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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
		2010
		Open to Public Inspection

A For the 2010 calendar year, or tax year beginning 01-01-2010 and ending 12-31-2010		
B Check if applicable <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization UNITED WAY OF SIOUXLAND INC	D Employer identification number 42-0680395
	Doing Business As	E Telephone number (712) 255-3551
	Number and street (or P O box if mail is not delivered to street address) PO BOX 204	Room/suite
	G Gross receipts \$ 2,989,033	
	City or town, state or country, and ZIP + 4 SIOUX CITY, IA 51102	
	F Name and address of principal officer TIM STILES PO BOX 204 SIOUX CITY,IA 51102	H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions) H(c) Group exemption number ▶
I Tax-exempt status <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (Insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
J Website: ▶ WWW UNITEDWAYSIOUXLAND COM		
K Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation 1979
		M State of legal domicile IA

Part I	Summary
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Activities & Governance	1 Briefly describe the organization's mission or most significant activities TO ENHANCE SIOUXLAND'S CAPACITY TO CARE FOR ONE ANOTHER BY WORKING TOGETHER				
	2 Check this box <input checked="" type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets				
	3	Number of voting members of the governing body (Part VI, line 1a)	28		
	4	Number of independent voting members of the governing body (Part VI, line 1b)	28		
	5	Total number of individuals employed in calendar year 2010 (Part V, line 2a)	9		
Revenue	6	Total number of volunteers (estimate if necessary)	160		
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	0		
	7b	Net unrelated business taxable income from Form 990-T, line 34	0		
Expenses	8	Contributions and grants (Part VIII, line 1h)	3,172,099	2,858,909	
	9	Program service revenue (Part VIII, line 2g)	0	0	
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	6,543	22,610	
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	15,610	23,630	
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	3,194,252	2,905,149	
	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	2,250,629	2,242,690	
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0	
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	514,493	516,564	
Net Assets or Fund Balances	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0	
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶377,766			
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	265,770	291,612	
	18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	3,030,892	3,050,866	
	19	Revenue less expenses Subtract line 18 from line 12	163,360	-145,717	
				Beginning of Current Year	End of Year
	20	Total assets (Part X, line 16)	4,527,278	4,398,632	
	21	Total liabilities (Part X, line 26)	1,379,511	1,348,905	
	22	Net assets or fund balances Subtract line 21 from line 20	3,147,767	3,049,727	

Part II	Signature Block
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Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	***** Signature of officer	2011-06-30 Date			
	TIM STILES EXECUTIVE DIRECTOR Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name MELISSA J WILLER	Preparer's signature MELISSA J WILLER	Date	Check if self-employed <input type="checkbox"/>	PTIN
	Firm's name ▶ HENJES CONNER & WILLIAMS PC				Firm's EIN ▶
	Firm's address ▶ 800 FRANCES BLDG SIOUX CITY, IA 51101				Phone no ▶ (712) 277-3931

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

Part III

Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III

1

Briefly describe the organization’s mission

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

2

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

Yes

No

If “Yes,” describe these new services on Schedule O

3

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

Yes

No

If “Yes,” describe these changes on Schedule O

4

Describe the exempt purpose achievements for each of the organization’s three largest program services by expenses

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

4a

(Code) (Expenses \$ 829,046 including grants of \$ 664,609) (Revenue \$)

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

4b

(Code) (Expenses \$ 1,081,729 including grants of \$ 1,022,424) (Revenue \$)

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

4c

(Code) (Expenses \$ 324,368 including grants of \$ 257,236) (Revenue \$)

SAFETY NET SERVICES CONTINUE TO PROVIDE CARE AND SUPPORT THIS SERVICE PROVIDES A FOUNDATION OF FUNDAMENTAL CARE AND SUPPORT, ESSENTIAL TO MAINTAINING SIOUXLAND AS A CARING COMMUNITY THAT MEETS BASIC HUMAN NEEDS AGENCY PARTNERS AND INITIATIVES THAT FOCUS IN THIS AREA ARE CENTER FOR SIOUXLAND, SIOUXLAND CENTER FOR ACTIVE GENERATIONS, AMERICAN RED CROSS, SALVATION ARMY, SIOUXLAND FAMILY COMMUNITY CENTER, ARC OF WOODBURY COUNTY, 2-1-1 HELP LINE THESE THREE AREAS OF SERVICE ACCOMPLISHMENTS FOCUS ON THE BUILDING BLOCKS OF A GOOD LIFE BY IMPLEMENTING RESULT-BASED PROGRAMS THAT WILL IMPROVE THE EDUCATION, INCOME, AND HEALTH OF EVERYONE IN OUR COMMUNITY OUR STRONG PARTNERSHIPS AND INITIATIVES ARE ACHIEVING POSITIVE, COMMUNITY-WIDE RESULTS

4d

Other program services (Describe in Schedule O) See also Additional Data for Description


















(Expenses \$ 298,421 including grants of \$ 298,421) (Revenue \$)

4e

Total program service expenses \$ 2,533,564

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)? <i>If "Yes," complete Schedule A.</i> 	1	Yes
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instruction)? 	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? <i>If "Yes," complete Schedule C, Part I.</i> 	3	No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II.</i> 	4	Yes
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III.</i>	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? <i>If "Yes," complete Schedule D, Part I.</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? <i>If "Yes," complete Schedule D, Part II.</i> 	7	No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III.</i> 	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? <i>If "Yes," complete Schedule D, Part IV.</i> 	9	No
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V.</i> 	10	No
11	If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI.</i> 	11a	Yes
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII.</i> 	11b	Yes
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII.</i> 	11c	No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX.</i> 	11d	No
e	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X.</i> 	11e	Yes
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X.</i> 	11f	Yes
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII.</i> 	12a	Yes
b	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional.</i> 	12b	No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E.</i>	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? <i>If "Yes," complete Schedule F, Parts I and IV.</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 ? <i>If "Yes," complete Schedule F, Parts II and IV.</i>	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 ? <i>If "Yes," complete Schedule F, Parts III and IV.</i>	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? <i>If "Yes," complete Schedule G, Part I (see instructions).</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? <i>If "Yes," complete Schedule G, Part II.</i>	18	Yes
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III.</i>	19	No
20a	Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H.</i>	20a	No
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? Note. Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions).	20b	

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? <i>If "Yes," complete Schedule I, Parts I and II</i>	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? <i>If "Yes," complete Schedule I, Parts I and III</i>	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? <i>If "Yes," complete Schedule J</i>	23		No
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b–24d and complete Schedule K. If "No," go to line 25</i>	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? <i>If "Yes," complete Schedule L, Part I</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? <i>If "Yes," complete Schedule L, Part I</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? <i>If "Yes," complete Schedule L, Part II</i>	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? <i>If "Yes," complete Schedule L, Part III</i>	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? <i>If "Yes," complete Schedule L, Part IV</i>	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	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? <i>If "Yes," complete Schedule R, Part I</i>	33		No
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>	34		No
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35		No
a	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	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? <i>If "Yes," complete Schedule R, Part VI</i>	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		
Check if Schedule O contains a response to any question in this Part V <input type="checkbox"/>		
		YesNo
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.	
1a	2	
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
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	9	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a
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
b	If "Yes," enter the name of the foreign country: See instructions for 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
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	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
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
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
d	If "Yes," indicate the number of Forms 8282 filed during the year.	7d
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h
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?		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	12b
13 Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.	13a
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.	13b
c	Enter the amount of reserves on hand.	13c
14a Did the organization receive any payments for indoor tanning services during the tax year?		
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	14b

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.
Check if Schedule O contains a response to any question in this Part VI ☒

Section A. Governing Body and Management			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a 28		
b	Enter the number of voting members included in line 1a, above, who are independent	1b 28		
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 governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		No
6	Does the organization have members or stockholders?	6		No
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a		No
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		
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Does the organization have a written conflict of interest policy? <i>If "No," go to line 13</i>	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 If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions)	15b		No
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. <input type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> 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 ▶ TIM STILES 701 STEUBEN STREET BOX 204 SIOUX CITY, IA 51102 (712) 255-3551

Check if Schedule O contains a response to any question in this Part VII ☐ ☒

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

Form **990** (2010)

Part VII

1b	Sub-Total			
c	Total from continuation sheets to Part VII, Section A			
d	Total (add lines 1b and 1c)	137,774	0	12,319

2 Total number of individuals (including but not limited to those I
\$100,000 in reportable compensation from the organization) 0

		Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	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? <i>If "Yes," complete Schedule J for such individual</i>	4	No
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>	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 ►0

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	2,822,877	2,858,909		
	b	Membership dues	1b				
	c	Fundraising events	1c	36,032			
	d	Related organizations	1d				
	e	Government grants (contributions)	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f				
	g	Noncash contributions included in lines 1a-1f \$		111,033			
	h	Total. Add lines 1a-1f					
Program Service Revenue			Business Code				
	2a						
	b						
	c						
	d						
	e						
	f	All other program service revenue					
	g	Total. Add lines 2a-2f					
Other Revenue	3	Investment income (including dividends, interest and other similar amounts)		21,129			21,129
	4	Income from investment of tax-exempt bond proceeds . . .					
	5	Royalties					
	6a	(i) Real		(ii) Personal			
	b	Less rental expenses					
	c	Rental income or (loss)					
	d	Net rental income or (loss)					
	7a	(i) Securities		(ii) Other	1,481		
				1,481			
				1,481			
	b	Less cost or other basis and sales expenses					
	c	Gain or (loss)					
	d	Net gain or (loss)			1,481		1,481
	8a	Gross income from fundraising events (not including \$ 36,032 of contributions reported on line 1c) See Part IV, line 18			23,630		
		a	107,514				
		b	Less direct expenses	b			
c	Net income or (loss) from fundraising events . . .					23,630	
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			2,905,149	0	0	46,240

Part IX

Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U S See Part IV, line 21	2,242,690	2,242,690		
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	101,916		14,329	87,587
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	326,436	162,087	23,107	141,242
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9	Other employee benefits	55,985	24,968	4,221	26,796
10	Payroll taxes	32,227	12,481	2,688	17,058
a	Fees for services (non-employees) Management				
b	Legal				
c	Accounting				
d	Lobbying				
e	Professional fundraising services See Part IV, line 17				
f	Investment management fees	5,485		5,485	
g	Other				
12	Advertising and promotion				
13	Office expenses	6,262	136	5,138	988
14	Information technology				
15	Royalties				
16	Occupancy	16,995	6,582	1,417	8,996
17	Travel	14,188	1,991	8,949	3,248
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	5,827	3,405	2,513	-91
20	Interest				
21	Payments to affiliates	30,303		30,303	
22	Depreciation, depletion, and amortization	19,228	7,447	1,603	10,178
23	Insurance				
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
a	PRINTING & PUBLICATIONS	63,074	12	2,613	60,449
b	IMAGINATION LIBRARY BOO	44,991	44,991		
c	PROFESSIONAL FEES	39,174	2,175	28,843	8,156
d	EARNED INCOME TAX CREDI	17,753	17,753		
e	POSTAGE & SHIPPING	8,470	185	3,171	5,114
f	All other expenses	19,862	6,661	5,156	8,045
25	Total functional expenses. Add lines 1 through 24f	3,050,866	2,533,564	139,536	377,766
26	Joint costs. Check here <input checked="" type="checkbox"/> if following SOP 98-2 (ASC 958-720) 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)		(B)
					Beginning of year		End of year
Assets	1	Cash—non-interest-bearing				1	
	2	Savings and temporary cash investments			1,564,773	2	1,620,993
	3	Pledges and grants receivable, net			2,272,759	3	2,042,328
	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)), persons described in section 4958(c)(3)(B), and contributing employers, and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Schedule L				6	
	7	Notes and loans receivable, net				7	
	8	Inventories for sale or use				8	
	9	Prepaid expenses and deferred charges				9	
	10a	Land, buildings, and equipment—cost or other basis. Complete Part VI of Schedule D.	10a	425,211			
	b	Less: accumulated depreciation	10b	265,478	178,961	10c	159,733
	11	Investments—publicly traded securities				11	
	12	Investments—other securities. See Part IV, line 11			510,785	12	575,578
	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)			4,527,278	16	4,398,632	
Liabilities	17	Accounts payable and accrued expenses				17	
	18	Grants payable			1,372,002	18	1,340,229
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D				21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L				22	
	23	Secured mortgages and notes payable to unrelated third parties				23	
	24	Unsecured notes and loans payable to unrelated third parties				24	
	25	Other liabilities. Complete Part X of Schedule D			7,509	25	8,676
	26	Total liabilities. Add lines 17 through 25			1,379,511	26	1,348,905
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.						
	27	Unrestricted net assets			598,097	27	690,316
	28	Temporarily restricted net assets			2,549,670	28	2,359,411
	29	Permanently restricted net assets				29	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> 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			3,147,767	33	3,049,727
34	Total liabilities and net assets/fund balances			4,527,278	34	4,398,632	

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI ☒

1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,905,149
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,050,866
3	Revenue less expenses Subtract line 2 from line 1	3	-145,717
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	3,147,767
5	Other changes in net assets or fund balances (explain in Schedule O)	5	47,677
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	3,049,727

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII ☒

		Yes	No
1	Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		No
b	Were the organization's financial statements audited by an independent accountant?	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	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 separate basis, consolidated basis, or both <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> 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?		No
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		

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

2010

Open to Public
Inspection

Name of the organization
UNITED WAY OF SIOUXLAND INC

Employer identification number
42-0680395

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 described in **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 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)
- 10

☐

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?

(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?

(ii)

a family member of a person described in (i) above?

(iii)

a 35% controlled entity of a person described in (i) or (ii) above?
- h

☐

Provide the following information about the supported organization(s)

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

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

Part II

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	2,558,791	2,758,211	2,663,895	2,852,519	2,524,455	13,357,871
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	2,558,791	2,758,211	2,663,895	2,852,519	2,524,455	13,357,871
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public Support. Subtract line 5 from line 4						13,357,871

Section B. Total Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7 Amounts from line 4	2,558,791	2,758,211	2,663,895	2,852,519	2,524,455	13,357,871
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	30,213	38,374	32,753	19,266	15,644	136,250
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11 Total support (Add lines 7 through 10)						13,494,121
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 2010 (line 6 column (f) divided by line 11 column (f))	14	98 990 %
15 Public Support Percentage for 2009 Schedule A, Part II, line 14	15	98 980 %
16a 33 1/3% support test—2010. 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—2009. 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—2010. 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—2009. 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 IIIPart III

Support Schedule for Organizations Described in Section 509(a)(2)
(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(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) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(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 section501(c)(3) organization, check this box and stop here						

Section C. Computation of Public Support Percentage			
15	Public Support Percentage for 2010 (line 8 column (f) divided by line 13 column (f))	15	
16	Public support percentage from 2009 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage			
17	Investment income percentage for 2010 (line 10c column (f) divided by line 13 column (f))	17	
18	Investment income percentage from 2009 Schedule A, Part III, line 17	18	
19a	33 1/3% support tests—2010. 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—2009. 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 explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Additional Data

Software ID:
Software Version:
EIN: 42-0680395
Name: UNITED WAY OF SIOUXLAND 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				
TIM STILES EXEC DIRECTOR/SECRETARY	40 00	X		X				93,433	0	8,483	
MARIE BUCKLEY DIRECTOR		X						0	0	0	
DAVE MADSEN DIRECTOR		X						0	0	0	
TODD MOSS DIRECTOR		X						0	0	0	
ROBERT DUNKER CHAIR		X		X				0	0	0	
WARREN BAKER DIRECTOR		X						0	0	0	
CHRIS BOGENRIEF VICE CHAIR		X		X				0	0	0	
NORMA E DE LA O DIRECTOR		X						0	0	0	
PAUL GAUSMAN DIRECTOR		X						0	0	0	
BETH GRIGSBY DIRECTOR		X						0	0	0	
ERICA DELEON DIRECTOR		X						0	0	0	
TAMMY LEE DIRECTOR		X						0	0	0	
JERRY PFEIFER DIRECTOR		X						0	0	0	
JON WINKEL DIRECTOR		X						0	0	0	
HARLAN SALVATORI DIRECTOR		X						0	0	0	
BRIAN COYLE DIRECTOR		X						0	0	0	
CARLOS RODRIGUEZ DIRECTOR		X						0	0	0	
SHARRELL WRIGHT DIRECTOR		X						0	0	0	
JIM SPENCER DIRECTOR		X						0	0	0	
FRANCISCO TOSTADO DIRECTOR		X						0	0	0	
DR ANGELA BANKS DIRECTOR		X						0	0	0	
JANET FLANAGAN DIRECTOR		X						0	0	0	
JIM FRANCE DIRECTOR		X						0	0	0	
DR ALAN HEISTERKAMP DIRECTOR		X						0	0	0	
LYNN KAFKA DIRECTOR		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			
JAMES KAVANAUGH DIRECTOR		X						0	0	0
CURT MILLER DIRECTOR		X						0	0	0
BRIAN PEARSON DIRECTOR		X						0	0	0
JULIE SCHMIDT TREASURER		X		X				0	0	0
BARB URAN DIRECTOR OF ACCOUNTING	40.00			X				44,341	0	3,836

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

4d. Other program services				
(Code)	(Expenses \$	298,421	including grants of \$ 298,421) (Revenue \$)
DONOR CHOICE DESIGNATIONS TO NON-PROFIT ORGANIZATIONS				

SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

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

▶ **Complete if the organization is described below.**
▶ **Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.**

OMB No 1545-0047

2010

Open to Public Inspection

If the organization answered “Yes,” to Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

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

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

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

If the organization answered “Yes,” to Form 990, Part IV, Line 5 (Proxy Tax) or Form 990-EZ, Part V, line 35a (Proxy Tax), then

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

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

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

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

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

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

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

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

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

Part II-A

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

A

Check

☐

if the filing organization belongs to an affiliated group

B

Check

☐

if the filing organization checked box A and "limited control" provisions apply

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing Organization's Totals	(b) Affiliated Group Totals												
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)															
b Total lobbying expenditures to influence a legislative body (direct lobbying)															
c Total lobbying expenditures (add lines 1a and 1b)															
d Other exempt purpose expenditures															
e Total exempt purpose expenditures (add lines 1c and 1d)															
f Lobbying nontaxable amount Enter the amount from the following table in both columns															
<table><tr><td>If the amount on line 1e, column (a) or (b) is:</td><td>The lobbying nontaxable amount is:</td></tr><tr><td>Not over \$500,000</td><td>20% of the amount on line 1e</td></tr><tr><td>Over \$500,000 but not over \$1,000,000</td><td>\$100,000 plus 15% of the excess over \$500,000</td></tr><tr><td>Over \$1,000,000 but not over \$1,500,000</td><td>\$175,000 plus 10% of the excess over \$1,000,000</td></tr><tr><td>Over \$1,500,000 but not over \$17,000,000</td><td>\$225,000 plus 5% of the excess over \$1,500,000</td></tr><tr><td>Over \$17,000,000</td><td>\$1,000,000</td></tr></table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000	Over \$17,000,000	\$1,000,000		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000														
Over \$17,000,000	\$1,000,000														
g Grassroots nontaxable amount (enter 25% of line 1f)															
h Subtract line 1g from line 1a If zero or less, enter -0-															
i Subtract line 1f from line 1c If zero or less, enter -0-															
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		<input type="checkbox"/> Yes	<input type="checkbox"/> No												

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

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) Total
2a Lobbying non-taxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots non-taxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Part II-B

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

		(a)		(b)
		Yes	No	Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a	Volunteers?		No	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	Yes		
c	Media advertisements?		No	
d	Mailings to members, legislators, or the public?	Yes		
e	Publications, or published or broadcast statements?	Yes		
f	Grants to other organizations for lobbying purposes?		No	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i	Other activities? If "Yes," describe in Part IV	Yes		
j	Total lines 1c through 1i			0
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A

Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

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

Part III-B

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

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

Part IV

Supplemental Information

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

Identifier	Return Reference	Explanation
EXPLANATION OF OTHER LOBBYING ACTIVITIES	PART II-B, LINE 1I	ONE DAY VISIT TO THE STATE CAPITAL TO ADVOCATE

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

OMB No 1545-0047

2010

Open to Public
Inspection

Name of the organization
UNITED WAY OF SIOUXLAND INC

Employer identification number
42-0680395

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

	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate contributions to (during year)	
3	Aggregate grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>	
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 <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>	

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

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

► \$ _____

For Privacy Act and Paperwork Reduction Act Notice, see the Intructions for Form 990

Cat No 52283D

Schedule D (Form 990) 2010

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
1c	
1d	
1e	
1f	

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

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

(i)

unrelated organizations

(ii)

related organizations

b

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

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

4

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

Part VI

Investments—Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b)Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land	19,617			19,617
b Buildings	257,861		133,497	124,364
c Leasehold improvements				
d Equipment	147,733		131,981	15,752
e Other				
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).) ▶				159,733

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	2,905,149
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	3,050,866
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	-145,717
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	47,677
9	Total adjustments (net) Add lines 4 - 8	9	47,677
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	-98,040

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return			
1	Total revenue, gains, and other support per audited financial statements	1	2,648,920
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	2a	47,677
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	47,677
3	Subtract line 2e from line 1	3	2,601,243
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	5,485
b	Other (Describe in Part XIV)	4b	298,421
c	Add lines 4a and 4b	4c	303,906
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	2,905,149

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return			
1	Total expenses and losses per audited financial statements	1	2,746,960
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	0
3	Subtract line 2e from line 1	3	2,746,960
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	5,485
b	Other (Describe in Part XIV)	4b	298,421
c	Add lines 4a and 4b	4c	303,906
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	3,050,866

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
PART XI, LINE 8 - OTHER ADJUSTMENTS		UNREALIZED GAIN/(LOSS)
PART XII, LINE 4B - OTHER ADJUSTMENTS		DONOR CHOICE DESIGNATIONS NOT RECOGNIZED ON FINANCIAL STATEMENTS
PART XIII, LINE 4B - OTHER ADJUSTMENTS		ALLOCATION OF DONOR CHOICE DESIGNATIONS NOT RECOGNIZED ON THE FIN STMTS
		MANAGEMENT HAS CONCLUDED THAT ANY UNCERTAIN TAX POSITIONS WOULD BE IMMATERIAL TO THE FINANCIAL STATEMENTS TAKEN AS A WHOLE. ACCORDINGLY, THE ACCOMPANYING FINANCIAL STATEMENTS DO NOT INCLUDE ANY PROVISION FOR UNCERTAIN TAX POSITIONS, AND NO RELATED INTEREST OR PENALTIES HAVE BEEN RECORDED IN THE STATEMENTS OF ACTIVITY OR ACCRUED IN THE STATEMENTS OF FINANCIAL POSITION. TAX RETURNS OF THE ENTITY ARE GENERALLY OPEN TO EXAMINATION BY THE RELEVANT TAXING AUTHORITIES FOR A PERIOD OF THREE YEARS FROM THE DATE THE RETURNS ARE FILED.

Supplemental Information Regarding Fundraising or Gaming Activities

Department of the Treasury
Internal Revenue Service

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

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
UNITED WAY OF SIOUXLAND INC

Employer identification number
42-0680395

Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

a <input type="checkbox"/> Mail solicitations	e <input type="checkbox"/> Solicitation of non-government grants
b <input type="checkbox"/> Internet and e-mail solicitations	f <input type="checkbox"/> Solicitation of government grants
c <input type="checkbox"/> Phone solicitations	g <input type="checkbox"/> Special fundraising events
d <input type="checkbox"/> In-person solicitations	

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☒ **Yes** ☐ **No**

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. Form 990-EZ filers are not required to complete this table.

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

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

Part II Fundraising Events.

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

		(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events
		LEMARS GOLF TOURNAMENT (event type)	WOMEN'S POWER LUNCH (event type)	(total number)	(Add col (a) through col (c))
Revenue	1	Gross receipts	47,037	96,509	143,546
	2	Less Charitable contributions		36,032	36,032
	3	Gross income (line 1 minus line 2)	47,037	60,477	107,514
Direct Expenses	4	Cash prizes			
	5	Non-cash prizes	300		300
	6	Rent/facility costs	17,035		17,035
	7	Food and beverages			
	8	Entertainment			
	9	Other direct expenses	43,057	23,492	66,549
	10	Direct expense summary Add lines 4 through 9 in column (d) ▶			
	11	Net income summary Combine lines 3 and 10 in column (d). ▶			
					23,630

Part III Gaming.

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

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

9 Enter the state(s) in which the organization operates gaming activities _____

a Is the organization licensed to operate gaming activities in each of these states? ☐ Yes ☐ No

b If "No," Explain _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? ☐ Yes ☐ No

b If "Yes," Explain _____

11

Does the organization operate gaming activities with nonmembers?

☒ Yes ☐ No

12

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

☐ Yes ☐ No

13

Indicate the percentage of gaming activity operated in

a	The organization's facility	13a	100 000 %
b	An outside facility	13b	

14

Provide the name and address of the person who prepares the organization's gaming/special events books and records

Name ▶ BARB URAN UNITED WAY OF SIOUXLAND

Address ▶ 701 STEUBEN STREET
SIOUX CITY, IA 51101

15a

Does the organization have a contract with a third party from whom the organization receives gaming revenue?

☐ Yes ☐ No

b

If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____

c

If "Yes," enter name and address

Name ▶

Address ▶

16 Gaming manager information

Name ▶

Gaming manager compensation ▶ \$

Description of services provided ▶

☐ Director/officer ☐ Employee ☐ Independent contractor

17

Mandatory distributions

a

Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?

☐ Yes ☐ No

b

Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$

Part IV Complete this part to provide additional information for responses to question on Schedule G (see instructions.)

Identifier	ReturnReference	Explanation
------------	-----------------	-------------

Schedule I
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization
UNITED WAY OF SIOUXLAND INC

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

2010

Open to Public
Inspection

Employer identification number
42-0680395

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. Part II can be duplicated if additional space is needed. ▶ ☐

1 (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

38

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
OTHER INFORMATION	PART IV	FUNDING PROCESS AND PROCEDURES FOR ALLOCATED FUNDS ANNUAL COMMUNITY IMPACT FUNDING IS DISBURSED TO THE UNITED WAY OF SIOUXLAND'S (UWS) COMMUNITY PARTNERS THAT PROVIDE QUALITY DIRECT SERVICE PROGRAMS THAT ARE IMPACTING LIVES ON A DAY TO DAY BASIS UWS INVESTS IN STRATEGIES THAT ALIGN WITH, OR CORRESPOND TO, THE AGENDA FOR COMMUNITY IMPACT FUNDING DECISIONS ARE MADE THROUGH UWS COMMUNITY IMPACT TEAMS WHICH CONSIST OF COMMUNITY VOLUNTEERS AND AGENCY DIRECTORS COMMUNITY IMPACT VOLUNTEERS REVIEW AGENCY APPLICATIONS SUBMITTED ONLINE UTILIZING THE ANDAR COMMUNITY BUILDING WEB-BASED SOFTWARE APPLICATION PROCESS INCLUDES -SUBMITTING FINANCIAL RECORDS, BUDGET INFORMATION, AND PROGRAM/OUTCOME MEASUREMENT INFORMATION AS REQUESTED -EXPLANATION OF THE PROPOSED USE AND RESULTS FROM USE OF THE FUNDING -FINANCIAL REVIEW OF THE ORGANIZATION TO GAIN A LEVEL OF ASSURANCE THAT THE ORGANIZATION FOLLOWS SOUND FISCAL POLICIES -VERIFICATION OF COMPLIANCE WITH THE PROVISIONS OF THE PATRIOT ACT -VERIFICATION OF CURRENT STATUS AS AN IRS CODE SECTION 501(C)(3) -PROVIDE DEMOGRAPHIC INFORMATION ON CLIENTS SERVED THROUGH UWS FUNDING DONOR DESIGNATIONS TO AGENCY PARTNERS ARE DISBURSED QUARTERLY TO ORGANIZATIONS WHO HAVE PROVIDED VERIFICATION OF BEING A 501(C)(3), AND WHO HAVE VERIFIED COMPLIANCE WITH THE PROVISIONS OF THE PATRIOT ACT

Software ID:

Software Version:

EIN: 42-0680395

Name: UNITED WAY OF SIOUXLAND 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) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ALZHEIMERS ASSOCIATION420 CHAMBERS SIOUX CITY,IA 51101	42-1298350		37,909				CARE AND SUPPORT OF ALZHEIMER'S CLIENTS
ARC OF WOODBURY COUNTY3001 MALLOY ROAD SIOUX CITY,IA 51103	42-0942423		16,226				SUMMER PROGRAM FOR MENTALLY CHALLENGED CHILDREN
BIG BROTHERSBIG SISTERS600 4TH ST STE 112 SIOUX CITY,IA 51103	42-1121154		90,933				YOUTH MENTORING PROGRAM
BOY SCOUTS12401 W MAPLE ROAD OMAHA,NE 68164	47-0376545		83,053				SCOUTING FITNESS PROGRAM TO CREATE GOOD HEALTH HABITS
BOYS CLUB823 PEARL STREET SIOUX CITY,IA 51101	42-0940032		99,431				AFTER SCHOOL PROGRAM FOR BOYS 7-18 YEARS OF AGE
CATHOLIC CHARITIES 1601 MILITARY ROAD SIOUX CITY,IA 51103	42-0681062		140,153				COUNSELING AND THERAPY FOR FAMILIES AND INDIVIDUALS/REDUCE CHILD ABUSE
CENTER FOR SIOUXLAND 715 DOUGLAS STREET SIOUX CITY,IA 51101	42-1078435		98,195				PROVIDES EMERGENCY ASSISTANCE, SENIOR VOLUNTEER PROGRAMS
CHRISTIAN NEEDS CENTER900 6TH STREET SW LEMARS,IA 51031	42-1326736		1,500				FOOD VOUCHERS/LOW INCOME
COUNCIL ON SEXUAL ASSAULTPO BOX 1565 SIOUX CITY,IA 51102	42-1104234		129,746				PROVIDES SUPPORT, ADVOCACY AND A SAFE ENVIRONMENT TO EMPOWER ADULTS AND CHILDREN WHO HAVE EXPERIENCE VIOLENCE
FAMILY SERVICES INC 2101 COURT STREET SIOUX CITY,IA 51104	93-0991864		161,962				OUTPATIENT THERAPY FOR VICTIMS OF ABUSE AND VIOLENCE
GEHLEN CATHOLIC SCHOOLS709 PLYMOUTH NW LEMARS,IA 51031	42-0733467		7,500				TRANSITIONAL KINDERGARTEN FUNDING
GIRL SCOUTS1515 ZENITH DRIVE SIOUX CITY,IA 51103	42-0698218		52,341				SCOUTING PROGRAMS TO HELP GIRLS DEVELOP TO THEIR FULL POTENTIAL

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GIRLS INCORPORATED500 MAIN STREET SIOUX CITY,IA 51103	42-1272032		106,047				EVIDENCED-BASED EDUCATIONAL PROGRAMS FOR FIRLS, AGE 6-16, PARTICULARLY THOSE IN HIGH RISK, UNDERSERVED AREAS
HOSPICE OF SIOUXLAND 4300 HAMILTON BLVD SIOUX CITY,IA 51104	38-3320710		100				DONOR DESIGNATION
JACKSON RECOVERY800 5TH ST SUITE 200 SIOUX CITY,IA 51105	39-1900255		4,000				SUBSTANCE ABUSE SERVICES
LE MARS COMMUNITY SCHOOLS921 3RD AVE SW LEMARS,IA 51031	42-6037691		14,760				AFTER SCHOOL PROGRAM
LEMARS ART COUNCIL200 CENTRAL AVE SE LEMARS,IA 51031	23-7176053		2,880				CERTIFIED INSTRUCTOR/CHILD DEVELOPMENT
LEMARS YMCA201 12TH ST SE LEMARS,IA 51031	42-1413807		7,000				YMCA SCHOLARSHIP PROGRAM
LUTHERAN SOCIAL SERVICE106 16TH STREET SW WAVERLY,IA 50677	42-0698267		22,804				TEEN PARENTING CLASSES
MARY ELIZABETH DAY NURSERY814 COURT STREET SIOUX CITY,IA 51105	42-0698200		71,834				PRESCHOOL AND CHILD CARE SCHOLARSHIPS
MARY J TREGLIA COMM HOUSE900 JENNINGS ST SIOUX CITY,IA 51105	42-0681107		155,187				IMMIGRATION SERVICES AND CAMP IMAGINATION SUMMER PROGRAM
NATIVE AMERICAN CHILD CARE CENTER1735 MORNINGSIDE AVE SIOUX CITY,IA 51106	42-1149473		51,771				AGE APPROPRIATE DEVELOPMENT PROGRAM/CHILD CARE PRESCHOOL SCHOLARSHIPS
NORM WAIT SR YMCA601 RIVERVIEW DRIVE SOUTH SIOUX CITY,NE 68776	42-0738980		88,802				YOUR PROGRAM SCHOLARSHIPS
PLAINS AREA MENTAL HEALTH180 10TH ST SE SUITE 201 LEMARS,IA 51031	42-1000717		5,000				THERAPY PROGRAMS

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

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PLYMOUTH COUNTY SENIOR HELPMATE313 COOK STREET SIOUX CITY,IA 51103	42-0984100		7,000				SENIOR VOLUNTEERS
SALVATION ARMY1415 VILLA AVENUE SIOUX CITY,IA 51103	36-2167910		33,355				COMMUNITY SERVICES AND BASIC NEED ASSISTANCE
SANFORD CENTER1700 GENEVA ST SIOUX CITY,IA 51103	42-0698174		100,714				DELINQUENCY PREVENTION/CULTURAL EDUCATION
SIOUXLAND AREA CHAPTER AMERICAN RED CROSS4200 WAR EAGLE DRIVE SIOUX CITY,IA 51109	42-0680402		127,703				HELPING SIOUXLAND PREVENT, PREPARE AND RESPOND TO EMERGENCIES
SIOUXLAND CARES101 PIERCE STREET SIOUX CITY,IA 51101	42-1331282		22,270				COORDINATES ON-GOING AWARENESS AND EDUCATIONAL PROGRAMS TO REDUCE SUBSTANCE ABUSE
SIOUXLAND CENTER FOR ACTIVE GENERATIONS 313 COOK STREET SIOUX CITY,IA 51103	42-0984100		49,307				ENHANCING THE LIFESTYLES OF OLDER ADULTS
SIOUXLAND FAMILY COMMUNITY CENTER 2101 COURT STREET SIOUX CITY,IA 51104	47-0753759		259				BASIC NEEDS FOR FAMILIES IN CRISIS
SIOUXLAND HUMAN INVESTMENT PARTNERSHIP1520 MORNINGSIDE AVE SIOUX CITY,IA 51106	42-1495836		103,163				CLASSROOM VOLUNTEERS/AFTER SCHOOL PROGRAM
SIOUXLAND YOUTH FOR CHRISTPO BOX 534 LEMARS,IA 51031	42-1108779		7,500				YOUTH PROGRAMS
THE CRITTENTON CENTER303 W 24TH STREET SIOUX CITY,IA 51103	42-0698246		124,669				PROVIDES COMPLETE PREGNANCY AND POSTPARTUM SERVICES FOR LOW-INCOME, AT-RISK, AND UNINSURED/UNDERINSURED WOMEN, STELLA SANFORD CHILD DEVELOPMENT CENTER
THE LIVING CENTER112 CENTRAL AVE NE LEMARS,IA 51031	74-3070252		7,020				BASIC NEEDS ASSISTANCE
UNITED WAY OF LEMARS 701 STEUBEN STREET SIOUX CITY,IA 51101	42-0680395		4,090				DONOR DESIGNATION

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

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WAYNE COMMUNITY CHESTPO BOX 65 WAYNE, NE 68787	47-6028099		478				DONOR DESIGNATION
WOMEN AWARE520 NEBRASKA SUITE 237 SIOUX CITY, IA 51101	42-1164702		33,933				PROVIDE ACCESS AND INFORMATION TO RESOURCES TO ASSIST CLIENTS TOWARD EMOTIONAL AND ECONOMIC STABILITY

SCHEDULE M
(Form 990)

NonCash Contributions

OMB No 1545-0047

2010

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

Name of the organization
UNITED WAY OF SIOUXLAND INC

Employer identification number
42-0680395

Part I

Types of Property

	(a) Check if applicable	(b) Number of Contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining oncash contribution amounts
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles .				
7 Boats and planes				
8 Intellectual property . .				
9 Securities—Publicly traded				
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests .				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other . .				
15 Real estate—Residential .				
16 Real estate—Commercial				
17 Real estate—Other . .				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts . .				
23 Scientific specimens . .				
24 Archeological artifacts .				
MEDIA AND SUPPLIES FUNDRAISING				
25 Other ► (EVENT)	X	16	93,532	ESTIMATED COST
26 Other ► (SUPPLIES)	X	1	7,301	ESTIMATED COST
PROFESSIONAL				
27 Other ► (SERVICES)	X	2	10,200	COST
28 Other ► ()				

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

29

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

30a

Yes

No

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

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

31

Yes

No

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell non-cash contributions?

32a

Yes

No

b If "Yes," describe in Part II

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

Part II

Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

Identifier	Return Reference	Explanation
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SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

2010

Open to Public
Inspection

Name of the organization UNITED WAY OF SIOUXLAND INC	Employer identification number 42-0680395
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Identifier	Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11		THE FORM 990 IS PRESENTED TO THE BOARD BEFORE FILING AND REVIEWED FOR ANY ERRORS

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 12C	CONFLICTS OF INTEREST REVIEWED BY PRESIDENT ANNUALLY

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 15A	CEO REVIEW IS DONE BY THE EXECUTIVE COMMITTEE AND IS BASED ON CORE COMPETENCIES STANDARDS DEVELOPED BY UNITED WAY OF AMERICA, COMPENSATION IS BASED ON THIS REVIEW, NATIONAL SALARY SURVEY FOR UNITED WAY CEO'S AND LOCAL SALARY & COST OF LIVING ADJUSTMENT OTHER KEY EMPLOYEES USE SAME PROCESS AT RECOMMENDATION MADE BY CEO & APPROVED BY THE EXECUTIVE COMMITTEE AND BOARD

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION C, LINE 18	FORM 1023 AND 990'S ARE AVAILABLE FOR PUBLIC INSPECTION UPON REQUEST AT THE MAIN OFFICE

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION C, LINE 19	DOCUMENTS, POLICIES, AND STATEMENTS ARE AVAILABLE FOR PUBLIC INSPECTION UPON REQUEST AT THE MAIN OFFICE

Identifier	Return Reference	Explanation
CONTACT ADDRESSES FOR OFFICERS, DIRECTORS, ETC	FORM 990, PART VII	MARIE BUCKLEY - 2720 STONE PARK BLVD, SIOUX CITY, IA 51104 DAVE MADSEN - 3135 FLOYD BLVD, SIOUX CITY, IA 51108 TODD MOSS - 600 4TH ST, SIOUX CITY, IA 51101 ROBERT DUNKER - PO BOX 5199, SIOUX CITY, IA 51102 WARREN BAKER - 3038 S LAKEPORT, SIOUX CITY, IA 51106 CHRIS BOGENRIEF - 306 FIELDSTONE CT, JEFFERSON, SD 57038 NORMA E DE LA O - PO BOX 277, SOUTH SIOUX CITY, NE 68776 PAUL GAUSMAN - 1325 LEWIS BLVD, SIOUX CITY, IA 51105 BETH GRIGSBY - 835 GORDON DR, SIOUX CITY, IA 51101 ERICA DELEON - 600 4TH ST, SIOUX CITY, IA 51101 TAMMY LEE - 3303 REBECCA ST, SIOUX CITY, IA 51104 JERRY PFEIFER - 524 MONTEREY TRAIL, DAKOTA DUNES, SD 57049 JON WINKEL - 600 4TH ST STE 112, SIOUX CITY, IA 51101 HARLAN SALVATORI - 520 NEBRASKA ST #237, SIOUX CITY, IA 51101 BRIAN COYLE - 600 4TH ST STE 201, SIOUX CITY, IA 51101 CARLOS RODRIGUEZ - 2612 S LYON, SIOUX CITY, IA 51106 SHARRELL WRIGHT - 835 GORDON DR, SIOUX CITY, IA 51101 JIM SPENCER - 600 4TH ST STE 950, SIOUX CITY, IA 51101 FRANCISCO TOSTADO - 705 DOUGLAS ST #250, SIOUX CITY, IA 51101 DR ANGELA BANKS - 820 E ST ANDREWS, DAKOTA DUNES, SD 57049 JANET FLANAGAN - 520 NEBRASKA ST #404, SIOUX CITY, IA 51101 JIM FRANCE - 1520 MORNINGSIDE AVE, SIOUX CITY, IA 51106 DR ALAN HEISTERKAMP - 801 RIVER DRIVE #200, DAKOTA DUNES, SD 57049 LYNN KAFKA - 1501 MORNINGSIDE AVE, SIOUX CITY, IA 51106 JAMES KAVANAUGH - 5001 HARBOR DR, SIOUX CITY, IA 51111 CURT MILLER - PO BOX 447, SIOUX CITY, IA 51102 BRIAN PEARSON - 1500 HWY 75 NORTH, SIOUX CITY, IA 51105 JULIE SCHMIDT - 601 PIERCE STREET, SIOUX CITY, IA 51101

Identifier	Return Reference	Explanation
CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990, PART XI, LINE 5	UNREALIZED GAIN/(LOSS) 47,677 TOTAL TO FORM 990, PART XI, LINE 5 47,677

Identifier	Return Reference	Explanation
	FORM 990, PART IX, LINE 2C EXPLANATION	PROCESS CONSISTENT WITH PRIOR YEARS

Identifier	Return Reference	Explanation
OTHER PROGRAM SERVICE ACCOMPLISHMENTS	FORM 990, PART III, LINE 4D,	<p>UNITED WAY OF SIOUXLAND'S WOMEN'S POWER LUNCH IN ITS 10TH YEAR, UNITED WAY'S WOMEN'S POWER LUNCH HAS PROVIDED OVER \$213,000 TO BENEFIT SIOUXLAND WOMEN AND SINGLE PARENTS THROUGH FRE MAMMOGRAMS, EDUCATION ON HEART DISEASE AND SINGLE PARENT SCHOLARSHIPS TO LOCAL COLLEGES AND UNIVERSITIES OVER 7,843 WOMEN HAVE ATTENDED THE POWER LUNCH SINCE IT'S INCEPTION MISSION UNITED WAY OF SIOUXLAND'S WOMEN'S POWER LUNCH WAS INITIATED TO PROVIDE AN ENVIRONMENT IN WHICH WOMEN CAN BE NURTURED THROUGH EDUCATION, STRENGTHENED THROUGH EMPOWERMENT, AND VALUED THROUGH FRIENDSHIP THIS EVENT PROVIDES THE OPPORTUNITY FOR WOMEN TO UNIFY THEIR RESOURCES AND TAKE THE LEAD IN FOCUSING ON ISSUES THAT IMPACT THEIR LIVES GOALS UNITED WAY OF SIOUXLAND'S WOMEN'S POWER LUNCH WAS ESTABLISHED BY THE WOMEN'S LEADERSHIP GROUP, A PART OF UNITED WAY OF SIOUXLAND'S LEADERSHIP GIVING SOCIETY TO ACHIEVE FIVE SPECIFIC GOALS - PROMOTE UNITED WAY AS THE LEADING COMMUNITY IMPACT ORGANIZATION - INCREASE UNITED WAY OF SIOUXLAND'S LEADERSHIP GIVING - EDUCATE WOMEN TO MAKE INFORMED DECISIONS ABOUT KEY ISSUES IMPACTING THEIR LIVES - ACHIEVE BROAD CIVIC GOALS THAT NO SINGLE DONOR, CITIZEN, OR ORGANIZATION CAN ACCOMPLISH ALONE - PARTNER WITH OTHER COMMUNITY ORGANIZATIONS NOT REGULARLY BENEFITING FORM UNITED WAY FUNDING WOMEN UNITED WOMEN UNITED HAS AWARDED OVER \$350,000 SINCE IT'S INCEPTION IN 2006 AND TO FIVE DESERVING PROGRAMS IN 2010 CAMP IMAGINATION, AN ACADEMIC SUMMER PROGRAM OF MARY TREGLIA COMMUNITY HOUSE HAS BEEN PROVEN TO STOP SUMMER LEARNING LOSS IN AT-RISK STUDENTS GIRLS ENCOURAGE, A COLLABORATIVE PROJECT LED BY GIRLS, INC ALONG WITH THE NORM WAITT SR YMCA AND SIOUXLAND COMMUNITY HEALTH TO HELP GIRLS DEVELOP HEALTHY EMOTIONAL AND PHYSICAL LIFESTYLES BIG SPLASH, A PROGRAM OF SIOUXLAND AQUATICS AND THE SIOUX CITY COMMUNITY SCHOOLS WILL EXPAND SWIMMING INSTRUCTION FOR SPECIAL NEED STUDENTS TWO PROGRAMS AT THE CRITTENTON CENTER'S CHILDREN SHELTER GUITAR SUPERSTARS & RESPONSABLE INDEPENDENCE WILL PROVIDE GUITAR INSTRUCTION AND TEACH INDEPENDENT LIVING SKILLS TO CHILDREN STAYING AT THE SHELTER MISSION WOMEN UNITED EXISTS TO PROVIDE FINANCIAL SUPPORT TO ORGANIZATIONS OR GROUPS THAT DEMONSTRATE THE ABILITY TO ENHANCE THE QUALITY OF LIFE FOR OUR SIOUXLAND YOUTH GOALS WOMEN UNITED WAS STARTED BY A GROUP OF SIOUXLAND WOMEN WHO WANTED TO MAKE POSITIVE CHANGES IN OUR COMMUNITY BY ADDRESSING THE ROOT CAUSES OF ISSUES THEY CARE ABOUT THIS GROUP WORKS TO ENGAGE WOMEN AS ACTIVE PHILANTHROPISTS IN ITS FOCUS ON YOUTH DEVELOPMENT THROUGH LEADERSHIP, FUNDRAISING AND ADVOCACY WE INVITE YOU TO JOIN US AS WE RECOGNIZE AND MAXIMIZE WOMEN'S EFFORTS TO SUPPORT OUR COMMUNITY EITC (EARNED INCOME TAX CREDIT) OUTREACH EITC IS A PARTNERSHIP TO PROVIDE IMPROVED EDUCATION & ACCESS TO FREE TAX PREPARATION SITES IN 2010, UNITED WAY HELPED SUPPORT 4 FREE TAX SITES VOLUNTEERS AT CENTER FOR SIOUXLAND, A MOBILE RURAL SITE BASED IN MOVILLE, IA, MARY TREGLIA COMMUNITY HOUSE, AND MORRELL TRANSITION CENTER HELPED RETURN OVER \$872,000 IN TAX REFUNDS TO LOCAL INDIVIDUALS THIS INCLUDES \$304,232 IN EITC DOLLARS EITC INCREASES THE FINANCIAL STABILITY FOR FAMILIES AND INDIVIDUALS IN THE COMMUNITY BY INCREASING THEIR INCOME EVERY CLASSROOM COUNTS BY THE 4TH GRADE, SIOUXLAND AREA STUDENTS SHOW A READING ACHIEVEMENT GAP BASED ON FAMILY INCOME AND RACE THAT RANGES FROM 8% TO 21% BELOW STUDENTS FROM HIGHER INCOME OR NON-MINORITY FAMILIES 100 VOLUNTEERS AND 100 MENTORS HAVE BEEN MATCHED WITH 1ST, 2ND 3RD AND 4TH GRADE CLASSROOMS IN SIOUXLAND SCHOOLS CONNECTING MENTORS AND VOLUNTEERS WITH STUDENTS/CLASSROOMS NEEDING HELP WITH ACADEMIC NEEDS, ESPECIALLY READING SKILLS EVERY CLASSROOM COUNTS IS IMPACTING THE COMMUNITY BY WORKING TO REDUCE THE READING ACHIEVEMENT GAP THAT EXISTS BETWEEN STUDENTS BY THE 4TH GRADE</p>