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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

2011

Open to Public Inspection

A For the 2011 calendar year, or tax year beginning 01-01-2011 and ending 12-31-2011

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

E Telephone number
(605) 336-2095

G Gross receipts $ 8,277,947

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

H(a) Is this a group return for affiliates? ☐ Yes ☑ No

H(b) Are all affiliates included? ☐ Yes ☐ No
If "No," attach a list (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status ☑ 501(c)(3) ☐ 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

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

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

3	Number of voting members of the governing body (Part VI, line 1a)	**3**	28
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	27
5	Total number of individuals employed in calendar year 2011 (Part V, line 2a)	**5**	11
6	Total number of volunteers (estimate if necessary)	**6**	825
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	0
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	

		Prior Year	Current Year
Revenue	**8** Contributions and grants (Part VIII, line 1h)	8,655,475	8,164,127
	9 Program service revenue (Part VIII, line 2g)		0
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	119,486	113,820
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	8,774,961	8,277,947
Expenses	**13** Grants and similar amounts paid (Part IX, column (A), lines 1–3)	7,444,044	7,275,353
	14 Benefits paid to or for members (Part IX, column (A), line 4)		0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	751,856	748,159
	16a Professional fundraising fees (Part IX, column (A), line 11e)		0
	b Total fundraising expenses (Part IX, column (D), line 25) ▶379,395		
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	649,907	579,562
	18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	8,845,807	8,603,074
	19 Revenue less expenses Subtract line 18 from line 12	-70,846	-325,127

		Beginning of Current Year	End of Year
Net Assets or Fund Balances	**20** Total assets (Part X, line 16)	11,266,250	10,804,386
	21 Total liabilities (Part X, line 26)	368,766	279,004
	22 Net assets or fund balances Subtract line 21 from line 20	10,897,484	10,525,382

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

****** | 2012-09-26
Signature of officer | Date

JAY POWELL PRESIDENT
Type or print name and title

Paid Preparer's Use Only

Preparer's signature ▶ TRENT R PRINS	Date 2012-09-26	Check if self-employed ▶ ☐	Preparer's taxpayer identification number (see instructions)
Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ WOLTMAN VAN KEKERIX & STOTZ PC 4500 S TECHNOLOGY DR SIOUX FALLS, SD 571064214			EIN ▶ Phone no ▶ (605) 361-1200

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

Part III Statement of Program Service Accomplishments

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? . . . . . ☐ Yes ☑ No

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

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

If "Yes," describe these changes on Schedule O

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured 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 $ 110,237 including grants of $) (Revenue $)

EIGHT VOLUNTEERS SERVED ON THE MARKETING DIVISION, MET 8 TIMES THROUGHOUT THE YEAR YEAR ROUND MARKETING INCLUDED 16 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 2012 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 SIOUX EMPIRE UNITED WAY PARTNERED WITH HENKINSCHULTZ TO CREATE CAMPAIGN MATERIALS ALONG WITH THE TRADITIONAL MATERIALS, HENKINSCHULTZ ALSO PRODUCED TWO TV AND RADIO SPOTS AND DONATED EMARKETING SERVICES THE WOMENUNITE EVENT WAS HELD IN LATE AUGUST AND ATTENDED BY OVER 670 INDIVIDUALS, AN INCREASE OF MORE THAN 200 ATTENDEES THE EVENT FOCUSED ON THE IMPORTANCE OF A HIGH SCHOOL EDUCATION, AND THE USUCCEED PROGRAM 42 PLEDGES AT THE EVENT TOTALED MORE THAN 6,000 ATTENDEES PLEDGES THROUGH EMPLOYEE CAMPAIGNS INCREASED 8 8% IN THE 2012 CAMPAIGN OVER THE 2011 CAMPAIGN 147 INDIVIDUALS ATTENDED 28 DIFFERENT AGENCY TOURS THROUGHOUT THE SUMMER 19 DIFFERENT WEEKLY ONLINE CHATS WITH PARTNER AGENCIES WERE HELD FROM JULY-OCTOBER AND AVERAGED 8 PARTICIPANTS PER CHAT SPEAKERS BUREAU SCHEDULED SPEAKERS FOR 54 COMPANIES' RALLIES SPEAKERS ATTENDED 94 RALLIES AT THOSE COMPANIES THE 2012 CAMPAIGN KICKOFF HELD IN SEPTEMBER WAS ATTENDED BY OVER 500 PEOPLE IMAGINATION LIBRARY AND USUCCEED WERE HIGHLIGHTED BY PERSONAL TESTIMONIALS UP WITH PEOPLE OPENED AND CLOSED THE EVENT WITH MUSICAL PERFORMANCES 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 4,000 THIRTY SECOND SPOTS THAT INCLUDED A THANK YOU SPOT LAST SPRING, A USUCCEED SPOT IN THE EARLY FALL, AND AN IMAGINATION LIBRARY SPOT IN THE LATE FALL BACKYARD BROADCASTING ALSO DONATED SPOTS FOR THE USUCCEED AND IMAGINATION LIBRARY MESSAGES UNITED WAY RECEIVED COVERAGE ON STORIES FROM KELO, KDLT, KSFY, ARGUS LEADER, AND NEWSPAPERS IN BRANDON, HARTFORD, DELL RAPIDS, AND TEA RADIO INTERVIEWS WERE ALSO HELD THROUGHOUT THE YEAR AT BOTH BACKYARD BROADCASTING AND RESULTS RADIO STATIONS A CAMPAIGN TO INCREASE FACEBOOK FOLLOWERS WAS HELD IN CONJUNCTION WITH THE MILLIONTH IMAGINATION LIBRARY BOOK DELIVERY THE CONTEST INCREASED OUR FOLLOWERS BY MORE THAN 200 PEOPLE

4b (Code) (Expenses $ 242,480 including grants of $) (Revenue $)

RECRUITED AND TRAINED 15 NEW VOLUNTEERS FOR THE DIVISION VOLUNTEERS ALLOCATED 7,655,546 TO 97 PROGRAMS THROUGH 50 PARTNER AGENCIES THIS INCLUDED THE ADDITION OF THREE NEW PROGRAMS "ST FRANCIS HOUSE "VOLUNTEERS OF AMERICA - LITTLE BLESSINGS LEARNING CENTER "HORSEPOWER "AND A NEW INITIATIVE, USUCCEED THROUGH THE PARTNER AGENCY ALLOCATIONS PROCESS, VOLUNTEERS MADE BOLD DECISIONS SHIFTING DOLLARS TO MEET AREAS OF NEED THE VOLUNTEERS DECREASED FUNDING IN THE AMOUNT OF 479,256 AND PROVIDED INCREASED FUNDING IN THE AMOUNT OF 403,518 FUNDED 10 WORTHY GRANTS IN 2011 FOR A TOTAL OF 133,113 CONTINUED TO BUILD RELATIONSHIPS WITH AGENCIES THROUGH QUARTERLY FORUMS AND FALL VISITS PROVIDED MATCHING FUNDS FOR STRATEGIC PLANNING FACILITATORS UPDATED THE UW POLICIES AND PROCEDURES THROUGH A BOARD APPOINTED TASKFORCE PARTICIPATED IN COMMUNITY COLLABORATIVE EFFORTS SUCH AS THE AFFORDABLE HOUSING TASKFORCE, COALITION ON AGING, EMERGENCY FOOD AND SHELTER BOARD, FIRST CHILDREN'S FINANCE, HOMELESS ADVISORY BOARD, AND PETTIGREW HEIGHTS COMMITTEE

4c (Code) (Expenses $ 7,479,145 including grants of $ 7,275,353) (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 48 STUDENTS BEFORE SCHOOL, 46 STUDENTS AFTER SCHOOL, AND 50 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 21 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 PROVIDED 25,358 HOURS OF SERVICE SIOUX FALLS FAMILY YMCA'S MIDDLE SCHOOL AFTER SCHOOL PROGRAM PROVIDED A VARIETY OF ACTIVITIES TO 743 STUDENTS AT FIVE MIDDLE SCHOOLS LAST YEAR BASIC NEEDS DID YOU KNOW THE STATEWIDE COUNT OF HOMELESSNESS IN SEPTEMBER 2011 FOUND 422 HOMELESS ADULTS AND 224 HOMELESS CHILDREN IN MINNEHAHA COUNTY A 2010 STUDY FOUND THAT CHILDREN WHO HAVE WENT HUNGRY AT LEAST ONCE IN THEIR LIVES WERE 2 5 TIMES MORE LIKELY TO HAVE POOR OVERALL HEALTH 10 TO 15 YEARS LATER, COMPARED WITH THOSE WHO NEVER HAD TO GO WITHOUT FOOD 3,207 PEOPLE ARE ON THE LOCAL WAITING LIST FOR HOUSING ASSISTANCE AND AN ADDITIONAL 1,809 HOUSEHOLDS CURRENTLY RECEIVE HOUSING ASSISTANCE IT IS ANTICIPATED THAT THE POVERTY RATE FOR CHILDREN WILL REACH A LONG TIME HIGH OF 25% IN THE NEAR FUTURE 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, 686 FAMILIES RECEIVED FINANCIAL ASSISTANCE AND 2,223 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 53 FAMILIES WERE SERVED THROUGH GENESIS AND 9 FAMILIES WERE SERVED THROUGH JUMPSTART 100% 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 2,955 STUDENTS AT 44 SITES WITHIN THE SIOUX EMPIRE WITH FOOD FOR THE WEEKEND FURNITURE MISSION RECEIVES DONATIONS OF GENTLY USED FURNITURE AND THEN DISTRIBUTES THROUGH SOCIAL SERVICE AGENCY REFERRALS LAST YEAR 2,544 HOUSEHOLDS RECEIVED FURNITURE IN ADDITION, 225 PACK-N-PLAYS WERE PROVIDED TO NEW MOTHERS IN NEED OF A PLACE FOR THEIR BABY TO SLEEP LUNCH IS SERVED - PROVIDED 19,002 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 LUNCHES 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 70 FAMILIES LAST YEAR 70% OF PARTICIPANTS GAINED EMPLOYMENT AND 74% OF ACHIEVED PERMANENT STABLE HOUSING AFTER COMPLETING PROGRAM SALVATION ARMY'S NIGHT WATCH PROGRAM SERVED 21,892 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 9,845 CASES AND PROVIDED UTILITY ASSISTANCE TO 555 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 97 PARTICIPANTS RECEIVED 540 HOURS OF ONE-ON-ONE ASSISTANCE AND HAD THE OPPORTUNITY TO ATTEND 14 DIFFERENT WORKSHOPS OF 22 GRADUATES, 15 BECAME TOTALLY SELF-SUFFICIENT AND 3 BECAME A HOMEOWNER ST FRANCIS HOUSE PROVIDES TRANSITIONAL HOUSING AND CASE MANAGEMENT FOR FAMILIES, SERVING 20 ADULTS AND 34 CHILDREN LAST YEAR CHILD CARE DID YOU KNOW 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, 75% OF CHILDREN UNDER AGE 6 LIVE IN HOUSEHOLDS WHERE ALL 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 TEEN MOMS ARE MORE APT TO DROP OUT OF SCHOOL, BECOME DEPENDENT ON PUBLIC ASSISTANCE, AND LIVE IN POVERTY LOCALLY, THERE ARE APPROXIMATELY 350 CHILDREN ON THE WAITING LIST FOR HEAD START THE AVERAGE COST OF AN INFANT IN A FAMILY DAYCARE IS 5939, BASED UPON 45 HOURS OF CARE A WEEK THE AVERAGE COST OF AN INFANT IN A CHILD CARE CENTER FOR THE SAME NUMBER OF HOURS IS 7,956 YOUR GIFT IN ACTION EARLY HEAD START THROUGH INTERLAKES COMMUNITY ACTION PARTNERSHIP SERVES CHILDREN AGES PRE-BIRTH TO THREE AND THEIR FAMILIES 137 CHILDREN WERE ENROLLED LAST YEAR AND ALL THEIR PARENTS EITHER WORKED OR ATTENDED SCHOOL UNITED DAY CARE PROVIDED QUALITY CARE FOR 145 CHILDREN AGES 2-10 LAST YEAR 100% OF AGE APPROPRIATE CHILDREN WERE READY TO ENTER KINDERGARTEN AND 288 PARENTS WERE ABLE TO WORK OR ATTEND SCHOOL VOLUNTEERS OF AMERICA, DAKOTAS' CHILD CARE & FAMILY LITERACY CENTER PROVIDED 289 CHILDREN WITH QUALITY CARE LAST YEAR 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 LAST YEAR, AS ITS FIRST YEAR, 2 CHILDREN WERE SERVED CIRCLE OF HOPE, A CHILD CARE CENTER THROUGH VOLUNTEERS OF AMERICA, DAKOTAS SERVED 98 CHILDREN LAST YEAR THE TEEN PARENT PROGRAM OF VOLUNTEERS OF AMERICA, DAKOTAS PROVIDED QUALITY CARE TO 59 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 126 CHILDREN FROM 4 WEEKS TO 5 YEARS OLD LAST YEAR YWCA SIOUX FALLS' CHILDCARE PROGRAM SERVES CHILDREN AGES 4 WEEKS TO 5 YEARS LAST YEAR 321 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 IN THE PROGRAM IN 2010 AND 100% OF AGE-APPROPRIATE CHILDREN ENTERED KINDERGARTEN AT OR ABOVE TARGET LEVELS THE CHILDCARE HELPLINE PROVIDED 2,522 REFERRALS TO PARENTS SEEKING INFORMATION ABOUT AVAILABLE CHILDCARE SERVICES LAST YEAR 52% OF PARENTS SERVED FOUND CARE THROUGH THE SERVICES PROVIDED AND 72% 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 PREKINDERGARTEN EXPERIENCE FOR 60 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 A SIOUX FALLS SCHOOL DISTRICT SURVEY SHOWED APPROXIMATELY 550 K-12 STUDENTS WITH AN INCARCERATED CLOSE FAMILY MEMBER 1 IN 5 CHILDREN OF INMATES ARE FOUND TO HAVE CLINICALLY SIGNIFICANT DEPRESSION, ANXIETY OR WITHDRAWAL AND 1 IN 3 HAVE SIGNIFICANT AGGRESSION, DISRUPTIVE BEHAVIOR, AND BELOW-AVERAGE ACADEMIC PERFORMANCE THE HELPLINE CENTER HAD AN 11% INCREASE IN CALLERS WITH SUICIDE-RELATED CONCERNS AND A 3% INCREASE IN MENTAL HEALTH CALLS IN 2010 ONE IN FIVE AMERICANS EXPERIENCED A MENTAL ILLNESS IN THE PAST YEAR ONLY 40% OF RECEIVED MENTAL HEALTH CARE 150 BILLION IN PRODUCTIVITY IS LOST IN THE U S EACH YEAR AS A RESULT OF UNTREATED MENTAL HEALTH ISSUES THE NUMBER OF FAMILIES IN THE SIOUX EMPIRE WHO RECEIVE TEMPORARY ASSISTANCE FOR NEEDY FAMILIES HAS INCREASED BY 6 8% IN THE PAST 12 MONTHS 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 CHILD

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

4e **Total program service expenses** ▶ $ 7,831,862

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	Yes	
2	Is the organization required to complete *Schedule B, Schedule of Contributors* (see instructions)?	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		No
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	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? *If "Yes," complete Schedule C, Part III*	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? *If "Yes," complete Schedule D, Part II*	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? *If "Yes," complete Schedule D, Part V*	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, line10? *If "Yes," complete Schedule D, Part VI.*	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? *If "Yes," complete Schedule D, Part VII.*	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? *If "Yes," complete Schedule D, Part VIII.*	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? *If "Yes," complete Schedule D, Part IX.*	11d		No
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X.*	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)? *If "Yes," complete Schedule D, Part X.*	11f		No
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI, XII, and XIII*	12a	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional*	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If "Yes," complete Schedule F, Part I*	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or assistance to any organization or entity located outside the U S ? *If "Yes," complete Schedule F, Part II and IV*	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or assistance to individuals located outside the U S ? *If "Yes," complete Schedule F, Part III and IV*	16		No
17	Did the organization report a total of more than $15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I*	17		No
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18		No
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		No
20a	Did the organization operate one or more hospitals? *If "Yes," complete Schedule H*	20a		No
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? **Note.** All Form 990 filers that operated one or more hospitals must attach audited financial statements	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? *If "Yes," complete Schedule I, Parts I and II*	**21**	Yes	
22	Did the organization report more than $5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	**22**		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	**23**	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer questions 24b–24d and complete Schedule K. If "No," go to line 25*	**24a**		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	**24b**		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	**24c**		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	**24d**		
25a	**Section 501(c)(3) and 501(c)(4) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	**25a**		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	**25b**		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? *If "Yes," complete Schedule L, Part II*	**26**		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? *If "Yes," complete Schedule L, Part III*	**27**		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28a**		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28b**		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or owner? *If "Yes," complete Schedule L, Part IV*	**28c**		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	**32**		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	**33**		No
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1*	**34**		No
35a	Is any related organization a controlled entity of the filing organization within the meaning of section 512(b)(13)?	**35a**		No
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	**35b**		No
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	**36**		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	**37**		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? **Note.** All Form 990 filers are required to complete Schedule O	**38**	Yes	

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

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**	5		
b	Enter the number of Forms W-2G included in line 1a *Enter -0-* if not applicable	**1b**	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?			**1c**		No
2a	Enter the number of employees reported on Form W-3, *Transmittal of Wage and Tax Statements* filed for the calendar year ending with or within the year covered by this return	**2a**	11		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?			**2b**	Yes	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)					
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?			**3a**		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 or securities 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?			**12a**		
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.** All 501(c)(29) organizations must list in Schedule O each state in which they are licensed to issue qualified health plans, the amount of reserves required by each state, and the amount of reserves the organization allocated to each state			**13a**		
b	Enter the aggregate 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 aggregate amount of reserves on hand	**13c**				
14a	Did the organization receive any payments for indoor tanning services during the tax year?			**14a**		No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O* . .			**14b**		

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

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

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	28		
b	Enter the number of voting members included in line 1a, above, who are independent	1b	27		
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	Did the organization have members or stockholders?	6		Yes	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	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	Did the organization have local chapters, branches, or affiliates?	10a		No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete 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 the Form 990			
12a	Did the organization have a written conflict of interest policy? *If "No," go to line 13*	12a	Yes	
b	Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did 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," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take 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 made 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 made 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, or highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations

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

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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) DICK MOLESEED PAST CHAIR	1 00	X		X				0	0	0
(2) SCOTT LAWRENCE CHAIR	1 00	X		X				0	0	0
(3) CARL WYNJA VICE CHAIR	1 00	X		X				0	0	0
(4) BOB THIMJON 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) RANDY BURY MEMBER	1 00	X						0	0	0
(8) DEAN MERTZ 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
(17) SCOTT PETERSON 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 (do not check more than one box, unless person is both an officer and a director/trustee)						(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			
(18) PAUL SOVA MEMBER	1 00	X						0	0	0
(19) PASTOR LES SVENDSEN MEMBER	1 00	X						0	0	0
(20) TOM SIMMONS MEMBER	1 00	X						0	0	0
(21) JIM WIEDERRICH SECOND VICE-	1 00	X						0	0	0
(22) AMY KOEHLMOOS MARKETING DI	1 00	X						0	0	0
(23) RICK HULL COMMUNITY IM	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) FRED SLUNECKA CAMPAIGN DIV	1 00	X						0	0	0
(28) JAY POWELL PRESIDENT	40 00			X				149,100	0	15,387
(29) COLEEN THOMPSON FINANCE DIR	40 00			X				80,800	0	14,346
1b Sub-Total . . . . . ▶										
c Total from continuation sheets to Part VII, Section A . . . . ▶										
d Total (add lines 1b and 1c) . . . . . ▶								229,900		29,733

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization ▶ 1

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

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year

(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 of 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 8,164,127				
	g	Noncash contributions included in lines 1a-1f $				
	h	**Total.** Add lines 1a-1f . . . . . ▶	8,164,127			
Program Service Revenue		Business Code				
	2a					
	b					
	c					
	d					
	e					
	f	All other program service revenue				
	g	**Total.** Add lines 2a–2f . . . . . ▶				
	3	Investment income (including dividends, interest and other similar amounts) . . . . . ▶	113,820			113,820
	4	Income from investment of tax-exempt bond proceeds . . ▶				
	5	Royalties . . . . . ▶				
		(i) Real / (ii) Personal				
	6a	Gross rents				
	b	Less rental expenses				
	c	Rental income or (loss)				
	d	Net rental income or (loss) . . . . . ▶				
		(i) Securities / (ii) Other				
	7a	Gross amount from sales of assets other than inventory				
	b	Less cost or other basis and sales expenses				
	c	Gain or (loss)				
	d	Net gain or (loss) . . . . . ▶				
Other Revenue	8a	Gross income from fundraising events (not including $ _____ of contributions reported on line 1c) See Part IV, line 18 . . . a				
	b	Less direct expenses . . . b				
	c	Net income or (loss) from fundraising events . . ▶				
	9a	Gross income from gaming activities See Part IV, line 19 . . . a				
	b	Less direct expenses . . . b				
	c	Net income or (loss) from gaming activities . . ▶				
	10a	Gross sales of inventory, less returns and allowances . a				
	b	Less cost of goods sold . . b				
	c	Net income or (loss) from sales of inventory . . ▶				
		Miscellaneous Revenue / Business Code				
	11a					
	b					
	c					
	d	All other revenue				
	e	**Total.** Add lines 11a–11d . . . . . ▶				
	12	**Total revenue.** See Instructions . . . ▶	8,277,947			113,820

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)

Check if Schedule O contains a response to any question in this Part IX . . . . . ☐

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 United States See Part IV, line 21	7,275,353	7,275,353		
2	Grants and other assistance to individuals in the United States See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	259,634	17,406	174,584	67,644
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	338,495	211,063	2,024	125,408
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	59,269	22,602	17,412	19,255
9	Other employee benefits	48,465	18,554	14,473	15,438
10	Payroll taxes	42,296	16,167	12,704	13,425
11	Fees for services (non-employees)				
a	Management				
b	Legal				
c	Accounting	17,550	1,101	16,449	
d	Lobbying				
e	Professional fundraising *See Part IV, line 17* . .				
f	Investment management fees				
g	Other				
12	Advertising and promotion	69,640	12,878		56,762
13	Office expenses	11,088	3,203	2,934	4,951
14	Information technology				
15	Royalties . .				
16	Occupancy	54,811	20,949	16,232	17,630
17	Travel	15,460	5,443	2,327	7,690
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	4,310	1,720	973	1,617
20	Interest				
21	Payments to affiliates	93,592		93,592	
22	Depreciation, depletion, and amortization	14,617	5,583	4,316	4,718
23	Insurance	4,860	1,331	2,586	943
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	IMMAGINATION LIBRARY	152,570	152,570		
b	CONNECTING KIDS	40,042	40,042		
c	CAMPAIGN MATERIALS	26,559			26,559
d	EQUIPMENT LEASES & MAINTE	24,636	6,171	10,589	7,876
e					
f	All other expenses	49,827	19,726	20,622	9,479
25	**Total functional expenses.** Add lines 1 through 24f	8,603,074	7,831,862	391,817	379,395
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) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing		218,776	1	1,229,444
	2	Savings and temporary cash investments		874,288	2	328,077
	3	Pledges and grants receivable, net		7,501,342	3	7,281,313
	4	Accounts receivable, net		500	4	1,612
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L			5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L			6	
	7	Notes and loans receivable, net		8,612	7	
	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges		546,768	9	500
	10a	Land, buildings, and equipment cost or other basis *Complete Part VI of Schedule D*	10a 170,109			
	b	Less accumulated depreciation	10b 144,789	34,580	10c	25,320
	11	Investments—publicly traded securities		2,081,384	11	1,938,120
	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)		11,266,250	16	10,804,386
Liabilities	17	Accounts payable and accrued expenses		364,266	17	275,379
	18	Grants payable		3,000	18	2,625
	19	Deferred revenue		1,500	19	1,000
	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 (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D			25	
	26	**Total liabilities.** Add lines 17 through 25		368,766	26	279,004
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		2,640,673	27	2,828,021
	28	Temporarily restricted net assets		8,256,811	28	7,697,361
	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		10,897,484	33	10,525,382
	34	Total liabilities and net assets/fund balances		11,266,250	34	10,804,386

Part XI Reconcilliation 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	8,277,947
2	Total expenses (must equal Part IX, column (A), line 25)	2	8,603,074
3	Revenue less expenses Subtract line 2 from line 1	3	-325,127
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . .	4	10,897,484
5	Other changes in net assets or fund balances (explain in Schedule O)	5	-46,975
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	10,525,382

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? . .	2a		No
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
c	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	2c	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a 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?	3a		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits . .	3b		

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SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
SIOUX EMPIRE UNITED WAY INC

Employer identification number
46-0233701

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

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

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

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

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

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

_____

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

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

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

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

9 ☐ An organization that normally receives (1) more than 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?

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

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

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

Part II **Support Schedule for Organizations Described in IRC 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**
(Complete only if you checked the box on line 5, 7, or 8 of Part I 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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")	9,201,871	7,907,140	9,082,321	8,655,475	8,164,126	43,010,933
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	9,201,871	7,907,140	9,082,321	8,655,475	8,164,126	43,010,933
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)						228
6 **Public Support.** Subtract line 5 from line 4						43,010,705

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7 Amounts from line 4	9,201,871	7,907,140	9,082,321	8,655,475	8,164,126	43,010,933
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	138,788	101,246	2,525	121,307	113,820	477,686
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income (Explain in Part IV) Do not include gain or loss from the sale of capital assets						
11 **Total support** (Add lines 7 through 10)						43,488,619

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 2011 (line 6 column (f) divided by line 11 column (f))	14	98 900 %
15 Public Support Percentage for 2010 Schedule A, Part II, line 14	15	98 710 %

16a **33 1/3% support test—2011.** 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—2010.** 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—2011.** 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—2010.** If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ▶☐

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

Part III **Support Schedule for Organizations Described in IRC 509(a)(2)**
(Complete only if you checked the box on line 9 of Part I 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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 **Total support** (Add lines 9, 10c, 11 and 12)						

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

Section C. Computation of Public Support Percentage

15 Public Support Percentage for 2011 (line 8 column (f) divided by line 13 column (f))	15	
16 Public support percentage from 2010 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2011** (line 10c column (f) divided by line 13 column (f))	17	
18 Investment income percentage from **2010** Schedule A, Part III, line 17	18	

19a **33 1/3% support tests—2011.** 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—2010.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

20 **Private Foundation** If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions ▶☐

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

Facts And Circumstances Test

Explanation

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
SIOUX EMPIRE UNITED WAY INC

Employer identification number
46-0233701

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

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☑ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit ☐ Yes ☑ No

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

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

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

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

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

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

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

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

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

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

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenues included in Form 990, Part VIII, line 1 ▶ $ _____

(ii) Assets included in Form 990, Part X ▶ $ _____

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

a Revenues included in Form 990, Part VIII, line 1 ▶ $ _____

b Assets included in Form 990, Part X ▶ $ _____

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

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

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

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

5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☑ No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☑ No

b If "Yes," explain the arrangement in Part XIV and complete the following table

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

2a Did the organization include an amount on Form 990, Part X, line 21? ☐ Yes ☑ No

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

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

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

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

- a Board designated or quasi-endowment ▶
- b Permanent endowment ▶
- c Term endowment ▶

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

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

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

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

Description of property	(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	3,609	10,726
d Equipment		105,537	91,165	14,372
e Other		50,237	50,015	222
Total. Add lines 1a-1e *(Column (d) should equal Form 990, Part X, column (B), line 10(c).)* ▶				25,320

Part VII Investments—Other Securities. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
Other		
Total. *(Column (b) should equal Form 990, Part X, col (B) line 12)* ▶		

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

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Total. *(Column (b) should equal Form 990, Part X, col (B) line 13)* ▶		

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

(a) Description	(b) Book value
Total. *(Column (b) should equal Form 990, Part X, col.(B) line 15.)* . . . . . ▶	

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

1 (a) Description of Liability	(b) Amount
Federal Income Taxes	
Total. *(Column (b) should equal Form 990, Part X, col (B) line 25)* ▶	

2. Fin 48 (ASC 740) Footnote In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC740)

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	8,277,947
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	8,603,074
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	-325,127
4	Net unrealized gains (losses) on investments	4	-46,975
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	-46,975
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	-372,102

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	8,230,972
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains on investments	2a	-46,975		
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	-46,975
3	Subtract line **2e** from line **1**			3	8,277,947
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	8,277,947

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

1	Total expenses and losses per audited financial statements			1	8,603,074
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	8,603,074
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	8,603,074

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

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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

2011

Open to Public Inspection

Name of the organization
SIOUX EMPIRE UNITED WAY INC

Employer identification number
46-0233701

Part I General Information on Grants and Assistance

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

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

Part II Grants and Other Assistance to Governments and Organizations in the United States.

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
See Additional Data Table							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . ▶ 56

3 Enter total number of other organizations listed in the line 1 table . . . ▶

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

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

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

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

Additional Data

Return to Form

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

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
AMERICAN CANCER SOCIETY4904 S TECHNOPOLIS DR SIOUX FALLS,SD 57106	41-0724036	3	171,200				PARTNER AGENCY ALLOC
AUGUSTANA COLLEGE READS 2001 S SUMMIT AVE SIOUX FALLS,SD 57197	46-0224588	3	11,000				PARTNER AGENCY ALLOC
AUGUSTANA COLLEGE - PATHWAYS2001 S SUMMIT AVE SIOUX FALLS,SD 57197	42-1623480	3	17,000				COMMUNITY IMPACT
AVERA MCKENNAN HOSPITAL800 E 21ST STREET SIOUX FALLS,SD 57105	46-0224743	3	39,577				PARTNER AGENCY ALLOC
AVERA MCKENNAN FAMILY WELLNESS 800 E 21ST STREET SIOUX FALLS,SD 57105	46-0224743	3	10,000				COMMUNITY IMPACT
BIG BROTHERS BIG SISTERS1000 N WEST AVE 300 SIOUX FALLS,SD 57104	05-0593016	3	169,625				PARTNER AGENCY ALLOC
BOY SCOUTS800 N WEST AVE SIOUX FALLS,SD 57104	46-0224599	3	208,052				PARTNER AGENCY ALLOC
BOYS & GIRLS CLUB 800 N WEST AVE SIOUX FALLS,SD 57104	46-0224599	3	205,035				COMMUNITY IMPACT
CARROLL INSTITUTE 310 S 1ST AVE SIOUX FALLS,SD 57104	46-0373475	3	55,672				PARTNER AGENCY ALLOC
CENTER FOR ACTIVE GENERATIONS2300 W 46TH ST SIOUX FALLS,SD 57105	46-0305500	3	223,750				PARTNER AGENCY ALLOC
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	438,680				BRIGHT START
COMMUNITY OUTREACH431 N CLIFF AVE SIOUX FALLS,SD 57103	46-0416744	3	309,450				PARTNER AGENCY ALLOC
COMMUNITY OUTREACH431 N CLIFF AVE SIOUX FALLS,SD 57103	46-0416744	3	10,200				COMMUNITY IMPACT
COMPASS CENTER 1800 W 12TH ST 100 SIOUX FALLS,SD 57104	46-0350199	3	148,248				PARTNER AGENCY ALLOC
DAKOTA SMILES MOBILE DENTAL PROGRAM201 E 38TH ST SIOUX FALLS,SD 57105	91-1776857	3	10,000				PARTNER AGENCY ALLOC
DAKOTABILITIES 3600 S DULUTH AVE SIOUX FALLS,SD 57105	46-0306216	3	40,500				PARTNER AGENCY ALLOC
DELL RAPIDS COMMUNITY HAVEN 1216 N GARFIELD AVE DELL RAPIDS,SD 57022	91-1797767	3	10,000				PARTNER AGENCY ALLOC
FAMILY CONNECTIONS303 N MINNESOTA AVE SIOUX FALLS,SD 57104	46-0435140	3	34,397				PARTNER AGENCY ALLOC
FAMILY SERVICE 2210 W BROWN PL SIOUX FALLS,SD 57105	46-0259350	3	259,394				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
FAMILY VISITATION CENTER311 E 14TH STREET SIOUX FALLS,SD 57104	26-3654937	3	40,000				PARTNER AGENCY ALLOC
FEEDING SOUTH DAKOTA3511 N 1ST AVE SIOUX FALLS,SD 57104	36-3293534	3	207,336				PARTNER AGENCY ALLOC
FIRST UNITED METHODIST CHURCH401 S SPRING AVE SIOUX FALLS,SD 57104	46-0230392	3	38,000				PARTNER AGENCY ALLOC
FURNITURE MISSION209 S NESMITH AVE SIOUX FALLS,SD 57103	81-0584500	3	45,200				PARTNER AGENCY ALLOC
GIRL SCOUTS1101 S MARION ROAD SIOUX FALLS,SD 57106	46-0250744	3	97,823				PARTNER AGENCY ALLOC
GOOD SAMARITAN SOCIETY - RSVPPO BOX 5038 SIOUX FALLS,SD 57117	45-0228055	3	16,196				PARTNER AGENCY ALLOC
GOOD SAMARITAN SOCIETY - SENIOR COMPO BOX 5038 SIOUX FALLS,SD 57117	45-0228055	3	88,421				PARTNER AGENCY ALLOC
HANDI-RIDERSPO BOX 1604 SIOUX FALLS,SD 57101	46-0378036	3	35,788				COMMUNITY IMPACT
HELPLINE CENTER 1000 N WEST AVE 310 SIOUX FALLS,SD 57104	23-7424387	3	319,954				PARTNER AGENCY ALLOC
HERE4YOUTH1721 W 51ST ST SIOUX FALLS,SD 57105	46-0440761	3	83,273				PARTNER AGENCY ALLOC
INTERLAKES COMMUNITY ACTION PROGRAM PO 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
LUTHERAN SOCIAL SERVICES705 E 41ST ST 200 SIOUX FALLS,SD 57105	46-0224731	3	358,370				PARTNER AGENCY ALLOC
MULTI-CULTURAL CENTER515 N MAIN AVE SIOUX FALLS,SD 57104	46-0445034	3	113,083				PARTNER AGENCY ALLOC
SALVATION ARMY PO 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	92,685				PARTNER AGENCY ALLOC
SIOUX EMPIRE AMERICAN RED CROSS808 N WEST AVE SIOUX FALLS,SD 57104	53-0196605	3	107,692				PARTNER AGENCY ALLOC
SIOUX EMPIRE COMMUNITY THEATER315 N PHILLIPS AVENUE SIOUX FALLS,SD 57104	80-0074622	3	13,950				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 FOUNDATI300 N PHILLPS AVE 102 SIOUX FALLS,SD 57104	31-1748533	3	120,000				PARTNER AGENCY ALLOC

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
SIOUX FALLS AREA LITERACY COUNCIL 1000 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	51,303				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 DISTRICT 201 E 38TH ST SIOUX FALLS,SD 57105	46-6002586	GOV	324,745				PARTNER AGENCY ALLOC
SIOUX FALLS SEMINARY2100 S SUMMIT AVE SIOUX FALLS,SD 57105	46-0237098	3	10,000				COMMUNITY IMPACT
SOMALI-BANTU COMMUNITY DEVELOPMENT201 N MINNESOTA AVE SIOUX FALLS,SD 57104	20-2993325	3	12,900				COMMUNITY IMPACT
SOUTH DAKOTA 4H FOUNDATIONSDSU BOX 2207E BROOKINGS,SD 57007	46-6016086	3	25,729				PARTNER AGENCY ALLOC
SOUTH DAKOTA ACHIEVE4100 S WESTERN AVE SIOUX FALLS,SD 57105	23-7072116	3	82,850				PARTNER AGENCY ALLOC
SOUTHEASTERN BEHAVIORAL HEALTH2000 S SUMMIT AVE SIOUX FALLS,SD 57105	46-0232306	3	158,123				PARTNER AGENCY ALLOC
ST FRANCIS HOUSE 1301 E AUSTIN STREET SIOUX FALLS,SD 57103	46-0423202	3	18,000				COMMUNITY IMPACT
TEDDY BEAR DEN500 S MAIN AVENUE SIOUX FALLS,SD 57104	31-1802800	3	12,000				PARTNER AGENCY ALLOC
UNITED DAY CARE 401 S SPRING AVE SIOUX FALLS,SD 57104	46-0312397	3	60,000				PARTNER AGENCY ALLOC
UNITED WAY SOUTHWEST MISSOURI & SOU 3510 E 3RD STREET JOPLIN,MO 64801	44-0556865	3	10,000				PARTNER AGENCY ALLOC
USD SCOTTISH RITE 414 E CLARK ST VERMILLION,SD 57069	46-6000364	GOV	126,249				PARTNER AGENCY ALLOC
VIBORG AFTER SCHOOL PROGRAMP O BOX 382 VIBORG,SD 57070	27-3483864	3	6,000				COMMUNITY IMPACT
VOLUNTEERS OF AMERICA1309 W 51ST ST SIOUX FALLS,SD 57106	23-7353508	3	593,974				PARTNER AGENCY ALLOC
YMCA230 S MINNESOTA SIOUX FALLS,SD 57104	46-0225021	3	575,000				PARTNER AGENCY ALLOC
YWCA300 W 11TH ST SIOUX FALLS,SD 57104	46-0234998	3	325,084				PARTNER AGENCY ALLOC
YWCA - GIRLS ON TRACK300 W 11TH ST SIOUX FALLS,SD 57104	46-0234998	3	12,275				COMMUNITY IMPACT

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Schedule J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 23.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
SIOUX EMPIRE UNITED WAY INC

Employer identification number
46-0233701

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items ☐ First-class or charter travel ☐ Housing allowance or residence for personal use ☐ Travel for companions ☐ Payments for business use of personal residence ☐ Tax idemnification and gross-up payments ☐ Health or social club dues or initiation fees ☐ Discretionary spending account ☐ Personal services (e g , maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement orprovision of all the expenses described above? If "No," complete Part III to explain	**1b**		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	**2**		
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply ☑ Compensation committee ☐ Written employment contract ☐ Independent compensation consultant ☑ Compensation survey or study ☐ Form 990 of other organizations ☑ Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization			
a	Receive a severance payment or change-of-control payment?	**4a**		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**		No
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.			
5	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
a	The organization?	**5a**		No
b	Any related organization?	**5b**		No
	If "Yes," to line 5a or 5b, describe in Part III			
6	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
a	The organization?	**6a**		No
b	Any related organization?	**6b**		No
	If "Yes," to line 6a or 6b, describe in Part III			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	**7**		No
8	Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe in Part III	**8**		No
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	**9**		

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

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

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, columns (D) and (E) for that individual

(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)	149,100			15,237	150	164,487	

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

2011

Open to Public Inspection

Name of the organization
SIOUX EMPIRE UNITED WAY INC

Employer identification number
46-0233701

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

Identifier	Return Reference	Explanation
FIRST ACCOMPLISHMENT DESCRIPTION	FORM 990, PAGE 2, PART III, LINE 4A	WITH THANK YOU MESSAGES DURING THE WEEK OF THE EVENT SIOUX EMPIRE UNITED WAY PARTNERED WITH HENKINSCHULTZ TO CREATE CAMPAIGN MATERIALS ALONG WITH THE TRADITIONAL MATERIALS, HENKINSCHULTZ ALSO PRODUCED TWO TV AND RADIO SPOTS AND DONATED EMARKETING SERVICES THE WOMENUNITE EVENT WAS HELD IN LATE AUGUST AND ATTENDED BY OVER 670 INDIVIDUALS, AN INCREASE OF MORE THAN 200 ATTENDEES THE EVENT FOCUSED ON THE IMPORTANCE OF A HIGH SCHOOL EDUCATION, AND THE USUCCEED PROGRAM 42 PLEDGES AT THE EVENT TOTALED MORE THAN 6,000 ATTENDEES PLEDGES THROUGH EMPLOYEE CAMPAIGNS INCREASED 8 8% IN THE 2012 CAMPAIGN OVER THE 2011 CAMPAIGN 147 INDIVIDUALS ATTENDED 28 DIFFERENT AGENCY TOURS THROUGHOUT THE SUMMER 19 DIFFERENT WEEKLY ONLINE CHATS WITH PARTNER AGENCIES WERE HELD FROM JULY-OCTOBER AND AVERAGED 8 PARTICIPANTS PER CHAT SPEAKERS BUREAU SCHEDULED SPEAKERS FOR 54 COMPANIES' RALLIES SPEAKERS ATTENDED 94 RALLIES AT THOSE COMPANIES THE 2012 CAMPAIGN KICKOFF HELD IN SEPTEMBER WAS ATTENDED BY OVER 500 PEOPLE IMAGINATION LIBRARY AND USUCCEED WERE HIGHLIGHTED BY PERSONAL TESTIMONIALS UP WITH PEOPLE OPENED AND CLOSED THE EVENT WITH MUSICAL PERFORMANCES 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 4,000 THIRTY SECOND SPOTS THAT INCLUDED A THANK YOU SPOT LAST SPRING, A USUCCEED SPOT IN THE EARLY FALL, AND AN IMAGINATION LIBRARY SPOT IN THE LATE FALL BACKYARD BROADCASTING ALSO DONATED SPOTS FOR THE USUCCEED AND IMAGINATION LIBRARY MESSAGES UNITED WAY RECEIVED COVERAGE ON STORIES FROM KELO, KDLT, KSFY, ARGUS LEADER, AND NEWSPAPERS IN BRANDON, HARTFORD, DELL RAPIDS, AND TEA RADIO INTERVIEWS WERE ALSO HELD THROUGHOUT THE YEAR AT BOTH BACKYARD BROADCASTING AND RESULTS RADIO STATIONS A CAMPAIGN TO INCREASE FACEBOOK FOLLOWERS WAS HELD IN CONJUNCTION WITH THE MILLIONTH IMAGINATION LIBRARY BOOK DELIVERY THE CONTEST INCREASED OUR FOLLOWERS BY MORE THAN 200 PEOPLE

Identifier	Return Reference	Explanation
SECOND ACCOMPLISHMENT DESCRIPTION	FORM 990, PAGE 2, PART III, LINE 4B	FUNDING IN THE AMOUNT OF 479,256 AND PROVIDED INCREASED FUNDING IN THE AMOUNT OF 403,518 FUNDED 10 WORTHY GRANTS IN 2011 FOR A TOTAL OF 133,113 CONTINUED TO BUILD RELATIONSHIPS WITH AGENCIES THROUGH QUARTERLY FORUMS AND FALL VISITS PROVIDED MATCHING FUNDS FOR STRATEGIC PLANNING FACILITATORS UPDATED THE UW POLICIES AND PROCEDURES THROUGH A BOARD APPOINTED TASKFORCE PARTICIPATED IN COMMUNITY COLLABORATIVE EFFORTS SUCH AS THE AFFORDABLE HOUSING TASKFORCE, COALITION ON AGING, EMERGENCY FOOD AND SHELTER BOARD, FIRST CHILDREN'S FINANCE, HOMELESS ADVISORY BOARD, AND PETTIGREW HEIGHTS COMMITTEE

Identifier	Return Reference	Explanation
THIRD ACCOMPLISHMENT DESCRIPTION	FORM 990, PAGE 2, PART III, LINE 4C	STUDENTS AFTER SCHOOL, AND 50 STUDENTS DURING THE SUMMER ACCORDING TO A PARENT SURVEY, ST UDENTS ARE INCREASING SELF-CONFIDENCE, LEARNING LIFE SKILLS, AND LEARNING HEALTHIER EATIN G HABITS (PER SURVEY) KIDSTOP PROVIDES A FREE AFTER SCHOOL AND SUMMER RECREATION PROGRAM FOR STUDENTS IN GRADES K- 8 LAST YEAR AN AVERAGE OF 21 CHILDREN ATTENDED DAILY 80% OF PA RTICIPANTS MAKE PROGRESS ON POWER OF ASSET CHART, WHICH LEADS TO ACADEMIC SUCCESS HERE4YO UTH PROVIDES OUT OF SCHOOL TIME CARE FOR YOUTH WITH SPECIAL NEEDS AND THEIR SIBLINGS LAST YEAR, THEY SERVED PROVIDED 25,358 HOURS OF SERVICE SIOUX FALLS FAMILY YMCA'S MIDDLE SCHO OL AFTER SCHOOL PROGRAM PROVIDED A VARIETY OF ACTIVITIES TO 743 STUDENTS AT FIVE MIDDLE SC HOOLS LAST YEAR BASIC NEEDS DID YOU KNOW THE STATEWIDE COUNT OF HOMELESSNESS IN SEPTEM BER 2011 FOUND 422 HOMELESS ADULTS AND 224 HOMELESS CHILDREN IN MINNEHAHA COUNTY A 2010 S TUDY FOUND THAT CHILDREN WHO HAVE WENT HUNGRY AT LEAST ONCE IN THEIR LIVES WERE 2 5 TIMES MORE LIKELY TO HAVE POOR OVERALL HEALTH 10 TO 15 YEARS LATER, COMPARED WITH THOSE WHO NEVE R HAD TO GO WITHOUT FOOD 3,207 PEOPLE ARE ON THE LOCAL WAITING LIST FOR HOUSING ASSISTANC E AND AN ADDITIONAL 1,809 HOUSEHOLDS CURRENTLY RECEIVE HOUSING ASSISTANCE IT IS ANTICIPAT ED THAT THE POVERTY RATE FOR CHILDREN WILL REACH A LONG TIME HIGH OF 25% IN THE NEAR FUTUR E YOUR GIFT IN ACTION COMMUNITY OUTREACH'S GENERAL ASSISTANCE & EDUCATION PROGRAM PROV IDES INFORMATION AND REFERRALS TO LOCAL AGENCIES AND EMERGENCY FINANCIAL ASSISTANCE FOR BA SIC NEEDS ITEMS, INCLUDING SHELTER, UTILITIES, AND EMPLOYMENT RELATED TRANSPORTATION LAST YEAR, 686 FAMILIES RECEIVED FINANCIAL ASSISTANCE AND 2,223 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 LI TERACY LAST YEAR 53 FAMILIES WERE SERVED THROUGH GENESIS AND 9 FAMILIES WERE SERVED THROU GH JUMPSTART 100% OF PARTICIPANTS ACHIEVED OR MAINTAINED PERMANENT HOUSING WHILE IN GENES IS 53% OF JUMPSTART PARTICIPANTS COMPLETED THEIR FINANCIAL LITERACY HANDBOOK FEEDING SOU TH DAKOTA'S BACKPACKPROGRAM PROVIDES 2,955 STUDENTS AT 44 SITES WITHIN THE SIOUX EMPIRE WI TH FOOD FOR THE WEEKEND FURNITURE MISSION RECEIVES DONATIONS OF GENTLY USED FURNITURE AND THEN DISTRIBUTES THROUGH SOCIAL SERVICE AGENCY REFERRALS LAST YEAR 2,544 HOUSEHOLDS RECE IVED FURNITURE IN ADDITION, 225 PACK-N-PLAYS WERE PROVIDED TO NEW MOTHERS IN NEED OF A PL ACE FOR THEIR BABY TO SLEEP LUNCH IS SERVED - PROVIDED 19,002 NUTRITIOUS MID-DAY MEALS FO R THE WORKING POOR A SURVEY OF RECIPIENTS FOUND THAT 54% WOULD NOT EAT LUNCH DURING THEIR WORK DAY IF THE LUNCHES WERE NOT PROVIDED EMPLOYERS ALSO REPORTED A NOTICEABLE IMPROVEME NT IN THE RECIPIENTS' ATTENTION, ENERGY LEVEL, AND WORK PERFORMANCE INTERLAKES COMMUNITY ACTION PARTNERSHIP'S HEARTLAND HOUSE PROVIDES TRANSITIONAL HOUSING FOR HOMELESS FAMILIES A ND THEIR CHILDREN, SERVING 70 FAMILIES LAST YEAR 70% OF PARTICIPANTS GAINED EMPLOYMENT AN D 74% OF ACHIEVED PERMANENT STABLE HOUSING AFTER COMPLETING PROGRAM SALVATION ARMY'S NIGH T WATCH PROGRAM SERVED 21,892 MEALS ON 104 SATURDAY AND SUNDAY NIGHTS LAST YEAR SALVATION ARMY'S SOCIAL SERVICE ASSISTANCE PROVIDES EMERGENCY FINANCIAL ASSISTANCE TO INDIVIDUALS A ND FAMILIES FOR BASIC NEEDS AND SPECIAL NEEDS LAST YEAR THEY SERVED 9,845 CASES AND PROVI DED UTILITY ASSISTANCE TO 555 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 97 PARTICIPANTS RECEIVED 540 HOURS OF ONE-ON-ONE ASSISTANCE AND HAD THE OPPORTUNITY TO ATTEND 14 DIFFERENT WORKSHOPS OF 22 GRADUATES, 15 BECAME TOTAL LY SELF-SUFFICIENT AND 3 BECAME A HOMEOWNER ST FRANCIS HOUSE PROVIDES TRANSITIONAL HOUSIN G AND CASE MANAGEMENT FOR FAMILIES, SERVING 20 ADULTS AND 34 CHILDREN LAST YEAR CHILD CAR E DID YOU KNOW LOW FAMILY INCOME CAN IMPEDE CHILDREN'S COGNITIVE DEVELOPMENT AND THEIR ABILITY TO LEARN, AS WELL AS CONTRIBUTE TO BEHAVIORAL, SOCIAL, EMOTIONAL, AND HEALTH PROBL EMS IN SD, 75% OF CHILDREN UNDER AGE 6 LIVE IN HOUSEHOLDS WHERE ALL PARENTS WORK RESEARC H SHOWS THAT MOMS IN A CHEMICAL TREATMENT PROGRAM WHO CAN KEEP THEIR CHILDREN WITH THEM ST AY IN THE PROGRAM LONGER AND HAVE A BETTER CHANCE AT RECOVERY 9% OF SD BIRTHS ARE TO TEEN AGERS ACCORDING TO 2008 KIDS COUNT DATA TEEN MOMS ARE MORE APT TO DROP OUT OF SCHOOL, BEC OME DEPENDENT ON PUBLIC ASSISTANCE, AND LIVE IN POVERTY LOCALLY, THERE ARE APPROXIMATELY 350 CHILDREN ON THE WAITING LIST FOR HEAD START THE AVERAGE COST OF AN INFANT IN A FAMILY DAYCARE IS 5939, BASED UPON 45 HOURS OF CARE A WEEK THE AVERAGE COST OF AN INFANT IN A C HILD CARE CENTER FOR THE SAME NUMBER OF HOURS IS 7,956 YOUR GIFT IN ACTION EARLY HEAD START THROUGH INTERLAKES COMMUNITY ACTION PARTNERS

Identifier	Return Reference	Explanation
THIRD ACCOMPLISHMENT DESCRIPTION	FORM 990, PAGE 2, PART III, LINE 4C	HIP SERVES CHILDREN AGES PRE-BIRTH TO THREE AND THEIR FAMILIES 137 CHILDREN WERE ENROLLED LAST YEAR AND ALL THEIR PARENTS EITHER WORKED OR ATTENDED SCHOOL UNITED DAY CARE PROVIDE D QUALITY CARE FOR 145 CHILDREN AGES 2-10 LAST YEAR 100% OF AGE APPROPRIATE CHILDREN WERE READY TO ENTER KINDERGARTEN AND 288 PARENTS WERE ABLE TO WORK OR ATTEND SCHOOL VOLUNTEER S OF AMERICA, DAKOTAS' CHILD CARE & FAMILY LITERACY CENTER PROVIDED 289 CHILDREN WITH QUAL ITY CARE LAST YEAR LITTLE BLESSINGS CHILDCARE CENTER THROUGH VOLUNTEERS OF AMERICA,DAKOTA S IS A NEW CENTER THAT FOCUSES ON PROVIDING CARE FOR CHILDREN OF NEW START PARTICIPANTS, A CHEMICAL TREATMENT PROGRAM FOR MOTHERS LAST YEAR, AS ITS FIRST YEAR, 2 CHILDREN WERE SER VED CIRCLE OF HOPE, A CHILD CARE CENTER THROUGH VOLUNTEERS OF AMERICA, DAKOTAS SERVED 98 CHILDREN LAST YEAR THE TEEN PARENT PROGRAM OF VOLUNTEERS OF AMERICA, DAKOTAS PROVIDED QUA LITY CARE TO 59 CHILDREN OF YOUNG PARENTS WHO ARE ENROLLED IN THE SIOUX FALLS SCHOOL DISTR ICT LAST YEAR VOLUNTEERS OF AMERICA, DAKOTAS' PARENT CHILD LEARNING CENTER PROVIDED QUALI TY CARE FOR 126 CHILDREN FROM 4 WEEKS TO 5 YEARS OLD LAST YEAR YWCA SIOUX FALLS' CHILDCAR E PROGRAM SERVES CHILDREN AGES 4 WEEKS TO 5 YEARS LAST YEAR 321 CHILDREN ATTENDED THE CEN TER 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 CHILDR EN PARTICIPATED IN THE PROGRAM IN 2010 AND 100% OF AGE-APPROPRIATE CHILDREN ENTERED KINDER GARTEN AT OR ABOVE TARGET LEVELS THE CHILDCARE HELPLINE PROVIDED 2,522 REFERRALS TO PAREN TS SEEKING INFORMATION ABOUT AVAILABLE CHILDCARE SERVICES LAST YEAR 52% OF PARENTS SERVED FOUND CARE THROUGH THE SERVICES PROVIDED AND 72% OF PARENTS WERE ABLE TO VERBALIZE AT LEA ST 3 CHARACTERISTICS OF QUALITY CHILD CARE STARTING STRONG, ADMINISTERED THROUGH SIOUX FA LLS SCHOOL DISTRICT PROVIDED A HIGH QUALITY PREKINDERGARTEN EXPERIENCE FOR 60 CHILDREN WHO SE 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 A SIOUX FALLS SC HOOL DISTRICT SURVEY SHOWED APPROXIMATELY 550 K-12 STUDENTS WITH AN INCARCERATED CLOSE FAM ILY MEMBER 1 IN 5 CHILDREN OF INMATES ARE FOUND TO HAVE CLINICALLY SIGNIFICANT DEPRESSION , ANXIETY OR WITHDRAWAL AND 1 IN 3 HAVE SIGNIFICANT AGGRESSION, DISRUPTIVE BEHAVIOR, AND B ELOW-AVERAGE ACADEMIC PERFORMANCE THE HELPLINE CENTER HAD AN 11% INCREASE IN CALLERS WITH SUICIDE-RELATED CONCERNS AND A 3% INCREASE IN MENTAL HEALTH CALLS IN 2010 ONE IN FIVE AM ERICANS EXPERIENCED A MENTAL ILLNESS IN THE PAST YEAR ONLY 40% OF RECEIVED MENTAL HEALTH CARE 150 BILLION IN PRODUCTIVITY IS LOST IN THE U S EACH YEAR AS A RESULT OF UNTREATED M ENTAL HEALTH ISSUES THE NUMBER OF FAMILIES IN THE SIOUX EMPIRE WHO RECEIVE TEMPORARY ASSI STANCE FOR NEEDY FAMILIES HAS INCREASED BY 6 8% IN THE PAST 12 MONTHS MORE THAN 60% OF SO UTH DAKOTANS LIVE PAYCHECK TO PAYCHECK 70% OF PEOPLE WITH SEVERE MENTAL ILLNESS LIST OBTA INING AND MAINTAINING EMPLOY MENT AS ONE OF THEIR TOP THREE GOALS YOUR GIFT IN ACTION C HILDREN'S CONNECTION, A PROGRAM OF FAMILY CONNECTION PROVIDES WEEKLY SUPPORT GROUPS, FAMIL Y EVENTS, AND MORE TO CHILDREN WHOSE PARENT OR CLOSE FAMILY MEMBER HAS BEEN INCARCERATED LAST YEAR, 173 STUDENTS PARTICIPATED IN THE WEEKLY GROUPS 37% OF PARTICIPANTS MISS 5 OR F EWER DAYS OF SCHOOL AND 69% HAVE 5 OR FEWER TARDIES THE AVERAGE GPA OF MIDDLE SCHOOL PART ICIPANTS IS 2 7 FAMILY SERVICES' COUNSELING PROGRAM PROVIDES A VARIETY OF SERVICES, INCLU DING MARRIAGE AND FAMILY, PARENT/CHILD, ALCOHOL/DRUGS, DEPRESSION, ANXIETY, AND STRESS LA ST YEAR 7,901 SERVICES WERE PROVIDED TO MORE THAN 1,000 PEOPLE FAMILY SERVICE'S FAMILY LI FE EDUCATION PROVIDED 310 HOURS OF PREVE

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

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Form **4562**

Department of the Treasury
Internal Revenue Service (99)

Depreciation and Amortization
(Including Information on Listed Property)

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

OMB No 1545-0172

2011

Attachment Sequence No **179**

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

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

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

1 Maximum amount (see instructions)	**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 2010 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 2012 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**	14,617

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 2011	**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 2011 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 2011 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**	14,617
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
25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use (see instructions)						**25**		
26 Property used more than 50% in a qualified business use								
		%						
		%						
		%						
27 Property used 50% or less in a qualified business use								
		%				S/L -		
		%				S/L -		
		%				S/L -		
28 Add amounts in column (h), lines 25 through 27 Enter here and on line 21, page 1						**28**		
29 Add amounts in column (i), line 26 Enter here and on line 7, page 1						**29**		

Section B—Information on Use of Vehicles

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

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

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

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

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

Part VI **Amortization**

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
42 Amortization of costs that begins during your 2011 tax year (see instructions)					
43 Amortization of costs that began before your 2011 tax year				**43**	
44 Total. Add amounts in column (f) See the instructions for where to report				**44**	

Additional Data

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

Form 990, Special Condition Description:

Special Condition Description

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
DICK MOLESEED PAST CHAIR	1 00	X		X				0	0	0
SCOTT LAWRENCE CHAIR	1 00	X		X				0	0	0
CARL WYNJA VICE CHAIR	1 00	X		X				0	0	0
BOB THIMJON SEC/TREAS	1 00	X		X				0	0	0
DAVE ZIMBECK MEMBER	1 00	X						0	0	0
DAVE BROWN MEMBER	1 00	X						0	0	0
RANDY BURY MEMBER	1 00	X						0	0	0
DEAN MERTZ MEMBER	1 00	X						0	0	0
DAVID LONG MEMBER	1 00	X						0	0	0
LISA HICKS MEMBER	1 00	X						0	0	0
BILL O'CONNOR MEMBER	1 00	X						0	0	0
ANNE JACKSON MEMBER	1 00	X						0	0	0
MARILYN KORSTEN MEMBER	1 00	X						0	0	0
RICK MARTIN MEMBER	1 00	X						0	0	0
WAYNE MUTH MEMBER	1 00	X						0	0	0
MARK SCHMITT MEMBER	1 00	X						0	0	0
SCOTT PETERSON MEMBER	1 00	X						0	0	0
PAUL SOVA MEMBER	1 00	X						0	0	0
PASTOR LES SVENDSEN MEMBER	1 00	X						0	0	0
TOM SIMMONS MEMBER	1 00	X						0	0	0
JIM WIEDERRICH SECOND VICE-	1 00	X						0	0	0
AMY KOEHLMOOS MARKETING DI	1 00	X						0	0	0
RICK HULL COMMUNITY IM	1 00	X						0	0	0
TOM LORANG MEMBER	1 00	X						0	0	0
PATTI LYON MEMBER	1 00	X						0	0	0

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
BILL SMITH MEMBER	1 00	X						0	0	0
FRED SLUNECKA CAMPAIGN DIV	1 00	X						0	0	0
JAY POWELL PRESIDENT	40 00			X				149,100	0	15,387
COLEEN THOMPSON FINANCE DIR	40 00			X				80,800	0	14,346