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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
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A For the 2010 calendar year, or tax year beginning 01-01-2010 and ending 12-31-2010		
B Check if applicable ☐ Address change ☐ Name change ☐ Initial return ☐ Terminated ☐ Amended return ☐ Application pending	C Name of organization SIOUX EMPIRE UNITED WAY INC Doing Business As Number and street (or P O box if mail is not delivered to street address) Room/suite 1000 N WEST AVENUE ROOM/SUITE 120 City or town, state or country, and ZIP + 4 SIOUX FALLS, SD 571041314	D Employer identification number 46-0233701
	F Name and address of principal officer JAY POWELL 1000 N WEST AVENUE SIOUX FALLS,SD 571041314	E Telephone number (605) 336-2095
	H(a) Is this a group return for affiliates? ☐ Yes ☒ No	G Gross receipts \$ 8,776,782
	H(b) Are all affiliates included? ☐ Yes ☐ No If "No," attach a list (see instructions)	
	H(c) Group exemption number ▶	
I Tax-exempt status ☒ 501(c)(3) ☐ 501(c) () ◀(Insert no) ☐ 4947(a)(1) or ☐ 527		
J Website: ▶ WWW.SIOUXEMPIREUNITEDWAY.ORG		
K Form of organization ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶		L Year of formation
M State of legal domicile		

Part I	Summary
Activities & Governance	1 Briefly describe the organization’s mission or most significant activities TO LEAD, SUSTAIN AND NURTURE A UNIFIED, EFFECTIVE RESPONSE TO COMMUNITY NEEDS
	2 Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets
	3 Number of voting members of the governing body (Part VI, line 1a)
	4 Number of independent voting members of the governing body (Part VI, line 1b)
	5 Total number of individuals employed in calendar year 2010 (Part V, line 2a)
Revenue	6 Total number of volunteers (estimate if necessary)
	7a Total unrelated business revenue from Part VIII, column (C), line 12
	b Net unrelated business taxable income from Form 990-T, line 34
	8 Contributions and grants (Part VIII, line 1h)
	9 Program service revenue (Part VIII, line 2g)
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)
Expenses	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)
	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)
	14 Benefits paid to or for members (Part IX, column (A), line 4)
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)
	16a Professional fundraising fees (Part IX, column (A), line 11e)
	b Total fundraising expenses (Part IX, column (D), line 25) ▶416,531
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)
	18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)
Net Assets or Fund Balances	19 Revenue less expenses Subtract line 18 from line 12
	20 Total assets (Part X, line 16)
	21 Total liabilities (Part X, line 26)
	22 Net assets or fund balances Subtract line 21 from line 20

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

Sign Here	Signature of officer JAY POWELL PRESIDENT	2011-10-06 Date				
Paid Preparer Use Only	Print/Type preparer's name TRENT R PRINS	Preparer's signature TRENT R PRINS	Date 2011-10-06	Check if self-employed ☐	PTIN	
	Firm's name ▶ WOLTMAN VAN KEKERIX & STOTZ PC					Firm's EIN ▶
	Firm's address ▶ 4500 S TECHNOLOGY DR SIOUX FALLS, SD 571064214					Phone no ▶ (605) 361-1200

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

Part III

Statement of Program Service Accomplishments

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

1

Briefly describe the organization’s mission

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

2

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

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?

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 \$ 116,960 including grants of \$) (Revenue \$)

EIGHT VOLUNTEERS SERVED ON THE MARKETING DIVISION, MET 6 TIMES THROUGHOUT THE YEAR YEAR ROUND MARKETING INCLUDED17 COMPANIES UNITED WAY CREATES PERSONALIZED MATERIALS AND MESSAGES FOR COMPANIES TO SHARE WITH THEIR STAFF THROUGHOUT THE YEAR BECAUSE OF THE EFFORTS, COMPANIES' EMPLOYEES ARE BETTER EDUCATED ABOUT THE IMPACT OF THEIR UNITED WAY GIFT THE FEBRUARY 2011 THANK YOU EVENT WAS ATTENDED BY OVER 400 PEOPLE FIVE LOCAL SOUP VENDORS PARTICIPATED SIX INDIVIDUALS AND THREE COMPANIES WERE RECOGNIZED WITH AWARDS 10 LOCAL COMPANIES LOANED UNITED WAY THEIR MARQUEES WITH THANK YOU MESSAGES DURING THE WEEK OF THE EVENT AFTER A REQUEST FOR PROPOSAL PROCESS, UNITED WAY ENTERED INTO A THREE YEAR CONTRACT WITH HENKINSCHULTZ TO CREATE CAMPAIGN MATERIALS IN ADDITION TO THE TRADITIONAL CAMPAIGN MATERIALS, HENKINSCHULTZ PRODUCED THREE TV SPOTS AND DONATED E-MARKETING SERVICES THE JULY 2010 WOMENUNITE EVENT WAS ATTENDED BY OVER 450 INDIVIDUALS THE EVENT INCLUDED A KEYNOTE FROM PAM HOMAN ABOUT THE IMPACT OF HUNGER ON LOCAL STUDENTS 58 PLEDGES AT THE EVENT TOTALED MORE THAN 10,000 AMONG ATTENDEES PLEDGES THROUGH EMPLOYEE CAMPAIGNS INCREASED 8 5% IN THE 2011 CAMPAIGN OVER THE 2010 CAMPAIGN 149 INDIVIDUALS ATTENDED 29 DIFFERENT AGENCY TOURS THROUGHOUT THE SUMMER SPEAKERS BUREAU SCHEDULED SPEAKERS FOR 80 COMPANIES' RALLIES SPEAKERS ATTENDED 142 RALLIES AT THOSE COMPANIES THE 2011 CAMPAIGN KICKOFF HELD IN SEPTEMBER WAS ATTENDED BY OVER 500 PEOPLE THE IMPACT OF THE CONNECTING KIDS PROGRAM WAS SHARED BY A PARTICIPANT OF DAKOTA SPIRIT A SCHOOL PRINCIPAL SHARED THE IMPACT HER STAFF HAS SEEN FROM THE BACKPACK PROGRAM, AND ATTENDEES RECEIVED MINI- BACKPACKS IN HONOR OF THIS YEAR'S INITIATIVE E-UPDATES WERE DISTRIBUTED IN TWO WAYS CAMPAIGN UPDATES WERE EMAILED EVERY TWO WEEKS FROM JULY THRU SEPTEMBER WITH TIPS AND TOOLS FOR VOLUNTEERS AS THEY WERE PLANNING THEIR RALLIES CAMPAIGN UPDATES WERE THEN EMAILED ONCE A WEEK FROM SEPTEMBER TO JANUARY WITH UPDATES ON THE STATUS OF THE CAMPAIGN, VOLUNTEER SPOTLIGHTS, AND FEATURES OF COMPANY RALLIES MORE THAN 800 VOLUNTEERS RECEIVED THE CAMPAIGN UPDATES MONTHLY UPDATES WERE DISTRIBUTED YEAR ROUND TO MORE THAN 3,800 SUPPORTERS THESE UPDATES INCLUDED INFORMATION ABOUT PARTNER PROGRAMS, RESULTS, SUCCESS STORIES AND MORE MIDCONTINENT COMMUNICATIONS DONATED MORE THAN 4,300 THIRTY SECOND SPOTS FROM JULY TO PRESENT SPOTS FOCUSED ON THE CONNECTING KIDS PROGRAM DURING THE SUMMER, THE BACKPACK PROGRAM AND CAMPAIGN DURING THE FALL, AND CURRENTLY A THANK YOU MESSAGE IS IN ROTATION UNITED WAY RECEIVED COVERAGE ON STORIES FROM KELO, KDLT, KSFY, ARGUS LEADER, BRANDON VALLEY CHALLENGER, CENTERVILLE JOURNAL, AND THE SIOUX VALLEY NEWS OUT OF CANTON RADIO INTERVIEWS WERE PROVIDED BY KSOO AND ALL OF THE BACKYARD BROADCASTING STATIONS FEATURED UNITED WAY INTERVIEWS FOR THREE CONSECUTIVE MONDAYS DURING THE FALL

4b

(Code) (Expenses \$ 227,134 including grants of \$) (Revenue \$)

RECRUITED AND TRAINED 23 NEW VOLUNTEERS FOR THE DIVISION VOLUNTEERS ALLOCATED 7,652,835 TO 95 PROGRAMS THROUGH 48 PARTNER AGENCIES THIS INCLUDED THE ADDITION OF TWO NEW PROGRAMS SIOUX COUNCIL BOY SCOUTS/SOCCER AND SCOUTING ACTIVE GENERATIONS/BRIDGES EMPLOYMENT RESOURCE CENTER AND A NEW INITIATIVE, THE BACKPACK PROGRAM FUNDED 10 WORTHY GRANTS IN 2010 FOR A TOTAL OF 170,200 CONTINUED TO BUILD RELATIONSHIPS WITH AGENCIES THROUGH QUARTERLY FORUMS AND FALL VISITS PROVIDED MATCHING FUNDS FOR STRATEGIC PLANNING FACILITATORS PARTICIPATED IN COMMUNITY COLLABORATIVE EFFORTS SUCH AS THE AFFORDABLE HOUSING TASKFORCE, BUSINESS EDUCATION CIVIC LEADERSHIP GROUP, COALITION ON AGING, EMERGENCY FOOD AND SHELTER BOARD, FIRST CHILDREN'S FINANCE, HOMELESS ADVISORY BOARD, AND PETTIGREW HEIGHTS COMMITTEE OTHER WAYS THE CI DIVISION RESPONDED TO ONGOING COMMUNITY NEEDS THROUGH BASIC NEEDS FUND EXPANDED BACKPACK PROGRAM INTO THE SUMMER, HELPING BOTH WITH THE FUNDING AND THE COORDINATION OF THE VOLUNTEERS AT DISTRIBUTION SITES PROVIDED FUNDING FOR THE EXPANSION OF BACKPACK PROGRAM TO HARTFORD, HUMBOLDT, TRI-VALLEY, DELL RAPIDS, AND BRANDON

4c

(Code) (Expenses \$ 7,710,176 including grants of \$ 7,444,044) (Revenue \$)

AFTER SCHOOL DID YOU KNOW IN SD, 12% OF K-12 STUDENTS PARTICIPATE IN AFTER SCHOOL PROGRAMS AND 37% ARE HOME ALONE AFTER SCHOOL 1 IN 8 CHILDREN AGES 6-14 HAVE A DISABILITY AND SIBLINGS OF CHILDREN WITH DISABILITIES ARE 4 TIMES MORE LIKELY TO BE MALADJUSTED THAN THEIR PEERS THE HOURS OF 3 00 TO 6 00PM ARE THE TIMES WHERE MOST DRUG, ALCOHOL, AND SEXUAL EXPERIMENTATION OCCURS YOUR GIFT IN ACTION DELL RAPIDS HAVEN PROVIDES OUT OF SCHOOL TIME CARE TO STUDENTS IN GRADES K-6 LAST YEAR THEY SERVED A DAILY AVERAGE OF 41 STUDENTS BEFORE SCHOOL, 39 STUDENTS AFTER SCHOOL, AND 46 STUDENTS DURING THE SUMMER ACCORDING TO A PARENT SURVEY, STUDENTS ARE INCREASING SELF-CONFIDENCE, LEARNING LIFE SKILLS, AND LEARNING HEALTHIER EATING HABITS (PER SURVEY) KIDSTOP PROVIDES A FREE AFTER SCHOOL AND SUMMER RECREATION PROGRAM FOR STUDENTS IN GRADES K-8 LAST YEAR AN AVERAGE OF 23 CHILDREN ATTENDED DAILY 80% OF PARTICIPANTS MAKE PROGRESS ON POWER OF ASSET CHART, WHICH LEADS TO ACADEMIC SUCCESS HERE4YOUTH PROVIDES OUT OF SCHOOL TIME CARE FOR YOUTH WITH SPECIAL NEEDS AND THEIR SIBLINGS LAST YEAR, THEY SERVED 69 YOUTH DURING OUT OF SCHOOL TIME, 71 YOUTH IN SUMMER CARE, AND 45 YOUTH FOR WEEKEND OR RESPITE CARE SIOUX FALLS FAMILY YMCA'S MIDDLE SCHOOL AFTER SCHOOL PROGRAM PROVIDED A VARIETY OF ACTIVITIES TO 823 STUDENTS AT FIVE MIDDLE SCHOOLS LAST YEAR BASIC NEEDS DID YOU KNOW THE STATEWIDE COUNT OF HOMELESSNESS IN SEPTEMBER 2010 FOUND 631 INDIVIDUALS, UP FROM 447 IN SEPTEMBER 2009 SCHOOL-AGE CHILDREN WHO EXPERIENCE SEVERE HUNGER ARE AT INCREASED RISK FOR THE FOLLOWING HOMELESSNESS, CHRONIC HEALTH CONDITIONS, STRESSFUL LIFE CONDITIONS, PSYCHIATRIC DISTRESS, BEHAVIORAL PROBLEMS, ETC HOMELESS FAMILIES COMPRISE ROUGHLY 34% OF THE TOTAL HOMELESS POPULATION 3,477 PEOPLE ARE ON THE LOCAL WAITING LIST FOR HOUSING ASSISTANCE AND AN ADDITIONAL 1,751 HOUSEHOLDS CURRENTLY RECEIVE HOUSING ASSISTANCE YOUR GIFT IN ACTION COMMUNITY OUTREACH'S GENERAL ASSISTANCE & EDUCATION PROGRAM PROVIDES INFORMATION AND REFERRALS TO LOCAL AGENCIES AND EMERGENCY FINANCIAL ASSISTANCE FOR BASIC NEEDS ITEMS, INCLUDING SHELTER, UTILITIES, AND EMPLOYMENT RELATED TRANSPORTATION LAST YEAR, 618 FAMILIES RECEIVED FINANCIAL ASSISTANCE AND 2,673 FAMILIES RECEIVED INFORMATION AND REFERRALS COMMUNITY OUTREACH'S GENESIS & JUMPSTART MENTORING PROGRAMS PAIR VOLUNTEER MENTORS WITH HOMELESS OR NEAR HOMELESS FAMILIES TO HELP STABLIZE AND FOCUS ON FINANCIAL LITERACY LAST YEAR 42 FAMILIES WERE SERVED THROUGH GENESIS AND 28 FAMILIES WERE SERVED THROUGH JUMPSTART 87% OF PARTICIPANTS ACHIEVED OR MAINTAINED PERMANENT HOUSING WHILE IN GENESIS 53% OF JUMPSTART PARTICIPANTS COMPLETED THEIR FINANCIAL LITERACY HANDBOOK FEEDING SOUTH DAKOTA'S BACKPACKPROGRAM PROVIDES MORE THAN 3,400 STUDENTS IN SIOUX FALLS AND SURROUNDING COMMUNITIES WITH FOOD FOR THE WEEKEND FURNITURE MISSION RECEIVES DONATIONS OF GENTLY USED FURNITURE AND THEN DISTRIBUTES THROUGH SOCIAL SERVICE AGENCY REFERRALS LAST YEAR 2,500 HOUSEHOLDS RECEIVED FURNITURE IN ADDITION, 272 PACK-N-PLAYS WERE PROVIDED TO NEW MOTHERS IN NEED OF A PLACE FOR THEIR BABY TO SLEEP LUNCH IS SERVED - PROVIDED 16,388 NUTRITIOUS MID-DAY MEALS FOR THE WORKING POOR A SURVEY OF RECIPIENTS FOUND THAT 54% WOULD NOT EAT LUNCH DURING THEIR WORK DAY IF THE LUNCHESES WERE NOT PROVIDED EMPLOYERS ALSO REPORTED A NOTICEABLE IMPROVEMENT IN THE RECIPIENTS' ATTENTION, ENERGY LEVEL, AND WORK PERFORMANCE INTERLAKES COMMUNITY ACTION PARTNERSHIP'S HEARTLAND HOUSE PROVIDES TRANSITIONAL HOUSING FOR HOMELESS FAMILIES AND THEIR CHILDREN, SERVING 64 FAMILIES LAST YEAR 75% OF PARTICIPANTS GAINED EMPLOYMENT AND 63% OF ACHIEVED PERMANENT STABLE HOUSING AFTER COMPLETING PROGRAM SALVATION ARMY 'S NIGHT WATCH PROGRAM SERVED 18,771 MEALS ON 104 SATURDAY AND SUNDAY NIGHTS LAST YEAR SALVATION ARMY'S SOCIAL SERVICE ASSISTANCE PROVIDES EMERGENCY FINANCIAL ASSISTANCE TO INDIVIDUALS AND FAMILIES FOR BASIC NEEDS AND SPECIAL NEEDS LAST YEAR THEY SERVED 9,108 CASES AND PROVIDED UTILITY ASSISTANCE TO 437 HOUSEHOLDS SIOUX FALLS HOUSING & REDEVELOPMENT COMMISSION'S FAMILY SELF-SUFFICIENCY PROGRAM ASSISTS LOW-INCOME INDIVIDUALS AND ADULT FAMILY MEMBERS, WHO ARE RECEIVING HOUSING ASSISTANCE, WITH ELIMINATING BARRIERS TO ATTAINING EDUCATION AND EMPLOYMENT SKILLS LAST YEAR 99 PARTICIPANTS RECEIVED 475 HOURS OF ONE-ON-ONE ASSISTANCE AND HAD THE OPPORTUNITY TO ATTEND 20 DIFFERENT WORKSHOPS OF 20 GRADUATES, 12 BECAME TOTALLY SELF-SUFFICIENT AND 3 BECAME A HOMEOWNER ST FRANCIS HOUSE PROVIDES TRANSITIONAL HOUSING AND CASE MANAGEMENT FOR FAMILIES, SERVING 30 ADULTS AND 51 CHILDREN LAST YEAR CHILDCARE DID YOU KNOW IN SD, 20% OF CHILDREN LIVE IN HOUSEHOLDS AT OR BELOW THE FEDERAL POVERTY LEVEL LOW FAMILY INCOME CAN IMPEDE CHILDREN'S COGNITIVE DEVELOPMENT AND THEIR ABILITY TO LEARN, AS WELL AS CONTRIBUTE TO BEHAVIORAL, SOCIAL, EMOTIONAL, AND HEALTH PROBLEMS IN SD, 73% OF CHILDREN UNDER AGE 6 LIVE IN HOUSEHOLDS WHERE BOTH PARENTS WORK RESEARCH SHOWS THAT MOMS IN A CHEMICAL TREATMENT PROGRAM WHO CAN KEEP THEIR CHILDREN WITH THEM STAY IN THE PROGRAM LONGER AND HAVE A BETTER CHANCE AT RECOVERY 9% OF SD BIRTHS ARE TO TEENAGERS ACCORDING TO 2008 KIDS COUNT DATA LOCALLY, THERE ARE APPROXIMATELY 350 CHILDREN ON THE WAITING LIST FOR HEAD START YOUR GIFT IN ACTION EARLY HEAD START THROUGH INTERLAKES COMMUNITY ACTION PARTNERSHIP SERVES CHILDREN AGES PRE-BIRTH TO THREE AND THEIR FAMILIES 120 CHILDREN WERE ENROLLED LAST YEAR AND 109 OF THE PARTICIPATING FAMILIES EITHER WORKED OR ATTENDED SCHOOL UNITED DAY CARE PROVIDED QUALITY CARE FOR 146 CHILDREN AGES 2-10 LAST YEAR 97% OF AGE APPROPRIATE CHILDREN WERE READY TO ENTER KINDERGARTEN AND 291 PARENTS WERE ABLE TO WORK OR ATTEND SCHOOL LITTLE BLESSINGS CHILDCARE CENTER THROUGH VOLUNTEERS OF AMERICA,DAKOTAS IS A NEW CENTER THAT FOCUSES ON PROVIDING CARE FOR CHILDREN OF NEW START PARTICIPANTS, A CHEMICAL TREATMENT PROGRAM FOR MOTHERS THIS NEW PROGRAM PROJECTS TO SERVE 42 CHILDREN EACH YEAR VOLUNTEERS OF AMERICA, DAKOTAS' CHILD CARE AND FAMILY LITERACY CENTER PROVIDES QUALITY CARE FOR CHILDREN 4 WEEKS THROUGH 10 YEARS OF AGE LAST YEAR THEY SERVED 277 CHILDREN AND 100% WHO ATTENDED FOR AT LEAST 90 DAYS WERE ABLE TO PERFORM AT AGE-APPROPRIATE LEVELS CIRCLE OF HOPE, A CHILD CARE CENTER THROUGH VOLUNTEERS OF AMERICA, DAKOTAS SERVED 107 CHILDREN LAST YEAR 96% OF CHILDREN WHO ATTENDED THE CENTER FOR AT LEAST 90 DAYS WERE ABLE TO PERFORM AT AGE-APPROPRIATE LEVELS THE TEEN PARENT PROGRAM OF VOLUNTEERS OF AMERICA, DAKOTAS PROVIDED QUALITY CARE TO 37 CHILDREN OF YOUNG PARENTS WHO ARE ENROLLED IN THE SIOUX FALLS SCHOOL DISTRICT LAST YEAR VOLUNTEERS OF AMERICA, DAKOTAS' PARENT CHILD LEARNING CENTER PROVIDED QUALITY CARE FOR 154 CHILDREN FROM 4 WEEKS TO 5 YEARS OLD LAST YEAR 99% OF THE FAMILIES UTILIZE SCHOLARSHIPS AND/OR CHILDCARE ASSISTANCE YWCA SIOUX FALLS' CHILDCARE PROGRAM SERVES CHILDREN AGES 4 WEEKS TO 5 YEARS LAST YEAR 306 CHILDREN ATTENDED THE CENTER AND 100% OF THE AGE- APPROPRIATE CHILDREN PASSED THE KINDERGARTEN READINESS SCREENING THE EARLY CHILDHOOD ENRICHMENT PROGRAM OF YOUTH ENRICHMENT SERVICES, THROUGH BOYS & GIRLS CLUB OF THE SIOUX EMPIRE, PROVIDES DEVELOPMENTALLY APPROPRIATE PRE-K PROGRAMS 195 CHILDREN PARTICIPATED LAST YEAR AND 100% OF AGE-APPROPRIATE CHILDREN ENTERED KINDERGARTEN AT OR ABOVE TARGET LEVELS THE INFANT & TODDLER PROGRAM OF YOUTH ENRICHMENT SERVICES, THROUGH BOYS & GIRLS CLUB OF THE SIOUX EMPIRE, PROVIDED 114 CHILDREN WITH DEVELOPMENTALLY APPROPRIATE CARE LAST YEAR THE CHILDCARE HELPLINE PROVIDED 2,503 REFERRALS TO PARENTS SEEKING INFORMATION ABOUT AVAILABLE CHILDCARE SERVICES LAST YEAR 48% OF PARENTS SERVED FOUND CARE THROUGH THE SERVICES PROVIDED AND 75% OF PARENTS WERE ABLE TO VERBALIZE AT LEAST 3 CHARACTERISTICS OF QUALITY CHILD CARE STARTING STRONG, ADMINISTERED THROUGH SIOUX FALLS SCHOOL DISTRICT PROVIDED A HIGH QUALITY PRE-KINDERGARTEN EXPERIENCE FOR 120 CHILDREN WHOSE FAMILIES HAVE SOCIO-ECONOMIC CHALLENGES LAST YEAR CHILDREN WHO ENTERED THE PROGRAM IN 09/10 WERE DELAYED IN DEVELOPMENTAL SKILLS BY 6 5 TO 12 MONTHS AT END OF SCHOOL YEAR THE CHILDREN SHOWED AN AVERAGE GAIN OF 8 4 MONTHS COUNSELING DID YOU KNOW SD HAS THE 2ND HIGHEST INCARCERATION RATE IN THE COUNTRY A SIOUX FALLS SCHOOL DISTRICT SURVEY SHOWED APPROXIMATELY 550 K-12 STUDENTS WITH AN INCARCERATED CLOSE FAMILY MEMBER LAST YEAR, THE HELPLINE CENTER HAD A 15% INCREASE IN CALLERS WITH SUICIDE-RELATED CONCERNS AND A 9% INCREASE IN MENTAL HEALTH CALLS ONLY 38% OF THE AMERICANS WITH MENTAL HEALTH ISSUES RECEIVE SERVICES 150 BILLION IN PRODUCTIVITY IS LOST IN THE U S EACH YEAR AS A RESULT OF UNTREATED MENTAL HEALTH ISSUES IN MINNEHAHA COUNTY, FORECLOSURES INCREASED 37% FROM 2009 TO 2010 IN LINCOLN COUNTY THE INCREASE WAS 60% MORE THAN 60% OF SOUTH DAKOTANS LIVE PAYCHECK TO PAYCHECK 70% OF PEOPLE WITH SEVERE MENTAL ILLNESS LIST OBTAINING AND MAINTAINING EMPLOYMENT AS ONE OF THEIR TOP THREE GOALS YOUR GIFT IN ACTION CHILDREN'S CO

4d

Other program services (Describe in Schedule O)

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

4e

Total program service expenses\$ 8,054,270

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	No
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	No
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	No
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	No
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	No
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	No
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	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <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		No
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> ☐ Yes ☒ 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 ☐					
			Yes	No	
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.	1a	4		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c			No
2a	Enter the number of employees reported on Form W-3, <i>Transmittal of Wage and Tax Statements</i> filed for the calendar year ending with or within the year covered by this return.	2a	15	Yes	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).	2b			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a			No
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O.	3b			
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a			No
b	If "Yes," enter the name of the foreign country: _____ See 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			No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b			No
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c			
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a			No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b			
7 Organizations that may receive deductible contributions under section 170(c).					
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a			No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b			
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c			No
d	If "Yes," indicate the number of Forms 8282 filed during the year.	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e			No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f			No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g			No
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h			No
8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?					
8					
9 Sponsoring organizations maintaining donor advised funds.					
a	Did the organization make any taxable distributions under section 4966?	9a			
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b			
10 Section 501(c)(7) organizations. Enter					
a	Initiation fees and capital contributions included on Part VIII, line 12.	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.	10b			
11 Section 501(c)(12) organizations. Enter					
a	Gross income from members or shareholders.	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).	11b			
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?					
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?					
14a					
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	14b			No

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	30	
b	Enter the number of voting members included in line 1a, above, who are independent	1b	29	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		No
4	Did the organization make any significant changes to its 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	Yes	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a	Yes	
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
a	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No

Section B. Policies

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

			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		No
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		
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	15b	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

Section C. Disclosure

17	List the States with which a copy of this Form 990 is required to be filed▶
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you make these available. Check all that apply. ☐ Own website ☐ Another's website ☒ Upon request
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table.
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization ▶ COLEEN THOMPSON 1000 N WEST AVENUE 120 SIOUX FALLS, SD 571041314 (605) 336-2095

Part VII

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's **current** key employees, if any See instructions for definition of "key employee "
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(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			
(1) JEFF STRAND PAST CHAIR	1 00	X		X				0	0	0
(2) DICK MOLSEED CHAIR	1 00	X		X				0	0	0
(3) SCOTT LAWRENCE VICE CHAIR	1 00	X		X				0	0	0
(4) CARL WYNJA SEC/TREAS	1 00	X		X				0	0	0
(5) DAVE ZIMBECK MEMBER	1 00	X						0	0	0
(6) DAVE BROWN MEMBER	1 00	X						0	0	0
(7) DR PAUL ADAM-BURCHILL MEMBER	1 00	X						0	0	0
(8) BILL BYRNE MEMBER	1 00	X						0	0	0
(9) DAVID LONG MEMBER	1 00	X						0	0	0
(10) LISA HICKS MEMBER	1 00	X						0	0	0
(11) BILL O'CONNOR MEMBER	1 00	X						0	0	0
(12) ANNE JACKSON MEMBER	1 00	X						0	0	0
(13) MARILYN KORSTEN MEMBER	1 00	X						0	0	0
(14) RICK MARTIN MEMBER	1 00	X						0	0	0
(15) WAYNE MUTH MEMBER	1 00	X						0	0	0
(16) MARK SCHMITT MEMBER	1 00	X						0	0	0

Part VII

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(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			
(17) SCOTT PETERSON MEMBER	1 00	X						0	0	0
(18) PAUL SOVA MEMBER	1 00	X						0	0	0
(19) PASTOR LES SVENDSEN MEMBER	1 00	X						0	0	0
(20) BOB THIMJON MEMBER	1 00	X						0	0	0
(21) JIM WIEDERRICH MEMBER	1 00	X						0	0	0
(22) CAL WILLEMSSEN MEMBER	1 00	X						0	0	0
(23) RICK HULL MEMBER	1 00	X						0	0	0
(24) TOM LORANG MEMBER	1 00	X						0	0	0
(25) PATTI LYON MEMBER	1 00	X						0	0	0
(26) BILL SMITH MEMBER	1 00	X						0	0	0
(27) JAY POWELL PRESIDENT	40 00			X				147,616	0	15,181
(28) COLEEN THOMPSON FINANCE DIR	40 00			X				76,456	0	12,761
1b Sub-Total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								224,072		27,942

		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>		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>	Yes	
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>		No

Section B. Independent Contractors

1	Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization										
(A) Name and business address								(B) Description of services	(C) Compensation		
2	Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization										

Part VIII

Statement of Revenue

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns . . .	1a					
	b	Membership dues	1b					
	c	Fundraising events	1c					
	d	Related organizations	1d					
	e	Government grants (contributions)	1e					
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	8,655,475				
	g	Noncash contributions included in lines 1a-1f \$						
	h	Total. Add lines 1a-1f			8,655,475			
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)			121,307		121,307	
	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				
				1,821				
				-1,821				
	b	Less cost or other basis and sales expenses						
	c	Gain or (loss)						
	d	Net gain or (loss)			-1,821	-1,821		
	8a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18		a				
	b	Less direct expenses		b				
	c	Net income or (loss) from fundraising events . . .						
9a	Gross income from gaming activities See Part IV, line 19		a					
			b					
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			8,774,961	-1,821		121,307	

Part IX

Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U S See Part IV, line 21	7,444,044	7,444,044		
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	224,072	35,512	128,615	59,945
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	380,463	190,758	37,094	152,611
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	56,548	21,453	15,550	19,545
9	Other employee benefits	45,706	16,997	12,454	16,255
10	Payroll taxes	45,067	17,217	12,326	15,524
a	Fees for services (non-employees) Management				
b	Legal				
c	Accounting	15,702		15,702	
d	Lobbying				
e	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
g	Other				
12	Advertising and promotion	70,164	15,734		54,430
13	Office expenses	11,597	1,746	3,703	6,148
14	Information technology				
15	Royalties				
16	Occupancy	54,718	20,252	14,777	19,689
17	Travel	14,233	5,357	2,057	6,819
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	5,265	1,178	1,033	3,054
20	Interest				
21	Payments to affiliates	92,618		92,618	
22	Depreciation, depletion, and amortization	18,181	6,805	4,984	6,392
23	Insurance	4,922	1,189	2,198	1,535
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	SUCCESS BY SIX INITIATIVE	247,500	247,500		
b	CONNECTING KIDS	36,891	36,891		
c	CAMPAIGN MATERIALS	34,001			34,001
d	EQUIPMENT LEASES & MAINTENANCE	20,461	3,700	7,931	8,830
e	POSTAGE & SHIPPING	13,628	3,245	5,225	5,158
f	All other expenses	10,026	-15,308	18,739	6,595
25	Total functional expenses. Add lines 1 through 24f	8,845,807	8,054,270	375,006	416,531
26	Joint costs. Check here ☒ 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			230,457	1	218,776
	2	Savings and temporary cash investments			1,395,081	2	874,288
	3	Pledges and grants receivable, net			7,582,546	3	7,501,342
	4	Accounts receivable, net				4	500
	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			30,408	7	8,612
	8	Inventories for sale or use				8	
	9	Prepaid expenses and deferred charges			3,341	9	546,768
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D.	10a	166,288			
	b	Less: accumulated depreciation	10b	131,708	51,282	10c	34,580
	11	Investments—publicly traded securities			2,082,487	11	2,081,384
	12	Investments—other securities. See Part IV, line 11				12	
	13	Investments—program-related. See Part IV, line 11				13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11				15	
16	Total assets. Add lines 1 through 15 (must equal line 34)			11,375,602	16	11,266,250	
Liabilities	17	Accounts payable and accrued expenses			445,809	17	364,266
	18	Grants payable			3,000	18	3,000
	19	Deferred revenue			2,900	19	1,500
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D				21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L				22	
	23	Secured mortgages and notes payable to unrelated third parties				23	
	24	Unsecured notes and loans payable to unrelated third parties				24	
	25	Other liabilities. Complete Part X of Schedule D				25	
	26	Total liabilities. Add lines 17 through 25			451,709	26	368,766
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here ☒ and complete lines 27 through 29, and lines 33 and 34.						
	27	Unrestricted net assets			2,621,561	27	2,640,673
	28	Temporarily restricted net assets			8,302,332	28	8,256,811
	29	Permanently restricted net assets				29	
	Organizations that do not follow SFAS 117, check here ☐ and complete lines 30 through 34.						
	30	Capital stock or trust principal, or current funds				30	
	31	Paid-in or capital surplus, or land, building or equipment fund				31	
	32	Retained earnings, endowment, accumulated income, or other funds				32	
	33	Total net assets or fund balances			10,923,893	33	10,897,484
34	Total liabilities and net assets/fund balances			11,375,602	34	11,266,250	

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	8,774,961
2	Total expenses (must equal Part IX, column (A), line 25)	2	8,845,807
3	Revenue less expenses Subtract line 2 from line 1	3	-70,846
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	10,923,893
5	Other changes in net assets or fund balances (explain in Schedule O)	5	44,437
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	10,897,484

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 ☐ Cash ☒ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		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 ☐ Separate basis ☒ Consolidated basis ☐ Both consolidated and separated basis		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		
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
SIOUX EMPIRE UNITED WAY INC

Employer identification number
46-0233701

Part I

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

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

- 1

☐

A church, convention of churches, or association of churches 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.")	8,004,083	9,201,871	7,907,140	9,082,321	8,655,475	42,850,890
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	8,004,083	9,201,871	7,907,140	9,082,321	8,655,475	42,850,890
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)						107,465
6 Public Support. Subtract line 5 from line 4						42,743,425

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	8,004,083	9,201,871	7,907,140	9,082,321	8,655,475	42,850,890
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	86,984	138,788	101,246	2,525	121,307	450,850
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)						43,301,740
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	98 710 %
15 Public Support Percentage for 2009 Schedule A, Part II, line 14	15	98 360 %
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

SCHEDULE D
(Form 990)

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

Department of the Treasury
Internal Revenue Service

Name of the organization
SIOUX EMPIRE UNITED WAY INC

Employer identification number
46-0233701

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

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

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

1

Purpose(s) of conservation easements held by the organization (check all that apply)
☐ Preservation of land for public use (e g , recreation or pleasure) ☐ Preservation of an historically importantly land area
☐ Protection of natural habitat ☐ Preservation of a certified historic structure
☐ Preservation of open space

2

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

	Held at the End of the Year
a	Total number of conservation easements
b	Total acreage restricted by conservation easements
c	Number of conservation easements on a certified historic structure included in (a)
d	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 ▶ \$ _____

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)		No
3a(ii)		No
3b		No

4

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

Part VI

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

Description of investment	(a) Cost or other basis (investment)	(b)Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		14,335	2,654	11,681
d Equipment		101,716	85,040	16,676
e Other		50,237	44,014	6,223
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).) ▶				34,580

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	8,774,961
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	8,845,807
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	-70,846
4	Net unrealized gains (losses) on investments	4	44,437
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 - 8	9	44,437
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	-26,409

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	8,819,398
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	2a	44,437
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	44,437
3	Subtract line 2e from line 1	3	8,774,961
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	8,774,961

Part XIII

Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements	1	8,845,807
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	8,845,807
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	8,845,807

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
------------	------------------	-------------

Schedule I
(Form 990)

Department of the Treasury
Internal Revenue Service

Grants and Other Assistance to Organizations,
Governments and Individuals in the United States

Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990

OMB No 1545-0047

2010

Open to Public
Inspection

Name of the organization
SIOUX EMPIRE UNITED WAY INC

Employer identification number
46-0233701

Part I

General Information on Grants and Assistance

- 1

Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

☒ Yes ☐ No
- 2

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

Part II

Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. 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

54

3

Enter total number of other organizations

Part III

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

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

Part IV

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

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

Software ID:

Software Version:

EIN: 46-0233701

Name: SIOUX EMPIRE UNITED WAY INC

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) 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
AMERICAN CANCER SOCIETY4904 S TECHNOPSIS DR SIOUX FALLS,SD 57106	41-0724036	3	175,000				PARTNER AGENCY ALLOC
AUGUSTANA COLLEGE READS2001 S SUMMIT AVE SIOUX FALLS,SD 57197	46-0224588	3	10,000				PARTNER AGENCY ALLOC
AUGUSTANA COLLEGE - PATHWAYS2001 S SUMMIT AVE SIOUX FALLS,SD 57197	42-1623480	3	13,286				COMMUNITY IMPACT
AVERA MCKENNAN HOSPITAL800 E 21ST STREET SIOUX FALLS,SD 57105	46-0224743	3	56,125				PARTNER AGENCY ALLOC
BIG BROTHERS BIG SISTERS1000 N WEST AVE 300 SIOUX FALLS,SD 57104	05-0593016	3	164,346				PARTNER AGENCY ALLOC
BOY SCOUTS800 N WEST AVE SIOUX FALLS,SD 57104	46-0224599	3	192,797				PARTNER AGENCY ALLOC
BOY SCOUTS800 N WEST AVE SIOUX FALLS,SD 57104	46-0224599	3	35,000				COMMUNITY IMPACT
CARROLL INSTITUTE310 S 1ST AVE SIOUX FALLS,SD 57104	46-0373475	3	75,070				PARTNER AGENCY ALLOC
CENTER FOR ACTIVE GENERATIONS2300 W 46TH ST SIOUX FALLS,SD 57105	46-0305500	3	216,700				PARTNER AGENCY ALLOC
CENTER FOR ACTIVE GENERATIONS2300 W 46TH ST SIOUX FALLS,SD 57105	46-0305500	3	15,000				COMMUNITY IMPACT
CHILDREN'S HOME SOCIETY409 N WESTERN AVE SIOUX FALLS,SD 57104	46-0224542	3	364,485				PARTNER AGENCY ALLOC
CHILDREN'S HOME SOCIETY409 N WESTERN AVE SIOUX FALLS,SD 57104	44-0224542	3	478,790				BRIGHT START

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COMMUNITY OUTREACH 431 N CLIFF AVE SIOUX FALLS,SD 57103	46-0416744	3	241,368				PARTNER AGENCY ALLOC
COMMUNITY OUTREACH 431 N CLIFF AVE SIOUX FALLS,SD 57103	46-0416744	3	20,000				COMMUNITY IMPACT
COMPASS CENTER1800 W 12TH ST 100 SIOUX FALLS,SD 57104	46-0350199	3	122,846				PARTNER AGENCY ALLOC
DAKOTA SMILES MOBILE DENTAL PROGRAM201 E 38TH ST SIOUX FALLS,SD 57105	91-1776857	3	10,000				PARTNER AGENCY ALLOC
DAKOTABILITIES3600 S DULUTH AVE SIOUX FALLS,SD 57105	46-0306216	3	40,500				PARTNER AGENCY ALLOC
DELL RAPIDS COMMUNITY HAVEN1216 N GARFIELD AVE DELL RAPIDS,SD 57022	91-1797767	3	10,000				PARTNER AGENCY ALLOC
FACE IT SIOUX FALLS2011 W 26TH ST 101 SIOUX FALLS,SD 57105	94-3472044	3	40,000				PARTNER AGENCY ALLOC
FAMILY CONNECTIONS303 N MINNESOTA AVE SIOUX FALLS,SD 57104	46-0435140	3	17,672				PARTNER AGENCY ALLOC
FAMILY SERVICE2210 W BROWN PL SIOUX FALLS,SD 57105	46-0259350	3	259,394				PARTNER AGENCY ALLOC
FAMILY VISITATION CENTER311 E 14TH STREET SIOUX FALLS,SD 57104	26-3654937	3	45,000				PARTNER AGENCY ALLOC
FEEDING SOUTH DAKOTA 3511 N 1ST AVE SIOUX FALLS,SD 57104	36-3293534	3	55,082				PARTNER AGENCY ALLOC
FIRST UNITED METHODIST CHURCH401 S SPRING AVE SIOUX FALLS,SD 57104	46-0230392	3	35,775				PARTNER AGENCY ALLOC

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FURNITURE MISSION209 S NESMITH AVE SIOUX FALLS,SD 57103	81-0584500	3	41,700				PARTNER AGENCY ALLOC
GIRL SCOUTS1101 S MARION ROAD SIOUX FALLS,SD 57106	46-0250744	3	108,516				PARTNER AGENCY ALLOC
GOOD SAMARITAN SOCIETY - RSVPPPO BOX 5038 SIOUX FALLS,SD 57117	45-0228055	3	16,196				PARTNER AGENCY ALLOC
GOOD SAMARITAN SOCIETY - SENIOR COM PO BOX 5038 SIOUX FALLS,SD 57117	45-0228055	3	88,421				PARTNER AGENCY ALLOC
HELPLINE CENTER1000 N WEST AVE 310 SIOUX FALLS,SD 57104	23-7424387	3	314,628				PARTNER AGENCY ALLOC
HERE4YOUTH1721 W 51ST ST SIOUX FALLS,SD 57105	46-0440761	3	77,054				PARTNER AGENCY ALLOC
INTERLAKES COMMUNITY ACTION PROGRAMPO BOX 268 MADISON,SD 57042	46-0282131	3	120,451				PARTNER AGENCY ALLOC
KILIAN COMMUNITY COLLEGE300 E 6TH ST SIOUX FALLS,SD 57103	46-0385443	3	27,327				PARTNER AGENCY ALLOC
LUNCH IS SERVED405 S MABLE AVE SIOUX FALLS,SD 57105	20-3832197	3	15,000				PARTNER AGENCY ALLOC
LUTHERAN SOCIAL SERVICES705 E 41ST ST 200 SIOUX FALLS,SD 57105	46-0224731	3	358,370				PARTNER AGENCY ALLOC
MULTI-CULTURAL CENTER 515 N MAIN AVE SIOUX FALLS,SD 57104	46-0445034	3	145,023				PARTNER AGENCY ALLOC
RESTORE INC1300 E 10TH ST SIOUX FALLS,SD 57103	46-0141320	3	20,000				COMMUNITY IMPACT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SALVATION ARMYPO BOX 1002 SIOUX FALLS,SD 57101	36-2167910	3	49,333				PARTNER AGENCY ALLOC
SANFORD CHILDREN'S SERVICES1305 W 18TH ST SIOUX FALLS,SD 57105	46-0227855	3	90,800				PARTNER AGENCY ALLOC
SIOUX EMPIRE AMERICAN RED CROSS808 N WEST AVE SIOUX FALLS,SD 57104	53-0196605	3	134,615				PARTNER AGENCY ALLOC
SIOUX EMPIRE COMMUNITY THEATER315 N PHILLIPS AVENUE SIOUX FALLS,SD 57104	80-0074622	3	13,700				COMMUNITY IMPACT
SIOUX FALLS AREA CASA PROGRAMPO BOX 1901 SIOUX FALLS,SD 57101	46-0430647	3	74,389				PARTNER AGENCY ALLOC
SIOUX FALLS AREA COMMUNITY FOUNDATI 300 N PHILLPS AVE 102 SIOUX FALLS,SD 57104	31-1748533	3	120,000				PARTNER AGENCY ALLOC
SIOUX FALLS AREA LITERACY COUNCIL1000 N WEST AVE 240 SIOUX FALLS,SD 57104	46-0396579	3	47,831				PARTNER AGENCY ALLOC
SIOUX FALLS HOUSING630 S MINNESOTA AVE SIOUX FALLS,SD 57104	46-0333222	GOV	46,885				PARTNER AGENCY ALLOC
SIOUX FALLS PSYCHOLOGICAL SERVICES1410 W 25TH ST SIOUX FALLS,SD 57105	46-0237098	3	28,754				PARTNER AGENCY ALLOC
SIOUX FALLS SCHOOL DISTRICT201 E 38TH ST SIOUX FALLS,SD 57105	46-6002586	GOV	501,062				PARTNER AGENCY ALLOC
SOUTH DAKOTA 4H FOUNDATIONSDSU BOX 2207E BROOKINGS,SD 57007	46-6016086	3	25,729				PARTNER AGENCY ALLOC
SOUTH DAKOTA ACHIEVE 4100 S WESTERN AVE SIOUX FALLS,SD 57105	23-7072116	3	82,850				PARTNER AGENCY ALLOC

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SOUTHEASTERN BEHAVIORAL HEALTH2000 S SUMMIT AVE SIOUX FALLS,SD 57105	46-0232306	3	169,831				PARTNER AGENCY ALLOC
ST FRANCIS HOUSE1301 E AUSTIN STREET SIOUX FALLS,SD 57103	46-0423202	3	14,500				COMMUNITY IMPACT
TEDDY BEAR DEN500 S MAIN AVENUE SIOUX FALLS,SD 57104	31-1802800	3	11,770				PARTNER AGENCY ALLOC
UNITED DAY CARE401 S SPRING AVE SIOUX FALLS,SD 57104	46-0312397	3	69,360				PARTNER AGENCY ALLOC
UNITED WAY WORLDWIDE 701 N FAIRFAX ST ALEXANDRA,VA 22314	54-1463201	3	10,000				HAITI PROJECT
USD SCOTTISH RITE414 E CLARK ST VERMILLION,SD 57069	46-6000364	GOV	126,249				PARTNER AGENCY ALLOC
VOLUNTEERS OF AMERICA 1309 W 51ST ST SIOUX FALLS,SD 57106	23-7353508	3	613,269				PARTNER AGENCY ALLOC
YMCA230 S MINNESOTA SIOUX FALLS,SD 57104	46-0225021	3	578,674				PARTNER AGENCY ALLOC
YOUTH ENRICHMENT SERVICES824 E 14TH ST SIOUX FALLS,SD 57104	46-0399482	3	240,700				PARTNER AGENCY ALLOC
YWCA300 W 11TH ST SIOUX FALLS,SD 57104	46-0234998	3	358,821				PARTNER AGENCY ALLOC

Schedule J
(Form 990)

Compensation Information

OMB No 1545-0047

2010

Open to Public Inspection

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

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

▶ Attach to Form 990. ▶ See separate instructions.

Name of the organization
SIOUX EMPIRE UNITED WAY INC

Employer identification number
46-0233701

Part I

Questions Regarding Compensation

	Yes	No
1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. ☐ First-class or charter travel ☐ Travel for companions ☐ Tax idemnification and gross-up payments ☐ Discretionary spending account ☐ Housing allowance or residence for personal use ☐ Payments for business use of personal residence ☐ Health or social club dues or initiation fees ☐ Personal services (e g , maid, chauffeur, chef)		
1b If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all the expenses described above? If "No," complete Part III to explain.		
2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?		
3 Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply. ☒ Compensation committee ☐ Independent compensation consultant ☐ Form 990 of other organizations ☐ Written employment contract ☒ Compensation survey or study ☒ Approval by the board or compensation committee		
4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization:		
a Receive a severance payment or change-of-control payment from the organization or a related organization?		No
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?		No
c Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.		No
Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.		
5 For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:		
a The organization?		No
b Any related organization? If "Yes," to line 5a or 5b, describe in Part III.		No
6 For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:		
a The organization?		No
b Any related organization? If "Yes," to line 6a or 6b, describe in Part III.		No
7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III.		No
8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs. section 53.4958-4(a)(3)? If "Yes," describe in Part III.		No
9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?		

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

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

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

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) JAY POWELL	(i) (ii)	147,616			15,031	150	162,797	
(2)								
(3)								
(4)								
(5)								
(6)								
(7)								
(8)								
(9)								
(10)								
(11)								
(12)								
(13)								
(14)								
(15)								
(16)								

Part III **Supplemental Information**

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

Identifier	Return Reference	Explanation
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SCHEDULE O

(Form 990 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 SIOUX EMPIRE UNITED WAY INC	Employer identification number 46-0233701
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Identifier	Return Reference	Explanation
EXPLANATION ON VOLUNTEERS AND TYPES OF SERVICES OR BENEFITS	FORM 990, PAGE 1, PART I, LINE 6	VOLUNTEER RESPONSIBILITES INCLUDED THE FOLLOWING SERVING ON COMMUNITY IMPACT AGENCY REVIEW PANELS, FUND-RAISING FOR CAMPAIGN DIVISIONS, CREATING MARKETING AND COMMUNICATION PIECES, SERVING ON THE FINANCE AND AUDIT COMMITTEES, AND SERVING ON THE BOARD OF DIRECTORS

Identifier	Return Reference	Explanation
FIRST ACHIEVEMENT DESCRIPTION	FORM 990, PAGE 2, PART III, LINE 4A	CONTRACT WITH HENKINSCHULTZ TO CREATE CAMPAIGN MATERIALS IN ADDITION TO THE TRADITIONAL CAMPAIGN MATERIALS, HENKINSCHULTZ PRODUCED THREE TV SPOTS AND DONATED E-MARKETING SERVICES THE JULY 2010 WOMENUNITE EVENT WAS ATTENDED BY OVER 450 INDIVIDUALS THE EVENT INCLUDED A KEY NOTE FROM PAM HOMAN ABOUT THE IMPACT OF HUNGER ON LOCAL STUDENTS 58 PLEDGES AT THE EVENT TOTALED MORE THAN 10,000 AMONG ATTENDEES PLEDGES THROUGH EMPLOYEE CAMPAIGNS INCREASED 8 5% IN THE 2011 CAMPAIGN OVER THE 2010 CAMPAIGN 149 INDIVIDUALS ATTENDED 29 DIFFERENT AGENCY TOURS THROUGHOUT THE SUMMER SPEAKERS BUREAU SCHEDULED SPEAKERS FOR 80 COMPANIES' RALLIES SPEAKERS ATTENDED 142 RALLIES AT THOSE COMPANIES THE 2011 CAMPAIGN KICKOFF HELD IN SEPTEMBER WAS ATTENDED BY OVER 500 PEOPLE THE IMPACT OF THE CONNECTING KIDS PROGRAM WAS SHARED BY A PARTICIPANT OF DAKOTA SPIRIT A SCHOOL PRINCIPAL SHARED THE IMPACT HER STAFF HAS SEEN FROM THE BACKPACK PROGRAM, AND ATTENDEES RECEIVED MINI- BACKPACKS IN HONOR OF THIS YEAR'S INITIATIVE E-UPDATES WERE DISTRIBUTED IN TWO WAYS CAMPAIGN UPDATES WERE EMAILED EVERY TWO WEEKS FROM JULY THRU SEPTEMBER WITH TIPS AND TOOLS FOR VOLUNTEERS AS THEY WERE PLANNING THEIR RALLIES CAMPAIGN UPDATES WERE THEN EMAILED ONCE A WEEK FROM SEPTEMBER TO JANUARY WITH UPDATES ON THE STATUS OF THE CAMPAIGN, VOLUNTEER SPOTLIGHTS, AND FEATURES OF COMPANY RALLIES MORE THAN 800 VOLUNTEERS RECEIVED THE CAMPAIGN UPDATES MONTHLY UPDATES WERE DISTRIBUTED YEAR ROUND TO MORE THAN 3,800 SUPPORTERS THESE UPDATES INCLUDED INFORMATION ABOUT PARTNER PROGRAMS, RESULTS, SUCCESS STORIES AND MORE MIDCONTINENT COMMUNICATIONS DONATED MORE THAN 4,300 THIRTY SECOND SPOTS FROM JULY TO PRESENT SPOTS FOCUSED ON THE CONNECTING KIDS PROGRAM DURING THE SUMMER, THE BACKPACK PROGRAM AND CAMPAIGN DURING THE FALL, AND CURRENTLY A THANK YOU MESSAGE IS IN ROTATION UNITED WAY RECEIVED COVERAGE ON STORIES FROM KELO, KDLT, KSFY, ARGUS LEADER, BRANDON VALLEY CHALLENGER, CENTERVILLE JOURNAL, AND THE SIOUX VALLEY NEWS OUT OF CANTON RADIO INTERVIEWS WERE PROVIDED BY KSOO AND ALL OF THE BACKYARD BROADCASTING STATIONS FEATURED UNITED WAY INTERVIEWS FOR THREE CONSECUTIVE MONDAYS DURING THE FALL

Identifier	Return Reference	Explanation
SECOND ACHIEVEMENT DESCRIPTION	FORM 990, PAGE 2, PART III, LINE 4B	HOUSING TASKFORCE, BUSINESS EDUCATION CIVIC LEADERSHIP GROUP, COALITION ON AGING, EMERGENCY FOOD AND SHELTER BOARD, FIRST CHILDREN'S FINANCE, HOMELESS ADVISORY BOARD, AND PETTIGREW HEIGHTS COMMITTEE OTHER WAYS THE CI DIVISION RESPONDED TO ONGOING COMMUNITY NEEDS THROUGH BASIC NEEDS FUND EXPANDED BACKPACK PROGRAM INTO THE SUMMER, HELPING BOTH WITH THE FUNDING AND THE COORDINATION OF THE VOLUNTEERS AT DISTRIBUTION SITES PROVIDED FUNDING FOR THE EXPANSION OF BACKPACK PROGRAM TO HARTFORD, HUMBOLDT, TRI-VALLEY, DELL RAPIDS, AND BRANDON

Identifier	Return Reference	Explanation
THIRD ACHIEVEMENT DESCRIPTION	FORM 990, PAGE 2, PART III, LINE 4C	K-6 LAST YEAR THEY SERVED A DAILY AVERAGE OF 41 STUDENTS BEFORE SCHOOL, 39 STUDENTS AFTER SCHOOL, AND 46 STUDENTS DURING THE SUMMER ACCORDING TO A PARENT SURVEY , STUDENTS ARE INCREASING SELF-CONFIDENCE, LEARNING LIFE SKILLS, AND LEARNING HEALTHIER EATING HABITS (PER SURVEY) KIDSTOP PROVIDES A FREE AFTER SCHOOL AND SUMMER RECREATION PROGRAM FOR STUDENTS IN GRADES K-8 LAST YEAR AN AVERAGE OF 23 CHILDREN ATTENDED DAILY 80% OF PARTICIPANTS MAKE PROGRESS ON POWER OF ASSET CHART, WHICH LEADS TO ACADEMIC SUCCESS HERE4YOUTH PROVIDES OUT OF SCHOOL TIME CARE FOR YOUTH WITH SPECIAL NEEDS AND THEIR SIBLINGS LAST YEAR, THEY SERVED 69 YOUTH DURING OUT OF SCHOOL TIME, 71 YOUTH IN SUMMER CARE, AND 45 YOUTH FOR WEEKEND OR RESPITE CARE SIOUX FALLS FAMILY YMCA'S MIDDLE SCHOOL AFTER SCHOOL PROGRAM PROVIDED A VARIETY OF ACTIVITIES TO 823 STUDENTS AT FIVE MIDDLE SCHOOLS LAST YEAR BASIC NEEDS DID YOU KNOW THE STATEWIDE COUNT OF HOMELESSNESS IN SEPTEMBER 2010 FOUND 631 INDIVIDUALS, UP FROM 447 IN SEPTEMBER 2009 SCHOOL-AGE CHILDREN WHO EXPERIENCE SEVERE HUNGER ARE AT INCREASED RISK FOR THE FOLLOWING HOMELESSNESS, CHRONIC HEALTH CONDITIONS, STRESSFUL LIFE CONDITIONS, PSYCHIATRIC DISTRESS, BEHAVIORAL PROBLEMS, ETC HOMELESS FAMILIES COMPRISE ROUGHLY 34% OF THE TOTAL HOMELESS POPULATION 3,477 PEOPLE ARE ON THE LOCAL WAITING LIST FOR HOUSING ASSISTANCE AND AN ADDITIONAL 1,751 HOUSEHOLDS CURRENTLY RECEIVE HOUSING ASSISTANCE YOUR GIFT IN ACTION COMMUNITY OUTREACH'S GENERAL ASSISTANCE & EDUCATION PROGRAM PROVIDES INFORMATION AND REFERRALS TO LOCAL AGENCIES AND EMERGENCY FINANCIAL ASSISTANCE FOR BASIC NEEDS ITEMS, INCLUDING SHELTER, UTILITIES, AND EMPLOYMENT RELATED TRANSPORTATION LAST YEAR, 618 FAMILIES RECEIVED FINANCIAL ASSISTANCE AND 2,673 FAMILIES RECEIVED INFORMATION AND REFERRALS COMMUNITY OUTREACH'S GENESIS & JUMPSTART MENTORING PROGRAMS PAIR VOLUNTEER MENTORS WITH HOMELESS OR NEAR HOMELESS FAMILIES TO HELP STABILIZE AND FOCUS ON FINANCIAL LITERACY LAST YEAR 42 FAMILIES WERE SERVED THROUGH GENESIS AND 28 FAMILIES WERE SERVED THROUGH JUMPSTART 87% OF PARTICIPANTS ACHIEVED OR MAINTAINED PERMANENT HOUSING WHILE IN GENESIS 53% OF JUMPSTART PARTICIPANTS COMPLETED THEIR FINANCIAL LITERACY HANDBOOK FEEDING SOUTH DAKOTA'S BACKPACKPROGRAM PROVIDES MORE THAN 3,400 STUDENTS IN SIOUX FALLS AND SURROUNDING COMMUNITIES WITH FOOD FOR THE WEEKEND FURNITURE MISSION RECEIVES DONATIONS OF GENTLY USED FURNITURE AND THEN DISTRIBUTES THROUGH SOCIAL SERVICE AGENCY REFERRALS LAST YEAR 2,500 HOUSEHOLDS RECEIVED FURNITURE IN ADDITION, 272 PACK-N-PLAYS WERE PROVIDED TO NEW MOTHERS IN NEED OF A PLACE FOR THEIR BABY TO SLEEP LUNCH IS SERVED - PROVIDED 16,388 NUTRITIOUS MID-DAY MEALS FOR THE WORKING POOR A SURVEY OF RECIPIENTS FOUND THAT 54% WOULD NOT EAT LUNCH DURING THEIR WORK DAY IF THE LUNCHESES WERE NOT PROVIDED EMPLOYERS ALSO REPORTED A NOTICEABLE IMPROVEMENT IN THE RECIPIENTS' ATTENTION, ENERGY LEVEL, AND WORK PERFORMANCE INTERLAKES COMMUNITY ACTION PARTNERSHIP'S HEARTLAND HOUSE PROVIDES TRANSITIONAL HOUSING FOR HOMELESS FAMILIES AND THEIR CHILDREN, SERVING 64 FAMILIES LAST YEAR 75% OF PARTICIPANTS GAINED EMPLOYMENT AND 63% OF ACHIEVED PERMANENT STABLE HOUSING AFTER COMPLETING PROGRAM SALVATION ARMY 'S NIGHT WATCH PROGRAM SERVED 18,771 MEALS ON 104 SATURDAY AND SUNDAY NIGHTS LAST YEAR SALVATION ARMY'S SOCIAL SERVICE ASSISTANCE PROVIDES EMERGENCY FINANCIAL ASSISTANCE TO INDIVIDUALS AND FAMILIES FOR BASIC NEEDS AND SPECIAL NEEDS LAST YEAR THEY SERVED 9,108 CASES AND PROVIDED UTILITY ASSISTANCE TO 437 HOUSEHOLDS SIOUX FALLS HOUSING & REDEVELOPMENT COMMISSION'S FAMILY SELF-SUFFICIENCY PROGRAM ASSISTS LOW-INCOME INDIVIDUALS AND ADULT FAMILY MEMBERS, WHO ARE RECEIVING HOUSING ASSISTANCE, WITH ELIMINATING BARRIERS TO ATTAINING EDUCATION AND EMPLOYMENT SKILLS LAST YEAR 99 PARTICIPANTS RECEIVED 475 HOURS OF ONE-ON-ONE ASSISTANCE AND HAD THE OPPORTUNITY TO ATTEND 20 DIFFERENT WORKSHOPS OF 20 GRADUATES, 12 BECAME TOTALLY SELF-SUFFICIENT AND 3 BECAME A HOMEOWNER ST FRANCIS HOUSE PROVIDES TRANSITIONAL HOUSING AND CASE MANAGEMENT FOR FAMILIES, SERVING 30 ADULTS AND 51 CHILDREN LAST YEAR CHILDCARE DID YOU KNOW IN SD, 20% OF CHILDREN LIVE IN HOUSEHOLDS AT OR BELOW THE FEDERAL POVERTY LEVEL LOW FAMILY INCOME CAN IMPEDE CHILDREN'S COGNITIVE DEVELOPMENT AND THEIR ABILITY TO LEARN, AS WELL AS CONTRIBUTE TO BEHAVIORAL, SOCIAL, EMOTIONAL, AND HEALTH PROBLEMS IN SD, 73% OF CHILDREN UNDER AGE 6 LIVE IN HOUSEHOLDS WHERE BOTH PARENTS WORK RESEARCH SHOWS THAT MOMS IN A CHEMICAL TREATMENT PROGRAM WHO CAN KEEP THEIR CHILDREN WITH THEM STAY IN THE PROGRAM LONGER AND HAVE A BETTER CHANCE AT RECOVERY 9% OF SD BIRTHS ARE TO TEENAGERS ACCORDING TO 2008 KIDS COUNT DATA LOCALLY, THERE ARE APPROXIMATELY 350 CHILDREN ON THE WAITING LIST FOR HEAD START YOUR GIFT IN ACTION EARLY HEAD START THROUGH INTERLAKES COMMUNITY ACTION PARTNERSHIP SERVES CHILDREN AGES PRE-BIRTH TO THREE AND THEIR FAMILIES 120 CHILDREN WERE ENROLLED LAST YEAR AND 109 OF THE PARTICIPATING FAMILIES EITHER WORKED OR ATTENDED SCHOOL UNITED DAY CARE PROVIDED QUALITY CARE FOR 146 CHILDREN AGES 2-10 LAST YEAR 97% OF AGE APPROPRIATE CHILDREN WERE READY TO ENTER KINDERGARTEN AND 291 PARENTS WERE ABLE TO WORK OR ATTEND SCHOOL LITTLE BLESSINGS CHILDCARE CENTER THROUGH VOLUNTEERS OF AMERICA, DAKOTAS IS A NEW CENTER THAT FOCUSES ON PROVIDING CARE FOR CHILDREN OF NEW START PARTICIPANTS, A CHEMICAL TREATMENT PROGRAM FOR MOTHERS THIS NEW PROGRAM PROJECTS TO SERVE 42 CHILDREN EACH YEAR VOLUNTEERS OF AMERICA, DAKOTAS' CHILD CARE AND FAMILY LITERACY CENTER PROVIDES QUALITY CARE FOR CHILDREN 4 WEEKS THROUGH 10 YEARS OF AGE LAST YEAR THEY SERVED 277 CHILDREN AND 100% WHO ATTENDED FOR AT LEAST 90 DAYS WERE ABLE TO PERFORM AT AGE-APPROPRIATE LEVELS CIRCLE OF HOPE, A CHILD CARE CENTER THROUGH VOLUNTEERS OF AMERICA, DAKOTAS SERVED 107 CHILDREN LAST YEAR 96% OF CHILDREN WHO ATTENDED THE CENTER FOR AT LEAST 90 DAYS WERE ABLE TO PERFORM AT AGE-APPROPRIATE LEVELS THE TEEN PARENT PROGRAM OF VOLUNTEERS OF AMERICA, DAKOTAS PROVIDED QUALITY CARE TO 37 CHILDREN OF YOUNG PARENTS WHO ARE ENROLLED IN THE SIOUX FALLS SCHOOL DISTRICT LAST YEAR VOLUNTEERS OF AMERICA, DAKOTAS' PARENT CHILD LEARNING CENTER PROVIDED QUALITY CARE FOR 154 CHILDREN FROM 4 WEEKS TO 5 YEARS OLD LAST YEAR 99% OF THE FAMILIES UTILIZE SCHOLARSHIPS AND/OR CHILDCARE ASSISTANCE YWCA SIOUX FALLS' CHILDCARE PROGRAM SERVES CHILDREN AGES 4 WEEKS TO 5 YEARS LAST YEAR 306 CHILDREN ATTENDED THE CENTER AND 100% OF THE AGE- APPROPRIATE CHILDREN PASSED THE KINDERGARTEN READINESS SCREENING THE EARLY CHILDHOOD ENRICHMENT PROGRAM OF YOUTH ENRICHMENT SERVICES, THROUGH BOYS & GIRLS CLUB OF THE SIOUX EMPIRE, PROVIDES DEVELOPMENTALLY APPROPRIATE PRE-K PROGRAMS 195 CHILDREN PARTICIPATED LAST YEAR AND 100% OF AGE-APPROPRIATE CHILDREN ENTERED KINDERGARTEN AT OR ABOVE TARGET LEVELS THE INFANT & TODDLER PROGRAM OF YOUTH ENRICHMENT SERVICES, THROUGH BOYS & GIRLS CLUB OF THE SIOUX EMPIRE, PROVIDED 114 CHILDREN WITH DEVELOPMENTALLY APPROPRIATE CARE LAST YEAR THE CHILDCARE HELPLINE PROVIDED 2,503 REFERRALS TO PARENTS SEEKING INFORMATION ABOUT AVAILABLE CHILDCARE SERVICES LAST YEAR 48% OF PARENTS SERVED FOUND CARE THROUGH THE SERVICES PROVIDED AND 75% OF PARENTS WERE ABLE TO VERBALIZE AT LEAST 3 CHARACTERISTICS OF QUALITY CHILD CARE STARTING STRONG, ADMINISTERED THROUGH SIOUX FALLS SCHOOL DISTRICT PROVIDED A HIGH QUALITY PRE-KINDERGARTEN EXPERIENCE FOR 120 CHILDREN WHOSE FAMILIES HAVE SOCIO-ECONOMIC CHALLENGES LAST YEAR CHILDREN WHO ENTERED THE PROGRAM IN 09/10 WERE DELAYED IN DEVELOPMENTAL SKILLS BY 6 5 TO 12 MONTHS AT END OF SCHOOL YEAR THE CHILDREN SHOWED AN AVERAGE GAIN OF 8 4 MONTHS COUNSELING DID YOU KNOW SD HAS THE 2ND HIGHEST INCARCERATION RATE IN THE COUNTRY A SIOUX FALLS SCHOOL DISTRICT SURVEY SHOWED APPROXIMATELY 550 K-12 STUDENTS WITH AN INCARCERATED CLOSE FAMILY MEMBER LAST YEAR, THE HELPLINE CENTER HAD A 15% INCREASE IN CALLERS WITH SUICIDE-RELATED CONCERNS AND A 9% INCREASE IN MENTAL HEALTH CALLS ONLY 38% OF THE AMERICANS WITH MENTAL HEALTH ISSUES RECEIVE SERVICES 150 BILLION IN PRODUCTIVITY IS LOST IN THE U S EACH YEAR AS A RESULT OF UNTREATED MENTAL HEALTH ISSUES IN MINNEHAHA COUNTY, FORECLOSURES INCREASED 37% FROM 2009 TO 2010 IN LINCOLN COUNTY THE INCREASE WAS 60% MORE THAN 60% OF SOUTH DAKOTANS LIVE PAYCHECK TO PAYCHECK 70% OF PEOPLE WITH SEVERE MENTAL ILLNESS LIST OBTAINING AND MAINTAINING EMPLOYMENT AS ONE OF THEIR TOP THREE GOALS YOUR GIFT IN ACTION CHILDREN'S CONNECTION, A PROGRAM OF FAMILY CONNECTION PROVIDES WEEKLY SUPPORT GROUPS, FAMILY EVENTS, AND MORE TO CHILDREN WHOSE PARENT OR CLOSE FAMILY MEMBER HAS BEEN INCARCERATED LAST YEAR, 170 STUDENTS PARTICIPATED IN THE WEEKLY GROUPS 33% OF PARTICIPANTS MISS 5 OR FEWER DAYS OF SCHOOL AND 68% HAVE 5 OR FEWER TARDIES THE AVERAGE GPA OF MIDDLE SCHOOL PARTICIPANTS IS 3 1 FAMILY SERVICES' COUNSELING PROGRAM PROVIDES A VARIETY OF SERVICES, INCLUDING MARRIAGE AND FAMILY , PARENT/CHILD,

Identifier	Return Reference	Explanation
CLASSES OF MEMBERS OR STOCKHOLDERS	FORM 990, PAGE 6, PART VI, LINE 6	MEMBERS

Identifier	Return Reference	Explanation
ELECTION OF MEMBERS AND THEIR RIGHTS	FORM 990, PAGE 6, PART VI, LINE 7A	EACH DIRECTOR SHALL BE SELECTED FOR A TERM OF THREE (3) YEAR BY THE CORPORATION'S MEMBERSHIP AT THE ANNUAL MEMBERSHIP MEETING

Identifier	Return Reference	Explanation
ORGANIZATION'S PROCESS USED TO REVIEW FORM 990	FORM 990, PAGE 6, PART VI, LINE 11B	A DRAFT OF THE FORM 990 IS PROVIDED TO EACH MEMBER OF THE ORGANIZATION'S BOARD OF DIRECTORS THE ORGANIZATION'S PAID PREPARER IS THEN AVAILABLE FOR ANY QUESTIONS OR COMMENTS

Identifier	Return Reference	Explanation
ENFORCEMENT OF CONFLICTS POLICY	FORM 990, PAGE 6, PART VI, LINE 12C	STAFF, BOARD MEMBERS, AND COMMUNITY IMPACT VOLUNTEERS ARE REQUIRED TO SIGN THE CONFLICT OF INTEREST POLICY ON AN ANNUAL BASIS AND DISCLOSE ANY POTENTIAL CONFLICTS OF INTEREST

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

Identifier	Return Reference	Explanation
COMPENSATION PROCESS FOR OFFICERS	FORM 990, PAGE 6, PART VI, LINE 15B	SAME PROCESS AS COMPENSATION PROCESS FOR TOP OFFICIAL IN PART VI, LINE 15A

Identifier	Return Reference	Explanation
GOVERNING DOCUMENTS DISCLOSURE EXPLANATION	FORM 990, PAGE 6, PART VI, LINE 19	UPON REQUEST

Form

4562

Depreciation and Amortization
(Including Information on Listed Property)

OMB No 1545-0172

2010

Attachment
Sequence No 67

Department of the Treasury
Internal Revenue Service (99)

See separate instructions. Attach to your tax return.

Name(s) shown on return SIOUX EMPIRE UNITED WAY INC	Business or activity to which this form relates INDIRECT DEPRECIATION	Identifying number 46-0233701
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Part I Election To Expense Certain Property Under Section 179

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

1	Maximum amount See the instructions for a higher limit for certain businesses	1	500,000
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	2,000,000
4	Reduction in limitation Subtract line 3 from line 2 If zero or less, enter -0-	4	
5	Dollar limitation for tax year Subtract line 4 from line 1 If zero or less, enter -0- If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property Enter the amount from line 29	7	
8	Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2009 Form 4562	10	
11	Business income limitation Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11	
12	Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2011 Add lines 9 and 10, less line 12 .	13	

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

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

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	18,182

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

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2010	17	
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here		

Section B—Assets Placed in Service During 2010 Tax Year Using the General Depreciation System						
(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs		S/L	
h Residential rental property			27 5 yrs	MM	S/L	
			27 5 yrs	MM	S/L	
i Nonresidential real property			39 yrs	MM	S/L	
				MM	S/L	

Section C—Assets Placed in Service During 2010 Tax Year Using the Alternative Depreciation System						
20a Class life					S/L	
b 12-year			12 yrs		S/L	
c 40-year			40 yrs	MM	S/L	

Part IV Summary (see instructions)

21	Listed property Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21 Enter here and on the appropriate lines of your return Partnerships and S corporations—see instructions	22	18,182
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

Part V

Listed Property (Include automobiles, certain other vehicles, certain computers, and property used for entertainment, recreation, or amusement.)
Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete **only** 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

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

24a Do you have evidence to support the business/investment use claimed? ☐ Yes ☐ No						24b If "Yes," is the evidence written? ☐ Yes ☐ No		
(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/ Convention	(h) Depreciation/ deduction	(i) Elected section 179 cost
25Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use (see instructions)						25		
26 Property used more than 50% in a qualified business use								
		%						
		%						
		%						
27 Property used 50% or less in a qualified business use								
		%				S/L -		
		%				S/L -		
		%				S/L -		
28 Add amounts in column (h), lines 25 through 27 Enter here and on line 21, page 1						28		
29 Add amounts in column (i), line 26 Enter here and on line 7, page 1							29	

Section B—Information on Use of Vehicles

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

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

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

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

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

Part VI Amortization

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) A mortization period or percentage	(f) A mortization for this year
42 A mortization of costs that begins during your 2010 tax year (see instructions)					
43 A mortization of costs that began before your 2010 tax year				43	
44 Total. Add amounts in column (f) See the instructions for where to report				44	