FOR OLDER ADULTS WITH VOLUNTEER OPPORTUNITIES IN NON-PROFIT AGENCIES SUCCESS BY 6 NEED SD LEADS THE NATION WITH 74% OF BOTH PARENTS IN THE WORKFORCE WHO HAVE CHILDREN YOUNGER THAN SIX YEARS OF AGE NEED EACH YEAR IN THE SIOUX EMPIRE, OVER 4,000 CASES OF POTENTIAL CHILD ABUSE AND NEGLECT ARE REPORTED AND MORE THAN 400 OF THOSE CASES ARE SUBSTANTIATED STUDIES SHOW THAT NURSE HOME VISITATION PROGRAMS CAN REDUCE CASES OF CHILD ABUSE AND NEGLECT BY 79%, SIMPLY BY VISITING THE MOTHER WEEKLY BEGINNING IN THE FIRST TRIMESTER OF PREGNANCY PROVIDES MAXIMIZATION OF THE LEARNING PROCESS OF ENGLISH LANGUAGE LEARNERS/ELL BY INCREASING ENGAGEMENT IN THE READING AND WRITING PROCESS HELP TO INFANTS AND TODDLERS ACCOMPLISH EARLY DEVELOPMENTAL MILESTONES THAT PREPARE THEM FOR A SUCCESSFUL START IN SCHOOL YOUTH DEVELOPMENT NEED 73% OF CHILDREN IN FAMILIES OF LOW-INCOME PARTICIPATE IN OUTSIDE ACTIVITIES COMPARED TO 90% OF CHILDREN WHO COME FROM HIGH-INCOME FAMILIES NEED 1 OUT OF EVERY 3 CHILDREN BORN TODAY WILL FACE A FUTURE WITH DIABETES IF CURRENT TRENDS CONTINUE 17% OF STUDENTS AGE 5-19 ARE OVERWEIGHT, AND 16 6% OF STUDENTS IN THE SAME AGE RANGE ARE OBESE NEARLY 55% WORKING CLASS ADOLESCENT GIRLS WERE DISSATISFIED WITH THEIR SHAPE AND WEIGHT AND ALMOST 70% OF THE SAMPLE STATED THAT PICTURES IN MAGAZINES INFLUENCE THEIR CONCEPTION OF THE "PERFECT" BODY SHAPE PROVIDES YOUTH EXPOSURES TO EXPERIENCES THAT BUILD LEADERSHIP SKILLS, EMPHASIZE POSITIVE VALUES, AND TEACH THE IMPORTANCE OF COMMUNITY INVOLVEMENT IMPROVEMENT OF CHARACTER OF YOUTH BY TEACHING THE IMPORTANCE OF MAKING GOOD ETHICAL CHOICES AND BY EDUCATING AND PREPARING THEM FOR A LIFETIME OF SELF-RESPECT AND HEALTHY LIVING YOUTH OF ALL INCOME LEVELS THE OPPORTUNITY TO PARTICIPATE IN CAMPS, ATHLETICS, AND A VARIETY OF OTHER RECREATIONAL ACTIVITIES THAT THEY OTHERWISE WOULD NOT HAVE THE CHANCE TO EXPERIENCE YOUTH OUTREACH NEED BETWEEN 30 AND 40 PERCENT OF UNACCOMPANIED YOUTH REPORT ALCOHOL PROBLEMS IN THEIR LIFETIME, AND 40 TO 50 PERCENT REPORT DRUG PROBLEMS 95% OF HOMELESS YOUTH REPORT BEING SEXUALLY ACTIVE AND 45% REPORTED MENTAL HEALTH PROBLEMS IN THE PAST YEAR RUNAWAY AND HOMELESS YOUTH EXPERIENCE RAPE AND ASSAULT RATES 2 TO 3 TIMES HIGHER THAN THE GENERAL POPULATION OF YOUTH HOMELESS YOUTH ARE 7 TIMES AS LIKELY TO DIE FROM AIDS AND 16 TIMES AS LIKELY TO BE DIAGNOSED WITH HIV AS THE GENERAL YOUTH POPULATION NEED 27% OF CHILDREN IN SD ARE BEING RAISED IN SINGLE PARENT HOMES PROVIDES HELP TO SIOUX EMPIRE YOUTH REMAIN DRUG FREE PROVIDES YOUTH WHO ARE AT-RISK FOR LOW ACHIEVEMENT SOCIALLY, EMOTIONALLY, AND ECONOMICALLY WITH A MENTOR MATCHES AT-RISK CHILDREN WITH POSITIVE ROLE MODELS SEEKS OUT YOUTH IN NEED OF SERVICES AND MATCHES THEM WITH AGENCIES WHO CAN HELP

CLASSES OF MEMBERS OR STOCKHOLDERS FORM 990, PAGE 6, PART VI, LINE 6 EACH PERSON, FIRM, COMPANY, CORPORATION, PARTNERSHIP, ASSOCIATION OR OTHER DONOR MAKING A FINANCIAL CONTRIBUTION TO THE CORPORATION SHALL BE A MEMBER THEREOF FOR AND DURING THE YEAR IN WHICH SAID CONTRIBUTION IS MADE ELECTION OF MEMBERS AND THEIR RIGHTS FORM 990, PAGE 6, PART VI, LINE 7A EACH DIRECTOR SHALL BE SELECTED FOR A TERM OF THREE (3) YEAR BY THE CORPORATION'S MEMBERSHIP AT THE ANNUAL MEMBERSHIP MEETING ORGANIZATION'S PROCESS USED TO REVIEW FORM 990 FORM 990, PAGE 6, PART VI, LINE 11 A DRAFT OF THE FORM 990 IS PROVIDED TO EACH MEMBER OF THE ORGANIZATION'S BOARD OF DIRECTORS THE ORGANIZATION'S PAID PREPARER IS THEN AVAILABLE FOR ANY QUESTIONS OR COMMENTS ENFORCEMENT OF CONFLICTS POLICY FORM 990, PAGE 6, PART VI, LINE 12C STAFF, BOARD MEMBERS, AND COMMUNITY IMPACT VOLUNTEERS ARE REQUIRED TO SIGN THE CONFLICT OF INTEREST POLICY ON AN ANNUAL BASIS AND DISCLOSE ANY POTENTIAL CONFLICTS OF INTEREST

Identifier	Return Reference	Explanation
COMPENSATION PROCESS FOR TOP OFFICIAL	FORM 990, PAGE 6, PART VI, LINE 15A	UNITED WAY OF AMERICA SURVEYS ALL UNITED WAYS AND PUBLISHES A GRID THAT SUMMARIZES SALARIES BASED ON AMOUNTS RAISED THE SIOUX EMPIRE UNITED WAY, INC USES THE MEDIAN FOR COMPARISON AND THEN DEDUCTS 5% TO MAKE IT COMPARABLE TO THE LOWER COST OF LIVING IN SIOUX FALLS, SOUTH DAKOTA NEW EMPLOYEES ARE HIRED AT 85% OF THE "LOCALIZED" MEDIAN EACH YEAR THE UNITED WAY OF AMERICA STUDY OF THE MEDIANS IS USED TO PREPARE A PERFORMANCE ADJUSTMENT CHART THAT TAKES INTO ACCOUNT THE CURRENT ECONOMIC CONDITIONS THIS IS REVIEWED AND APPROVED BY THE HUMAN RESOURCES COMMITTEE AND THE BOARD OF DIRECTORS AFTER PERFORMANCE REVIEWS ARE COMPLETED THE SALARY ADJUSTMENT DECISIONS ARE MADE BY THE SIOUX EMPIRE UNITED WAY, INC EXECUTIVE COMMITTEE BASED ON ORGANIZATIONAL PERFORMANCE, PERSONAL PERFORMANCE AND ECONOMIC CONDITIONS MAKING SURE TO STAY WITHIN THE GUIDELINES APPROVED BY THE HUMAN RESOURCES DIVISION AND THE BOARD OF DIRECTORS

COMPENSATION PROCESS FOR OFFICERS FORM 990, PAGE 6, PART VI, LINE 15B SAME PROCESS AS COMPENSATION PROCESS FOR TOP OFFICIAL IN PART VI, LINE 15A GOVERNING DOCUMENTS DISCLOSURE EXPLANATION FORM 990, PAGE 6, PART VI, LINE 19 UPON REQUEST

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Form **4562**

Department of the Treasury
Internal Revenue Service

Depreciation and Amortization
(Including Information on Listed Property)

▶ See separate instructions. ▶ Attach to your tax return.

OMB No 1545-0172

2009

Attachment Sequence No **67**

Name(s) shown on return	Business or activity to which this form relates	Identifying number
SIOUX EMPIRE UNITED WAY INC	INDIRECT DEPRECIATION	46-0233701

Part I **Election To Expense Certain Property Under Section 179**

Note: *If you have any listed property, complete Part V before you complete Part I.*

1 Maximum amount See the instructions for a higher limit for certain businesses	1	250,000
2 Total cost of section 179 property placed in service (see instructions)	2	
3 Threshold cost of section 179 property before reduction in limitation (see instructions)	3	800,000
4 Reduction in limitation Subtract line 3 from line 2 If zero or less, enter -0-	4	
5 Dollar limitation for tax year Subtract line 4 from line 1 If zero or less, enter -0- If married filing separately, see instructions	5	

6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
6			

7 Listed property Enter the amount from line 29	7	
8 Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7	8	
9 Tentative deduction Enter the **smaller** of line 5 or line 8	9	
10 Carryover of disallowed deduction from line 13 of your 2008 Form 4562	10	
11 Business income limitation Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11	
12 Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11	12	
13 Carryover of disallowed deduction to 2010 Add lines 9 and 10, less line 12 ▶	13	

Note: *Do not use Part II or Part III below for listed property. Instead, use Part V.*

Part II **Special Depreciation Allowance and Other Depreciation (Do not** include listed property **)** (See instructions)

14 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	
15 Property subject to section 168(f)(1) election	15	
16 Other depreciation (including ACRS)	16	20,105

Part III **MACRS Depreciation (Do not** include listed property.**)** (See instructions.)

Section A

17 MACRS deductions for assets placed in service in tax years beginning before 2009	17	
18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here ▶ ☐		

Section B—Assets Placed in Service During 2008 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs		S/L	
h Residential rental property			27 5 yrs	MM	S/L	
			27 5 yrs	MM	S/L	
i Nonresidential real property			39 yrs	MM	S/L	
				MM	S/L	

Section C—Assets Placed in Service During 2009 Tax Year Using the Alternative Depreciation System

20a Class life					S/L	
b 12-year			12 yrs		S/L	
c 40-year			40 yrs	MM	S/L	

Part IV **Summary** (see instructions)

21 Listed property Enter amount from line 28	21	
22 **Total.** Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21 Enter here and on the appropriate lines of your return Partnerships and S corporations—see instructions	22	20,105
23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

Part V **Listed Property** (Include automobiles, certain other vehicles, cellular telephones, certain computers, and property used for entertainment, recreation, or amusement.)

Note: *For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete* ***only*** *24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.*

Section A—Depreciation and Other Information (Caution: *See the instructions for limits for passenger automobiles.***)**

24a Do you have evidence to support the business/investment use claimed? ☐ **Yes** ☐ **No** | **24b** If "Yes," is the evidence written? ☐ **Yes** ☐ **No**

(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/ Convention	(h) Depreciation/ deduction	(i) Elected section 179 cost
25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use (see instructions)						**25**		
26 Property used more than 50% in a qualified business use								
		%						
		%						
		%						
27 Property used 50% or less in a qualified business use								
		%				S/L -		
		%				S/L -		
		%				S/L -		
28 Add amounts in column (h), lines 25 through 27 Enter here and on line 21, page 1						**28**		
29 Add amounts in column (i), line 26 Enter here and on line 7, page 1							**29**	

Section B—Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person
If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles

	(a) Vehicle 1		(b) Vehicle 2		(c) Vehicle 3		(d) Vehicle 4		(e) Vehicle 5		(f) Vehicle 6	
30 Total business/investment miles driven during the year (**do not** include commuting miles)												
31 Total commuting miles driven during the year												
32 Total other personal(noncommuting) miles driven												
33 Total miles driven during the year Add lines 30 through 32												
	Yes	**No**	**Yes**	**No**	**Yes**	**No**	**Yes**	**No**	**Yes**	**No**	**Yes**	**No**
34 Was the vehicle available for personal use during off-duty hours?												
35 Was the vehicle used primarily by a more than 5% owner or related person?												
36 Is another vehicle available for personal use?												

Section C—Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who **are not** more than 5% owners or related persons (see instructions)

	Yes	**No**
37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?		
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners		
39 Do you treat all use of vehicles by employees as personal use?		
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
41 Do you meet the requirements concerning qualified automobile demonstration use? (See instructions)		
Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles		

Part VI **Amortization**

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
42 Amortization of costs that begins during your 2009 tax year (see instructions)					
43 Amortization of costs that began before your 2009 tax year				**43**	
44 Total. Add amounts in column (f) See the instructions for where to report				**44**	