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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 private foundations)

Do not enter Social Security numbers on this form as it may be made public By law, the IRS generally cannot redact the information on the form

Information about Form 990 and its instructions is at [www.IRS.gov/form990](http://www.irs.gov/form990)

OMB No 1545-0047

2013

Open to Public Inspection

A For the 2013 calendar year, or tax year beginning 01-01-2013, 2013, and ending 12-31-2013

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 province, country, and ZIP or foreign postal code

SIOUX FALLS, SD 571041314

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 subordinates?

☐ Yes☒ No

H(b) Are all subordinates included?

☐ Yes☐ No

If "No," attach a list (see instructions)

H(c) Group exemption number

I Tax-exempt status

☒ 501(c)(3) ☐ 501(c) () ☐ (insert no) ☐ 4947(a)(1) or ☐ 527

J Website:

WWW SIOUXEMPIREUNITEDWAY ORG

K Form of organization

☒ Corporation☐ Trust☐ Association☐ Other

L Year of formation

M State of legal domicile

Part I	Summary																																										
Activities & Governance	1 Briefly describe the organization's mission or most significant activities TO LEAD, SUSTAIN AND NURTURE A UNIFIED, EFFECTIVE RESPONSE TO COMMUNITY NEEDS																																										
	2 Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets																																										
Revenue	<table><tr><td>3</td><td>Number of voting members of the governing body (Part VI, line 1a)</td><td>3</td><td>30</td></tr><tr><td>4</td><td>Number of independent voting members of the governing body (Part VI, line 1b)</td><td>4</td><td>29</td></tr><tr><td>5</td><td>Total number of individuals employed in calendar year 2013 (Part V, line 2a)</td><td>5</td><td>13</td></tr><tr><td>6</td><td>Total number of volunteers (estimate if necessary)</td><td>6</td><td>888</td></tr><tr><td>7a</td><td>Total unrelated business revenue from Part VIII, column (C), line 12</td><td>7a</td><td>0</td></tr><tr><td>b</td><td>Net unrelated business taxable income from Form 990-T, line 34</td><td>7b</td><td></td></tr></table>	3	Number of voting members of the governing body (Part VI, line 1a)	3	30	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	29	5	Total number of individuals employed in calendar year 2013 (Part V, line 2a)	5	13	6	Total number of volunteers (estimate if necessary)	6	888	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																			
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Part II

Signature Block

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

Sign Here

Signature of officer

2014-09-24

Date

JAY POWELL PRESIDENT

Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name

TRENT R PRINS

Preparer's signature

Date

2014-10-01

Check ☐ if self-employed

PTIN P00851377

Firm's name

WOLTMAN VAN KEKERIX & STOTZ PC

Firm's EIN

46-0398923

Firm's address

4500 S TECHNOLOGY DR
SIOUX FALLS, SD 571064214

Phone no

(605) 361-1200

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

☒ Yes☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 11282Y

Form 990 (2013)

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 for escrow or custodial account liability, 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, line 10? 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 and XII 	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 and XII 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, Parts I and IV	14b	No
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts 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 other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts 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 (see instructions)	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 hospital facilities? If "Yes," complete Schedule H	20a	No
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	

Part IV

Checklist of Required Schedules (continued)

21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21	Yes	
22	Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	22		No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If so, complete Schedule L, Part II</i>	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33		No
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	34		No
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b 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 or note to any line in this Part V

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.		
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.		
1c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		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.		
2b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		No
3b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O.		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		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?		No
5b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		No
5c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		
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 as charitable contributions?		No
6b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
7a	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?		No
7b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
7c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		No
7d	If "Yes," indicate the number of Forms 8282 filed during the year.		
7e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		No
7f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		No
7g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		No
7h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		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?		
9	Sponsoring organizations maintaining donor advised funds.		
9a	Did the organization make any taxable distributions under section 4966?		
9b	Did the organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter		
10a	Initiation fees and capital contributions included on Part VIII, line 12.		
10b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.		
11	Section 501(c)(12) organizations. Enter		
11a	Gross income from members or shareholders.		
11b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
12b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
13a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.		
13b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.		
13c	Enter the amount of reserves on hand.		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		No
14b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.		

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 or note to any line 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		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O		
b	Enter the number of voting members included in line 1a, above, who are independent		
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 this 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 ☐ Other (explain in Schedule O)
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 during the tax year
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

Check if Schedule O contains a response or note to any line in this Part VII ☐

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

Form **990** (2013)

Part VII

1b	Sub-Total	▼			
c	Total from continuation sheets to Part VII, Section A	▼			
d	Total (add lines 1b and 1c)	▼	244,694		31,890

2 Total number of individuals (including but not limited to those l
\$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? <i>If "Yes," complete Schedule J for such individual</i>	3	No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	4	Yes
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>	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

Check if Schedule O contains a response or note to any line in this Part VIII

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns	1a			
	b	Membership dues	1b			
	c	Fundraising events	1c			
	d	Related organizations	1d			
	e	Government grants (contributions)	1e			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	9,346,377		
	g	Noncash contributions included in lines 1a-1f \$				
	h	Total. Add lines 1a-1f		9,346,377		
Program Service Revenue	2a		Business Code			
	b					
	c					
	d					
	e					
	f	All other program service revenue				
	g	Total. Add lines 2a-2f				
	Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)	58,758		
4		Income from investment of tax-exempt bond proceeds				
5		Royalties				
6a		Gross rents	(i) Real	(ii) Personal		
b		Less rental expenses				
c		Rental income or (loss)				
d		Net rental income or (loss)				
7a		Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other		
b		Less cost or other basis and sales expenses				
c		Gain or (loss)				
d		Net gain or (loss)				
8a		Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18	a			
b		Less direct expenses	b			
c		Net income or (loss) from fundraising events				
9a		Gross income from gaming activities See Part IV, line 19	a			
b		Less direct expenses	b			
c		Net income or (loss) from gaming activities				
10a		Gross sales of inventory, less returns and allowances	a			
b		Less cost of goods sold	b			
c		Net income or (loss) from sales of inventory				
		Miscellaneous Revenue	Business Code			
11a						
b						
c						
d	All other revenue					
e	Total. Add lines 11a-11d					
12	Total revenue. See Instructions		9,405,135			58,758

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).

Check if Schedule O contains a response or note to any line 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.	7,442,174	7,442,174		
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.	280,691	37,056	188,269	55,366
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.	322,234	176,638	1,160	144,436
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions).	55,691	19,640	17,490	18,561
9	Other employee benefits.	38,820	13,795	12,233	12,792
10	Payroll taxes.	42,146	15,146	13,377	13,623
11	Fees for services (non-employees):				
a	Management.				
b	Legal.				
c	Accounting.	15,335		15,335	
d	Lobbying.				
e	Professional fundraising services. See Part IV, line 17.				
f	Investment management fees.				
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).				
12	Advertising and promotion.	72,765	11,938		60,827
13	Office expenses.	9,206	3,034	2,334	3,838
14	Information technology.				
15	Royalties.				
16	Occupancy.	56,934	20,421	17,764	18,749
17	Travel.	13,497	3,500	2,015	7,982
18	Payments of travel or entertainment expenses for any federal, state, or local public officials.				
19	Conferences, conventions, and meetings.	3,491	1,703	573	1,215
20	Interest.				
21	Payments to affiliates.	96,064		96,064	
22	Depreciation, depletion, and amortization.	11,125	3,943	3,495	3,687
23	Insurance.	4,602	1,317	2,282	1,003
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O):				
a	IMAGINATION LIBRARY	257,714	257,714		
b	CONNECTING KIDS	34,588	34,588		
c	CHALLENGE DAY	29,520	29,520		
d	CAMPAIGN MATERIALS	24,195			24,195
e	All other expenses	81,006	23,619	39,836	17,551
25	Total functional expenses. Add lines 1 through 24e.	8,891,798	8,095,746	412,227	383,825
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ☐ if following SOP 98-2 (ASC 958-720).				

Part X

Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X

					(A)		(B)
					Beginning of year		End of year
Assets	1	Cash—non-interest-bearing			1,494,318	1	1,599,856
	2	Savings and temporary cash investments			68,029	2	60,498
	3	Pledges and grants receivable, net			6,920,887	3	7,014,348
	4	Accounts receivable, net				4	3,022
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L				5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L				6	
	7	Notes and loans receivable, net				7	
	8	Inventories for sale or use				8	
	9	Prepaid expenses and deferred charges			630	9	7,173
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	165,967			
	b	Less accumulated depreciation	10b	134,973	37,531	10c	30,994
	11	Investments—publicly traded securities			2,016,141	11	2,333,580
	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)			10,537,536	16	11,049,471
Liabilities	17	Accounts payable and accrued expenses			277,479	17	259,314
	18	Grants payable			2,228	18	1,825
	19	Deferred revenue				19	5,051
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D				21	
	22	Loans and other 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			279,707	26	266,190
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here ☒ and complete lines 27 through 29, and lines 33 and 34.						
	27	Unrestricted net assets			2,676,663	27	2,784,893
	28	Temporarily restricted net assets			7,581,166	28	7,998,388
	29	Permanently restricted net assets				29	
	Organizations that do not follow SFAS 117 (ASC 958), 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			10,257,829	33	10,783,281
	34	Total liabilities and net assets/fund balances			10,537,536	34	11,049,471

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	9,405,135
2	Total expenses (must equal Part IX, column (A), line 25)	2	8,891,798
3	Revenue less expenses Subtract line 2 from line 1	3	513,337
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	10,257,829
5	Net unrealized gains (losses) on investments	5	12,115
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	10,783,281

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line 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? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis		No
2b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both ☒ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis	Yes	
2c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	Yes	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		No
3b	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		

Additional Data

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(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			
CARL WYNJA PAST CHAIR	1 00	X		X				0	0	0
JIM WIEDERRICH CHAIR	1 00	X		X				0	0	0
ROBERT THIMJON FIRST VICE-C	1 00	X		X				0	0	0
DEB HAYES MEMBER	1 00	X						0	0	0
RICK HULL MEMBER	1 00	X						0	0	0
LINDSEY MEYERS 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
TOM BOSCH MEMBER	1 00	X						0	0	0
BILL O'CONNOR MEMBER	1 00	X						0	0	0
SCOTT PETERSEN MEMBER	1 00	X						0	0	0
PAUL SOVA SECOND VICE-	1 00	X		X				0	0	0
RANDY BURY MEMBER	1 00	X						0	0	0
RICK MARTIN MEMBER	1 00	X						0	0	0
DEAN MERTZ MEMBER	1 00	X						0	0	0
WAYNE MUTH MEMBER	1 00	X						0	0	0
JULIE NORTON SECRETARY/TR	1 00	X		X				0	0	0
TOM SIMMONS MEMBER	1 00	X						0	0	0
KEN BAPTIST MEMBER	1 00	X						0	0	0
RYAN DULANEY MEMBER	1 00	X						0	0	0
TOM LORANG MEMBER	1 00	X						0	0	0
PATTI LYON MEMBER	1 00	X						0	0	0
DAN RYKHUS MEMBER	1 00	X						0	0	0
BILL SMITH MEMBER	1 00	X						0	0	0
DAVE ZIMBECK 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 (list any hours for related organizations below dotted line)	(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			
PAUL BRUFLAT MEMBER	1 00	X						0	0	0
REV NATANAEL LIZARAZO MEMBER	1 00	X						0	0	0
TRACY DAHL-WEBB MEMBER	1 00	X						0	0	0
DR DANIEL HEINEMANN MEMBER	1 00	X						0	0	0
JAY POWELL PRESIDENT	40 00			X				162,016	0	16,325
COLEEN THOMPSON FINANCE DIR	40 00			X				82,678	0	15,565

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.
▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

Open to Public
Inspection

Name of the organization SIOUX EMPIRE UNITED WAY INC	Employer identification number 46-0233701
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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)

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11g(i)

11g(ii)

11g(iii)

(i)

(ii)

(iii)

a

b

c

d

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)

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

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

A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?

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

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

Provide the following information about the supported organization(s)

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

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

Part II

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")	9,082,321	8,655,475	8,164,126	8,679,632	9,346,377	43,927,931
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	9,082,321	8,655,475	8,164,126	8,679,632	9,346,377	43,927,931
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4						43,927,931

Section B. Total Support							
Calendar year (or fiscal year beginning in) ▶		(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7	Amounts from line 4	9,082,321	8,655,475	8,164,126	8,679,632	9,346,377	43,927,931
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	2,525	121,307	113,820	122,036	58,758	418,446
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11	Total support (Add lines 7 through 10)						44,346,377
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 2013 (line 6, column (f) divided by line 11, column (f))	14	99 060 %
15	Public support percentage for 2012 Schedule A, Part II, line 14	15	98 890 %
16a	33 1/3% support test—2013. 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—2012. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		
17a	10%-facts-and-circumstances test—2013. 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—2012. 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 IIISupport Schedule for Organizations Described in Section 509(a)(2)
(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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 2013 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2012 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage		
17 Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2012 Schedule A, Part III, line 17	18	
19a 33 1/3% support tests—2013. 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—2012. 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.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Return Reference	Explanation	
------------------	-------------	--

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b
▶ Attach to Form 990. ▶ See separate instructions. ▶ Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization SIOUX EMPIRE UNITED WAY INC	Employer identification number 46-0233701
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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 can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ 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 education) ☐ Preservation of an historically important land area
☐ Protection of natural habitat ☐ Preservation of a certified historic structure
☐ Preservation of open space

2

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

	Held at the End of the Year
a	Total number of conservation easements
b	Total acreage restricted by conservation easements
c	Number of conservation easements on a certified historic structure included in (a)
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register

3

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

4

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

5

Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

☐ Yes ☐ No

6

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

7

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

8

Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

☐ Yes ☐ No

9

In Part XIII, 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 (ASC 958), 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 XIII, the text of the footnote to its financial statements that describes these items

b

If the organization elected, as permitted under SFAS 116 (ASC 958), 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 (ASC 958) relating to these items

a

Revenues included in Form 990, Part VIII, line 1

▶ \$ _____

b

Assets included in Form 990, Part X

▶ \$ _____

Part III

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

- 3

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

a

☐ Public 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 XIII
- 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 XIII and complete the following table
- c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

	Amount
1c	
1d	
1e	
1f	
- 2a

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

☐ Yes

☐ No
- b

If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII

☐

Part V

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

- | | (a)Current year | (b)Prior year | b (c)Two years back | (d)Three years back | (e)Four years back |
|----|--|---------------|---------------------|---------------------|--------------------|
| 1a | Beginning of year balance | | | | |
| b | Contributions | | | | |
| c | Net investment earnings, gains, and losses | | | | |
| d | Grants or scholarships | | | | |
| e | Other expenditures for facilities and programs | | | | |
| f | Administrative expenses | | | | |
| g | End of year balance | | | | |
- 2

Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as

a

Board designated or quasi-endowment

b

Permanent endowment

c

Temporarily restricted endowment

The percentages in lines 2a, 2b, and 2c should equal 100%
- 3a

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

(i) unrelated organizations

3a(i)

Yes

No

(ii) related organizations

3a(ii)

Yes

No

b

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

3b

Yes

No

4

Describe in Part XIII the intended uses of the organization's endowment funds
- Part VI

Land, Buildings, and Equipment. Complete if the organization answered 'Yes' to Form 990, Part IV, line 11a. 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 | 5,521 | 8,814 |
| d Equipment | | 89,430 | 72,126 | 17,304 |
| e Other | | 62,202 | 57,326 | 4,876 |
| Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).) | | | | 30,994 |
- Schedule D (Form 990) 2013

Part XI

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements	1	9,417,250
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	2a	12,115
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII)	2d	
e	Add lines 2a through 2d	2e	12,115
3	Subtract line 2e from line 1	3	9,405,135
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 XIII)	4b	
c	Add lines 4a and 4b	4c	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	9,405,135

Part XII

Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements	1	8,891,798
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 XIII)	2d	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	8,891,798
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 XIII)	4b	
c	Add lines 4a and 4b	4c	
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	8,891,798

Part XIII

Supplemental Information

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Return Reference	Explanation

[illegible]

Schedule I
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization
SIOUX EMPIRE UNITED WAY INC

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

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

▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

Open to Public
Inspection

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. Part II can be duplicated 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

59

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.
Part III can be duplicated 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. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

Return Reference	Explanation
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**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 SOCIETY 4904 S TECHNOPOLES DR SIOUX FALLS,SD 57106	41-0724036	3	119,200				PARTNER AGENCY ALLOC
AUGUSTANA COLLEGE - PATHWAYS 2001 S SUMMIT AVE SIOUX FALLS,SD 57197	42-1623480	3	15,000				COMMUNITY IMPACT
AVERA MCKENNAN HOSPITAL 800 E 21ST STREET SIOUX FALLS,SD 57105	46-0224743	3	46,961				PARTNER AGENCY ALLOC
BIG BROTHERS BIG SISTERS 1000 N WEST AVE 300 SIOUX FALLS,SD 57104	05-0593016	3	178,858				PARTNER AGENCY ALLOC
BOY SCOUTS 800 N WEST AVE SIOUX FALLS,SD 57104	46-0224599	3	222,111				PARTNER AGENCY ALLOC
BOYS & GIRLS CLUB 824 E 14TH STREET SIOUX FALLS,SD 57104	46-0399482	3	129,099				COMMUNITY IMPACT
CARROLL INSTITUTE 310 S 1ST AVE SIOUX FALLS,SD 57104	46-0373475	3	55,672				PARTNER AGENCY ALLOC
CENTER FOR ACTIVE GENERATIONS 2300 W 46TH ST SIOUX FALLS,SD 57105	46-0305500	3	255,025				PARTNER AGENCY ALLOC
CENTER FOR ACTIVE GENERATIONS 2300 W 46TH ST SIOUX FALLS,SD 57105	46-0305500	3	31,500				COMMUNITY IMPACT
CHILDREN'S HOME SOCIETY 409 N WESTERN AVE SIOUX FALLS,SD 57104	46-0224542	3	743,968				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
COMMUNITY OUTREACH 431 N CLIFF AVE SIOUX FALLS,SD 57103	46-0416744	3	327,450				PARTNER AGENCY ALLOC
COMMUNITY OUTREACH 431 N CLIFF AVE SIOUX FALLS,SD 57103	46-0416744	3	6,519				COMMUNITY IMPACT
COMPASS CENTER 1800 W 12TH ST 100 SIOUX FALLS,SD 57104	46-0350199	3	146,729				PARTNER AGENCY ALLOC
DAKOTA SMILES MOBILE DENTAL PROGRAM 201 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	55,500				PARTNER AGENCY ALLOC
DELL RAPIDS COMMUNITY HAVEN 1216 N GARFIELD AVE DELL RAPIDS,SD 57022	46-6002579	3	11,000				PARTNER AGENCY ALLOC
EMBE 300 W 11TH ST SIOUX FALLS,SD 57104	46-0234998	3	328,290				PARTNER AGENCY
EMBE GIRLS ON TRACK 300 W 11TH ST SIOUX FALLS,SD 57104	46-0234998	3	57,045				COMMUNITY IMPACT
FACE IT TOGETHER SIOUX FALLS 2011 W 26TH STREET 101 SIOUX FALLS,SD 57105	94-3472044	3	50,000				COMMUNITY IMPACT
FAMILY CONNECTIONS 303 N MINNESOTA AVE SIOUX FALLS,SD 57104	46-0435140	3	26,841				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 SERVICE 2210 WBROWN PL SIOUX FALLS,SD 57105	46-0259350	3	242,820				PARTNER AGENCY ALLOC
FAMILY VISITATION CENTER 311 E 14TH STREET SIOUX FALLS,SD 57104	26-3654937	3	57,640				PARTNER AGENCY ALLOC
FEEDING SOUTH DAKOTA 3511 N 1ST AVE SIOUX FALLS,SD 57104	36-3293534	3	237,500				PARTNER AGENCY ALLOC
FIRST UNITED METHODIST CHURCH 401 S SPRING AVE SIOUX FALLS,SD 57104	46-0230392	3	42,982				PARTNER AGENCY ALLOC
FITTHUMB 326 E 8TH ST 101 SIOUX FALLS,SD 57103	71-0890899		12,000				COMMUNITY IMPACT
FURNITURE MISSION 209 S NESMITH AVE SIOUX FALLS,SD 57103	81-0584500	3	48,800				PARTNER AGENCY ALLOC
GIRL SCOUTS 1101 S MARION ROAD SIOUX FALLS,SD 57106	46-0250744	3	60,192				PARTNER AGENCY ALLOC
GOOD SAMARITAN SOCIETY - RSVP PO BOX 5038 SIOUX FALLS,SD 57117	45-0228055	3	16,196				PARTNER AGENCY ALLOC
GOOD SAMARITAN SOCIETY - SENIOR COM PO BOX 5038 SIOUX FALLS,SD 57117	45-0228055	3	88,421				PARTNER AGENCY ALLOC
HABITAT FOR HUMANITY 721 E AMIDON STREET SIOUX FALLS,SD 57104	46-0407140	3	6,000				COMMUNITY IMPACT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HORSEPOWER PO BOX 1604 SIOUX FALLS,SD 57101	46-0378036	3	30,000				COMMUNITY IMPACT
HELPLINE CENTER 1000 N WEST AVE 310 SIOUX FALLS,SD 57104	23-7424387	3	333,173				PARTNER AGENCY ALLOC
HERE4YOUTH 1721 W 51ST ST SIOUX FALLS,SD 57105	46-0440761	3	94,021				PARTNER AGENCY ALLOC
INTERLAKES COMMUNITY ACTION PROGRAM PO BOX 268 MADISON,SD 57042	46-0282131	3	120,451				PARTNER AGENCY ALLOC
INTERLAKES CAP - HEARTLAND HOUSE PO BOX 268 MADISON,SD 57042	46-0282131	3	25,000				COMMUNITY IMPACT
KILIAN COMMUNITY COLLEGE 300 E 6TH ST SIOUX FALLS,SD 57103	46-0385443	3	27,327				PARTNER AGENCY ALLOC
LUNCH IS SERVED 405 S MABLE AVE SIOUX FALLS,SD 57105	20-3832197	3	15,000				PARTNER AGENCY ALLOC
LUTHERAN SOCIAL SERVICES 705 E 41ST ST 200 SIOUX FALLS,SD 57105	46-0224731	3	463,407				PARTNER AGENCY ALLOC
MULTI-CULTURAL CENTER 515 N MAIN AVE SIOUX FALLS,SD 57104	46-0445034	3	165,570				PARTNER AGENCY ALLOC
MULTI-CULTURAL CENTER - ELL 515 N MAIN AVE SIOUX FALLS,SD 57104	46-0445034	3	37,250				COMMUNITY IMPACT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
OUR SAVIOR'S LUTHERAN CHURCH 909 W 33RD ST SIOUX FALLS,SD 57105	46-0229996	3	6,550				COMMUNITY IMPACT
REACH 629 S MINNESOTA AVE 201 SIOUX FALLS,SD 57104	46-0396579	3	49,831				PARTNER AGENCY
READY TO START HARRISBURG SCHOOL DT 200 WILLOW STREET HARRISBURG,SD 57032	46-6002218	GOV	12,878				COMMUNITY IMPACT
SALVATION ARMY PO BOX 1002 SIOUX FALLS,SD 57101	36-2167910	3	40,000				PARTNER AGENCY ALLOC
SANFORD CHILDREN'S SERVICES 1305 W 18TH ST SIOUX FALLS,SD 57105	46-0227855	3	96,459				PARTNER AGENCY ALLOC
SANFORD HEALTH FOUNDATION 1305 W 18TH ST SIOUX FALLS,SD 57105	36-3297853	3	33,634				COMMUNITY IMPACT
SIOUX FALLS AREA CASA PROGRAM PO BOX 1901 SIOUX FALLS,SD 57101	46-0430647	3	75,505				PARTNER AGENCY ALLOC
SIOUX FALLS AREA COMMUNITY FOUNDATI 300 N PHILLPS AVE 102 SIOUX FALLS,SD 57104	31-1748533	3	125,000				PARTNER AGENCY ALLOC
SIOUX FALLS HOUSING 630 S MINNESOTA AVE SIOUX FALLS,SD 57104	46-0333222	GOV	62,547				PARTNER AGENCY ALLOC
SIOUX FALLS PSYCHOLOGICAL SERVICES 1410 W 25TH ST SIOUX FALLS,SD 57105	46-0237098	3	15,322				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
SFSD - READY TO START 201 E 38TH ST SIOUX FALLS,SD 57105	46-6002586	GOV	37,137				COMMUNITY IMPACT
SFSD - STARTING STRONG 201 E 38TH ST SIOUX FALLS,SD 57105	46-6002586	GOV	270,000				PARTNER AGENCY ALLOC
SFSD - HOME LIAISON REFUGEE & IMM 201 E 38TH ST SIOUX FALLS,SD 57105	46-6002586	GOV	63,476				PARTNER AGENCY
SOUTH DAKOTA 4H FOUNDATION SDSU BOX 2207E BROOKINGS,SD 57007	46-6016086	3	35,930				PARTNER AGENCY ALLOC
SOUTH DAKOTA ACHIEVE 4100 S WESTERN AVE SIOUX FALLS,SD 57105	23-7072116	3	82,850				PARTNER AGENCY ALLOC
SOUTHEASTERN BEHAVIORAL HEALTH 2000 S SUMMIT AVE SIOUX FALLS,SD 57105	46-0232306	3	151,300				PARTNER AGENCY ALLOC
ST FRANCIS HOUSE 1301 E AUSTIN STREET SIOUX FALLS,SD 57103	46-0423202	3	42,296				PARTNER AGENCY
TEDDY BEAR DEN 500 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
USD SCOTTISH RITE 414 E CLARK ST VERMILLION,SD 57069	46-6000364	GOV	130,000				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
VOLUNTEERS OF AMERICA 1309 W 51ST ST SIOUX FALLS,SD 57106	23-7353508	3	569,641				PARTNER AGENCY ALLOC
SIOUX FALLS FAMILY YMCA 230 S MINNESOTA SIOUX FALLS,SD 57104	46-0225021	3	519,300				PARTNER AGENCY ALLOC

Schedule J
(Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

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

▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

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

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii) Do not list any individuals that are not listed on Form 990, Part VII
Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual

(A) Name and Title		(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 as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1)JAY POWELL PRESIDENT	(i) (ii)	162,016			16,325		178,341	

Part III **Supplemental Information**

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

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.
**▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at
www.irs.gov/form990.**

OMB No 1545-0047

2013

**Open to Public
Inspection**

Name of the organization
SIOUX EMPIRE UNITED WAY INC

Employer identification number

46-0233701

Return Reference	Explanation
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

Return Reference	Explanation
FORM 990, PAGE 2, PART III, LINE 4A	ADDED SIOUX EMPIRE UNITED WAY PARTNERED WITH LAWRENCE & SCHILLER TO CREATE CAMPAIGN MATERIALS THE WOMENUNITE EVENT WAS HELD IN LATE AUGUST AND ATTENDED BY OVER 800 INDIVIDUALS RAISED OVER 10,000 - AN INCREASE OF 4,000 122 PEOPLE ATTENDED 20 AGENCY TOURS SPEAKERS BUREAU SCHEDULED 208 SPEAKING ENGAGEMENTS AT 71 DIFFERENT COMPANIES THE 20CAMPAIGN KICKOFF HELD IN SEPTEMBER WAS ATTENDED BY 400 PEOPLE KEY NOTE SPEAKER WAS ONE OF THE CHALLENGE DAY FACILITATORS CAMPAIGN E-UPDATES WERE EMAILED EVERY TWO WEEKS FROM JULY THRU END OF CAMPAIGN WITH TIPS AND TOOLS FOR VOLUNTEERS, AND FEATURES ON COMPANY CAMPAIGNS MORE THAN 800 VOLUNTEERS RECEIVED THE CAMPAIGN UPDATES WITH A 30% OPEN RATE MONTHLY E-UPDATES WERE DISTRIBUTED YEAR ROUND TO MORE THAN 7,000 SUPPORTERS WITH 20% OPEN RATE THESE UPDATES INCLUDED INFORMATION ABOUT PARTNER PROGRAMS, RESULTS, SUCCESS STORIES AND MORE WITHIN SOCIAL MEDIA INCREASED FACEBOOK FOLLOWERS FROM 635 TO 763 INCREASED TWITTER FOLLOWERS FROM 460 TO 626 ESTABLISHED PRESENCE ON INSTAGRAM AND LINKEDIN 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 MIDWEST COMMUNICATIONS AND RESULTS RADIO STATIONS

Return Reference	Explanation
FORM 990, PAGE 2, PART III, LINE 4B	COMMUNITY IMPACT GRANTS WERE FUNDED FOR A TOTAL OF 309,912 "THE DIVISION CONTINUED TO BUILD RELATIONSHIPS WITH AGENCIES THROUGH QUARTERLY FORUMS "IN ADDITION, MATCHING FUNDS FOR STRATEGIC PLANNING WERE MADE AVAILABLE TO UNITED WAY PARTNER AGENCIES AND EFFECTIVE LEADERSHIP TRAINING WAS PROVIDED TO 20 DIFFERENT AGENCY REPRESENTATIVES "THE COMMUNITY IMPACT DIVISION ALSO EXPANDED THE SAVE A LIFE - AED PROGRAM TO RURAL COMMUNITIES THROUGH THESE MATCHING GRANTS FUNDS, 25 AED'S WERE DISTRIBUTED

Return Reference	Explanation	
	FORM 990, PAGE 2, PART III, LINE 4C	FAMILIES, ALLOWING THEM TO PARTICIPATE IN QUALITY PROGRAMS EVEN IF THEIR FAMILY CANNOT AFF ORD TO PAY THE FULL COST OF ATTENDING SIOUX FALLS FAMILY YMCA'S MIDDLE SCHOOL AFTER SCHOO L PROGRAM PROVIDED A VARIETY OF ACTIVITIES TO 1,007 STUDENTS AT FIVE MIDDLE SCHOOLS LAST Y EAR 73% OF THOSE STUDENTS FEEL THAT THE PROGRAM HAS HELPED THEM TO MAKE BETTER DECISIONS, AND 77% FEEL THAT THE PROGRAM HAS HELPED THEM TO STAY AWAY FROM DRUGS AND ALCOHOL BASIC NEEDS 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, 1,348 INDIVI DUALS AND FAMILIES RECEIVED FINANCIAL ASSISTANCE AND 2,533 INDIVIDUALS AND FAMILIES RECEIV ED INFORMATION AND REFERRALS COMMUNITY OUTREACH'S GENESIS MENTORING PROGRAM PAIRS VOLUNTE ER MENTORS WITH HOMELESS OR NEAR HOMELESS FAMILIES AND INDIVIDUALS TO HELP STABILIZE AND FOCUS ON FINANCIAL LITERACY LAST YEAR, 63 HOUSEHOLDS WERE SERVED THROUGH GENESIS 95% OF P ARTICIPANTS ACHIEVED OR MAINTAINED PERMANENT HOUSING ONE YEAR AFTER ENTERING THE GENESIS P ROGRAM FEEDING SOUTH DAKOTA'S BACKPACK PROGRAM PROVIDES 3,059 CHILDREN AT 46 SITES WITHIN THE SIOUX EMPIRE WITH FOOD FOR THE WEEKEND FURNITURE MISSION RECEIVES DONATIONS OF GENTL Y USED FURNITURE AND THEN DISTRIBUTES THROUGH SOCIAL SERVICE AGENCY REFERRALS LAST YEAR, 1,671 REFERRALS WERE SERVED, 92 TODDLER BEDS AND 464 SINGLE MATTRESSES INTERLAKES COMMUNI TY ACTION PARTNERSHIP'S HEARTLAND HOUSE PROVIDES TRANSITIONAL HOUSING FOR HOMELESS FAMILIE S AND THEIR CHILDREN, SERVING 85 FAMILIES LAST YEAR 75% OF PARTICIPANTS GAINED EMPLOYMENT AND 72% OF ACHIEVED PERMANENT STABLE HOUSING AFTER COMPLETING PROGRAM LUNCH IS SERVED PR OVIDED 23,871 NUTRITIOUS MID- DAY MEALS FOR THE WORKING POOR - A 12% INCREASE OVER 2012 A SURVEY OF RECIPIENTS FOUND THAT 56% WOULD NOT EAT LUNCH DURING THEIR WORK DAY IF THE LUNC HES WERE NOT PROVIDED THOSE RECIPIENTS ALSO NOTED THE LUNCHESES POSITIVELY IMPACT THEIR ATT ITUDE, STAMINA, WORK PERFORMANCE, ATTENTION SPAN AND SELF-ESTEEM SIOUX FALLS HOUSING & RE DEVELOPMENT COMMISSION'S FAMILY SELF-SUFFICIENCY PROGRAM ASSISTS LOW-INCOME INDIVIDUALS AN D ADULT FAMILY MEMBERS, WHO ARE RECEIVING HOUSING ASSISTANCE, WITH ELIMINATING BARRIERS TO ATTAINING EDUCATION AND EMPLOYMENT SKILLS LAST YEAR, 81 PARTICIPANTS RECEIVED 567 HOURS OF ONE-ON-ONE ASSISTANCE AND HAD THE OPPORTUNITY TO ATTEND 28 DIFFERENT WORKSHOPS 17 OUT OF 22 (77%) WHO COMPLETED FSS PROGRAM BECAME TOTALLY OR PARTIALLY SELF-SUFFICIENT ST FRA NCIS HOUSE PROVIDES TRANSITIONAL HOUSING AND CASE MANAGEMENT FOR FAMILIES, SERVING 35 FAMILIES, 64 CHILDREN AND 215 SINGLE INDIVIDUALS LAST YEAR CHILD CARE THE EARLY CHILDHOOD ED UCATION PROGRAM OF YOUTH ENRICHMENT SERVICES, THROUGH BOYS & GIRLS CLUB OF THE SIOUX EMPIR E, PROVIDES DEVELOPMENTALLY APPROPRIATE PRESCHOOL AND PRE-K EXPERIENCES IN A SAFE, NURTURING ENVIRONMENT LAST YEAR, 176 CHILDREN ATTENDED THE EARLY CHILDHOOD EDUCATION PROGRAM THR OUGH Y ES 165 OF THE 176 CHILDREN SUCCESSFULLY REACHED DEVELOPMENTAL MILESTONES FOR KIND ERGARTEN READINESS THE INFANT & TODDLER PROGRAM AT YOUTH ENRICHMENT SERVICES, THROUGH BOY S & GIRLS CLUB OF THE SIOUX EMPIRE, PROVIDES DEVELOPMENTALLY APPROPRIATE EXPERIENCES FOR C HILDREN FROM BIRTH TO AGE THREE IN A SAFE, NURTURING ENVIRONMENT 175 INFANTS AND CHILDREN WERE SERVED THROUGH THE INFANT & TODDLER PROGRAM IN 2013 162 OF THOSE CHILDREN SUCCESSFU LLY REACHED DEVELOPMENTAL MILESTONES WHILE IN THE PROGRAM EMBE'S CHILDCARE PROGRAM SERVES CHILDREN AGES 4 WEEKS TO 5 YEARS LAST YEAR, AN AVERAGE OF 289 CHILDREN ATTENDED THE CENT ER DAILY AND 100% OF THE AGE-APPROPRIATE CHILDREN PASSED THE KINDERGARTEN READINESS SCREENING HELPLINE CENTER'S CHILDCARE HELPLINE PROVIDED 3,279 REFERRALS TO PARENTS SEEKING INFO RMATION ABOUT AVAILABLE CHILDCARE SERVICES LAST YEAR 59% OF PARENTS SERVED FOUND CARE THR OUGH THE SERVICES PROVIDED AND 77% OF PARENTS WERE ABLE TO VERBALIZE AT LEAST 3 CHARACTERISTICS OF QUALITY CHILD CARE INTER-LAKES COMMUNITY ACTION PARTNERSHIP'S SIOUX FALLS CENTER PROVIDES HIGH QUALITY EARLY CHILDHOOD DEVELOPMENT SERVICES TO LOW- INCOME AND SPECIAL NEE DS CHILDREN 118 CHILDREN WERE ENROLLED LAST YEAR AND ALL THEIR PARENTS EITHER WORKED OR A TTENDED SCHOOL UNITED DAY CARE PROVIDED QUALITY CARE FOR 155 CHILDREN AGES 2- 10 LAST YEAR 100% OF AGE APPROPRIATE CHILDREN WERE READY TO ENTER KINDERGARTEN AND 306 PARENTS WERE A BLE TO WORK OR ATTEND SCHOOL VOLUNTEERS OF AMERICA, DAKOTAS' CHILD CARE & FAMILY LITERACY CENTER PROVIDED 250 CHILDREN WITH QUALITY CARE LAST YEAR LITTLE BLESSINGS CHILDCARE CENT ER THROUGH VOLUNTEERS OF AMERICA, DAKOTAS FOCUSES ON PROVIDING CARE FOR CHILDREN OF NEW ST ART PARTICIPANTS, A CHEMICAL TREATMENT PROGRAM FOR MOTHERS LAST YEAR, 86 CHILDREN WERE SE RVED COUNSELING CHILDREN'S CONNECTION, A PROGRAM OF FAMILY CONNECTION PROVIDES WEEKLY SU PPORT GROUPS, FAMILY EVENTS, AND MORE TO CHILDREN

Return Reference	Explanation	
	FORM 990, PAGE 2, PART III, LINE 4C	WHOSE PARENT OR CLOSE FAMILY MEMBER HAS BEEN INCARCERATED LAST YEAR, 287 STUDENTS PARTICIPATED IN THE WEEKLY GROUPS 99% OF THE PARTICIPANTS FEEL THAT THE GROUP THERAPY HAS IMPROVED THEIR WELL-BEING FAMILY SERVICES' COUNSELING PROGRAM PROVIDES A VARIETY OF SERVICES, INCLUDING MARRIAGE AND FAMILY, PARENT/CHILD, ALCOHOL/DRUGS, DEPRESSION, ANXIETY, AND STRESS LAST YEAR 7,678 HOURS OF SERVICE WERE PROVIDED, INCLUDING DIRECT CLIENT CONTACT, AS WELL AS WORK RELATED CONTACTS WITH EMPLOYERS, AND CONTACT WITH DSS, COURTS, SCHOOLS, ETC FAMILY SERVICE'S FAMILY LIFE EDUCATION PROVIDED 345 HOURS OF PREVENTION AND EDUCATION PROGRAMS LAST YEAR ON TOPICS RELATED TO MENTAL HEALTH THE HEUERMANN COUNSELING CLINIC THROUGH FAMILY SERVICES UTILIZES VOLUNTEER COUNSELORS TO PROVIDE COUNSELING SERVICES TO CLIENTS WHO ARE LOW INCOME AND HAVE NO OTHER MEANS TO PAY FOR SERVICES LAST YEAR, 1,158 HOURS OF COUNSELING SERVICE WERE PROVIDED LUTHERAN SOCIAL SERVICES' COUNSELING SERVICES SERVES CHILDREN, ADULTS, FAMILIES, AND COUPLES WHO ARE STRUGGLING WITH A WIDE ARRAY OF MENTAL HEALTH CONCERNS LAST YEAR 1,022 PEOPLE WERE PROVIDED 3,596 HOURS OF COUNSELING 78% OF PARTICIPANTS DEMONSTRATED SOME LEVEL OF ACHIEVEMENT TOWARDS THEIR GOALS LUTHERAN SOCIAL SERVICES' CENTER FOR FINANCIAL RESOURCES HELPS CONSUMERS FIND SOLUTIONS TO THEIR FINANCIAL CONCERNS THROUGH FINANCIAL COUNSELING SERVICES AND DEBT MANAGEMENT PROGRAMS LAST YEAR, THE PROGRAM PROVIDED 1,853 COUNSELING SESSIONS AND 524 ACTIVE DEBT MANAGEMENT PLANS 122 CLIENTS SUCCESSFULLY COMPLETED DEBT MANAGEMENT PLAN, 2,057,600 IN DEBT WAS PAID OFF BY PARTICIPANTS THROUGH DEBT MANAGEMENT PLANS SAD ISN'T BAD WAS DEVELOPED SPECIFICALLY TO HELP CHILDREN WHO ARE EXPERIENCING GRIEF LAST YEAR, 35 CHILDREN AND 22 ADULTS PARTICIPATED IN THREE SEPARATE 4 -WEEK SERIES 82% OF THOSE PARTICIPANTS AGREED THAT THE PROGRAM HAD HELPED THEM TO BEGIN TO DEAL WITH THEIR GRIEF SOUTHEASTERN BEHAVIORAL HEALTHCARE'S EMPLOYMENT CONNECTION PROGRAM ASSISTED 170 INDIVIDUALS SUFFERING FROM MENTAL ILLNESS IN THEIR CAREER DEVELOPMENT LAST YEAR 40 JOB PLACEMENTS WERE MADE, GENERATING 206,805 IN INCOME AND SAVING THE PUBLIC 57,500 SOUTHEASTERN BEHAVIORAL HEALTHCARE'S PSYCHIATRY PROGRAM PROVIDED 2,325 HOURS OF PSYCHIATRIC SERVICES TO LOW-INCOME INDIVIDUALS LAST YEAR VOLUNTEERS OF AMERICA, DAKOTAS' LIFEMARKS BEHAVIORAL HEALTH-OUTPATIENT COUNSELING SERVICES PROVIDED 657 INDIVIDUALS WITH 6,888 HOURS OF INDIVIDUAL, GROUP, AND PSYCHIATRIC SERVICES LAST YEAR DISABILITIES DAKOTABILITIES' ALTERNATIVE SERVICES PROVIDES SOCIAL AND RECREATIONAL OPPORTUNITIES TO PEOPLE AS AN ALTERNATIVE TO TRADITIONAL PROGRAMMING LAST YEAR 15,360 HOURS OF SERVICE WERE PROVIDED TO OVER 52 INDIVIDUALS REACH ADULT LITERACY/TUTORING PROVIDED 2,393 HOURS OF TUTORING TO 98 ADULTS IN ORDER TO IMPROVE THEIR READING, WRITING AND LIVING SKILLS LAST YEAR 90% OF THE PARTICIPANTS SET AND RECORDED PERSONAL LEARNING GOALS WITH THE HELP OF THEIR TUTOR THE USD SCOTTISH RITE CHILDREN'S CLINIC FOR SPEECH & LANGUAGE DISORDERS PROVIDES A FULL ARRAY OF CLINICAL SERVICES RELATED TO SPEECH, LANGUAGE AND LITERACY IN 2013, 2,335 INDIVIDUALS UTILIZED 3,673 SERVICES THROUGH THE PROGRAM FRIENDSLINK PROVIDES SOCIAL/RECREATIONAL AND EDUCATIONAL ACTIVITIES FOR ADULTS WITH DISABILITIES LAST YEAR, 68 DIFFERENT GROUP ACTIVITIES AND 80 SMALL GROUP OR ONE-ON-ONE ACTIVITIES WERE HELD STABLE AND REWARDING INTERPERSONAL RELATIONSHIPS ARE ARGUABLY THE SINGLE MOST IMPORTANT FACTOR INFLUENCING A PERSON'S QUALITY OF LIFE HORSEPOWER IS A THERAPEUTIC HORSE PROGRAM FOR INDIVIDUALS WITH SPECIAL NEEDS LAST YEAR THEY PROVIDED 2,019 THERAPY SESSIONS TO 205 PARTICIPANTS AND 75% OF THE PARTICIPANTS EXPERIENCED AT LEAST MODERATE IMPROVEMENT IN LARGE MUSCLE GROUP STRENGTH DIVERSITY MULTI-CULTURAL CENTER'S AFTER SCHOOL AND OUT OF SCHOOL PROGRAMS SERVED 639 STUDENTS WITH AFTER SCHOOL AND SUMMER PROGRAMMING LAST YEAR SIOUX FALLS SCHOOL DISTRICT'S SCHOOL HOME LIAISON REFUGEE AND IMMIGRANT HELPS REFUGEE

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 6	MEMBERS

Return Reference	Explanation
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

Return Reference	Explanation
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

Return Reference	Explanation
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

Return Reference	Explanation
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

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

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 19	UPON REQUEST

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

2013

Attachment
Sequence No **179**

Name(s) shown on return
SIOUX EMPIRE UNITED WAY INC

Business or activity to which this form relates
INDIRECT DEPRECIATION

Identifying number

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 2012 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 2014 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	11,125

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 2013	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 2013 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 2013 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	11,125
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

Part V

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

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

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

Section B—Information on Use of Vehicles

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

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

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

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

37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?	Yes	No
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners		
39 Do you treat all use of vehicles by employees as personal use?		
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of 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 2013 tax year (see instructions)					
43 Amortization of costs that began before your 2013 tax year				43	
44 Total. Add amounts in column (f) See the instructions for where to report				44	