

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
Information about Form 990 and its instructions is at www.irs.gov/form990

OMB No 1545-0047
2015
Open to Public Inspection

A For the 2015 calendar year, or tax year beginning 01-01-2015, and ending 12-31-2015

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization SIOUX EMPIRE UNITED WAY INC		D Employer identification number 46-0233701
	Doing business as		E Telephone number (605) 336-2095
	Number and street (or P O box if mail is not delivered to street address) Room/suite 1000 N WEST AVENUE	G Gross receipts \$ 10,191,152	
	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		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions) H(c) Group exemption number	
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
J Website: WWW SIOUXEMPIREUNITEDWAY ORG			
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other		L Year of formation	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 <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets				
Revenue	3 Number of voting members of the governing body (Part VI, line 1a)	3	29		
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	28		
	5 Total number of individuals employed in calendar year 2015 (Part V, line 2a)	5	13		
	6 Total number of volunteers (estimate if necessary)	6	872		
	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			
Expenses	8 Contributions and grants (Part VIII, line 1h)	Prior Year	8,678,410	Current Year	10,131,132
	9 Program service revenue (Part VIII, line 2g)				0
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)		86,403		59,987
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)				0
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)		8,764,813		10,191,119
	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)		7,485,495		7,748,260
	14 Benefits paid to or for members (Part IX, column (A), line 4)				0
Net Assets or Fund Balances	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		825,616		839,408
	16a Professional fundraising fees (Part IX, column (A), line 11e)				0
	b Total fundraising expenses (Part IX, column (D), line 25) <u>485,970</u>				
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		817,140		916,686
	18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)		9,128,251		9,504,354
19 Revenue less expenses Subtract line 18 from line 12		-363,438		686,765	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	10,734,426	End of Year	11,528,555
	21 Total liabilities (Part X, line 26)		306,948		472,314
	22 Net assets or fund balances Subtract line 21 from line 20		10,427,478		11,056,241

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	2016-10-18 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 TRENT R PRINS	Date 2016-10-18	Check <input type="checkbox"/> if self-employed	PTIN P00851377
	Firm's name WOLTMAN GROUP PC			Firm's EIN 46-0398923	
	Firm's address 7001 S LYNCREST PLACE SIOUX FALLS, SD 571082599			Phone no (605) 361-1200	

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission

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

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [] Yes [X] No
If "Yes," describe these new services on Schedule O

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No
If "Yes," describe these changes on Schedule O

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code) (Expenses \$ 172,099 including grants of \$) (Revenue \$)
7 VOLUNTEERS SERVED ON THE MARKETING DIVISION YEAR ROUND MARKETING INCLUDED 49 COMPANIES (ADDED ON 3 THROUGH THE YEAR) EACH MONTH COMPANIES RECEIVE A SHORT STORY ABOUT A PARTICULAR INDIVIDUAL TOUCHED BY UNITED WAY, NEEDS FILLED IN THE COMMUNITY, OR IMPACT AREA THE INFORMATION IS DISTRIBUTED THROUGH THE COMPANIES BY EMAIL, BREAKROOM POSTINGS AND INTRANETS SIOUX EMPIRE UNITED WAY ONCE AGAIN PARTNERED WITH LAWRENCE & SCHILLER TO CREATE CAMPAIGN MATERIALS THAT ASKED THE COMMUNITY TO START WITH HEART BY GIVING 50 IN '16 THE WOMENUNITE EVENT WAS HELD ON AUGUST 27TH AND ATTENDED BY OVER 900 INDIVIDUALS RAISED OVER 10,000 THE FEBRUARY 2016 THANK YOU EVENT WAS ATTENDED BY OVER 300 PEOPLE THE EVENT INCLUDED THE 2016 CAMPAIGN TOTAL ANNOUNCEMENT AND RECOGNIZED SEVEN INDIVIDUALS AND THREE COMPANIES MORE THAN 75 SPEAKING ENGAGEMENTS AT 38 DIFFERENT COMPANIES WERE SCHEDULED THROUGH OUR SPEAKER'S BUREAU EMERGING LEADERS STEERING COMMITTEE WAS FORMED AND THEY WORKED TOGETHER TO DEVELOP A MEMBERSHIP PLAN AND STRUCTURE FOR THE NEW LEADERSHIP GROUP KICKOFF FOR THE GROUP IS SCHEDULED FOR APRIL 2016 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 648 VOLUNTEERS RECEIVED THE CAMPAIGN UPDATES WITH AN AVERAGE OPEN RATE OF 34% INFORMATIONAL E-UPDATES WERE DISTRIBUTED YEAR ROUND TO MORE THAN 9,900 SUPPORTERS WITH AN AVERAGE OPEN RATE OF 21% THESE UPDATES INCLUDED INFORMATION ABOUT FUNDED PROGRAMS, RESULTS, SUCCESS STORIES AND MORE WITHIN SOCIAL MEDIA INCREASED FACEBOOK FOLLOWERS FROM 884 TO 1692 INCREASED TWITTER FOLLOWERS FROM 782 TO 972 INSTAGRAM FOLLOWERS FROM 124 TO 268

4b (Code) (Expenses \$ 192,437 including grants of \$) (Revenue \$)
RECRUITED AND TRAINED 20 NEW VOLUNTEERS FOR THE DIVISION 99 VOLUNTEERS ON 12 IMPACT TEAMS DONATED OVER 1,550 HOURS VOLUNTEERS ALLOCATED APPROXIMATELY 8 MILLION TO 84 PROGRAMS THROUGH 41 AGENCIES THROUGH THE ANNUAL FUNDING PROCESS, VOLUNTEERS MADE BOLD DECISIONS SHIFTING DOLLARS TO MEET AREAS OF NEED THE VOLUNTEERS DECREASED FUNDING IN THE AMOUNT OF 442,878 AND PROVIDED INCREASED FUNDING IN THE AMOUNT OF 600,827 THIS INCLUDED THE ADDITION OF READY TO START IN THE LENNOX SCHOOL DISTRICT, ACTIVE GENERATIONS' CEILI COTTAGE, AND OUR NEWEST INITIATIVE (BETTER TOGETHER) WE FUNDED 12 COMMUNITY IMPACT GRANTS FOR A TOTAL OF 203,656 THE DIVISION CONTINUED TO BUILD RELATIONSHIPS WITH AGENCIES THROUGH QUARTERLY FORUMS IN ADDITION, MATCHING FUNDS FOR STRATEGIC PLANNING WERE MADE AVAILABLE TO 2 UNITED WAY PARTNER AGENCIES AS WELL AS VARIOUS GIFT IN KIND OPPORTUNITIES CURRENT AND FUTURE INITIATIVE WORK INCLUDES MENTAL HEALTH AND CHILDREN'S DENTAL

4c (Code) (Expenses \$ 8,205,403 including grants of \$ 7,748,260) (Revenue \$)
AFTER SCHOOL KIDSTOP PROVIDES A FREE AFTER SCHOOL AND SUMMER RECREATION PROGRAM FOR STUDENTS IN GRADES K-8 LAST YEAR AN AVERAGE OF 23 CHILDREN AND 10 MIDDLE-SCHOOLERS ATTENDED DAILY 87% OF REGULARLY ATTENDING PARTICIPANTS MAKE PROGRESS ON POWER OF ASSET BUILDING CHART, WHICH LEADS TO ACADEMIC SUCCESS LUTHERAN SOCIAL SERVICES' AFTER-SCHOOL AND SUMMER PROGRAMS EMPHASIZES HANDS-ON ACTIVITIES TO KEEP CHILDREN ENGAGED IN LEARNING OUTSIDE OF SCHOOL HOURS IN 2014, 164 CHILDREN PARTICIPATED IN AFTERSCHOOL AND SUMMER PROGRAMS, WITH AN AVERAGE DAILY ATTENDANCE OF 98 CHILDREN 131 OF THE TOTAL CHILDREN COME FROM LOW-INCOME FAMILIES, ALLOWING THEM TO PARTICIPATE IN QUALITY PROGRAMS EVEN IF THEIR FAMILY CANNOT AFFORD TO PAY THE FULL COST OF ATTENDING HERE4YOUTH PROVIDES OUT OF SCHOOL TIME CARE FOR YOUTH WITH SPECIAL NEEDS AND THEIR SIBLINGS LAST YEAR, THEY PROVIDED 19,072 OUT OF SCHOOL HOURS AND 423 RESPITE HOURS TO 70 YOUTH SIOUX FALLS FAMILY YMCA'S MIDDLE SCHOOL AFTER SCHOOL PROGRAM PROVIDED A VARIETY OF ACTIVITIES TO 835 STUDENTS AT FIVE MIDDLE SCHOOLS LAST YEAR 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, 1,804 INDIVIDUALS AND FAMILIES RECEIVED FINANCIAL ASSISTANCE AND 2,919 INDIVIDUALS AND FAMILIES RECEIVED INFORMATION AND REFERRALS COMMUNITY OUTREACH'S GENESIS MENTORING PROGRAM PAIRS VOLUNTEER MENTORS WITH HOMELESS OR NEAR HOMELESS FAMILIES AND INDIVIDUALS TO HELP STABILIZE AND FOCUS ON FINANCIAL LITERACY LAST YEAR, 71 HOUSEHOLDS WERE SERVED THROUGH GENESIS 99% OF PARTICIPANTS ACHIEVED OR MAINTAINED PERMANENT HOUSING ONE YEAR AFTER ENTERING THE GENESIS PROGRAM FEEDING SOUTH DAKOTA'S BACKPACK PROGRAM PROVIDES 3,257 CHILDREN AT 47 SITES WITHIN THE SIOUX EMPIRE WITH FOOD FOR THE WEEKEND FURNITURE MISSION RECEIVES DONATIONS OF GENTLY USED FURNITURE AND THEN DISTRIBUTES THROUGH SOCIAL SERVICE AGENCY REFERRALS LAST YEAR, 1,652 REFERRALS WERE SERVED, INCLUDING 59 TODDLER BEDS AND 438 SINGLE MATTRESSES FOR CHILDREN INTERLAKES COMMUNITY ACTION PARTNERSHIP'S HEARTLAND HOUSE PROVIDES TRANSITIONAL HOUSING FOR HOMELESS FAMILIES AND THEIR CHILDREN, SERVING 88 FAMILIES LAST YEAR 38% OF PARTICIPANTS GAINED FINANCIAL SELF-SUFFICIENCY AND 71% OF ENTERED PERMANENT STABLE HOUSING AFTER COMPLETING PROGRAM LUNCH IS SERVED PROVIDED 28,024 NUTRITIOUS MID-DAY MEALS FOR THE WORKING POOR - A 17% INCREASE OVER 2013 A SURVEY OF RECIPIENTS FOUND THAT 48% WOULD NOT EAT LUNCH DURING THEIR WORK DAY IF THE LUNCHES WERE NOT PROVIDED THOSE RECIPIENTS ALSO NOTED THE LUNCHES POSITIVELY IMPACT THEIR ATTITUDE, STAMINA, WORK PERFORMANCE, ATTENTION SPAN AND SELF-ESTEEM SIOUX FALLS HOUSING & REDEVELOPMENT COMMISSION'S FAMILY SELF-SUFFICIENCY PROGRAM ASSISTS LOW-INCOME INDIVIDUALS AND ADULT FAMILY MEMBERS, WHO ARE RECEIVING HOUSING ASSISTANCE, WITH ELIMINATING BARRIERS TO ATTAINING EDUCATION AND EMPLOYMENT SKILLS LAST YEAR, 78 PARTICIPANTS RECEIVED 501 HOURS OF ONE-ON-ONE ASSISTANCE AND HAD THE OPPORTUNITY TO ATTEND 21 DIFFERENT WORKSHOPS 17 PARTICIPANTS COMPLETED THE PROGRAM IN 2014 7 OF THE GRADUATES BECAME TOTALLY OR PARTIALLY SELF-SUFFICIENT AND 3 BECAME HOMEOWNERS ST FRANCIS HOUSE PROVIDES TRANSITIONAL HOUSING AND CASE MANAGEMENT FOR FAMILIES, SERVING 29 FAMILIES, 48 CHILDREN AND 214 SINGLE INDIVIDUALS LAST YEAR CHILD CARE THE EARLY CHILDHOOD EDUCATION PROGRAM OF YOUTH ENRICHMENT SERVICES, THROUGH BOYS & GIRLS CLUB OF THE SIOUX EMPIRE, PROVIDES DEVELOPMENTALLY APPROPRIATE PRESCHOOL AND PRE-K EXPERIENCES IN A SAFE, NURTURING ENVIRONMENT LAST YEAR, 206 CHILDREN ATTENDED THE EARLY CHILDHOOD EDUCATION PROGRAM THROUGH Y E S 96% OF CHILDREN SUCCESSFULLY REACHED DEVELOPMENTAL MILESTONES FOR KINDERGARTEN READINESS THE INFANT & TODDLER PROGRAM AT YOUTH ENRICHMENT SERVICES, THROUGH BOYS & GIRLS CLUB OF THE SIOUX EMPIRE, PROVIDES DEVELOPMENTALLY APPROPRIATE EXPERIENCES FOR CHILDREN FROM BIRTH TO AGE THREE IN A SAFE, NURTURING ENVIRONMENT 196 INFANTS AND CHILDREN WERE SERVED THROUGH THE INFANT & TODDLER PROGRAM IN 2014 EMBE'S CHILDCARE PROGRAM SERVES CHILDREN AGES 4 WEEKS TO 5 YEARS LAST YEAR, AN AVERAGE OF 332 CHILDREN ATTENDED THE CENTER DAILY AND 100% OF THE AGE-APPROPRIATE CHILDREN PASSED THE KINDERGARTEN READINESS SCREENING HELPLINE CENTER'S CHILDCARE HELPLINE PROVIDED 2,910 REFERRALS TO PARENTS SEEKING INFORMATION ABOUT AVAILABLE CHILDCARE SERVICES LAST YEAR 62% OF PARENTS SERVED FOUND CARE THROUGH THE SERVICES PROVIDED AND 85% 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 NEEDS CHILDREN 115 CHILDREN WERE ENROLLED LAST YEAR AND ALL THEIR PARENTS EITHER WORKED OR ATTENDED SCHOOL UNITED DAY CARE PROVIDED QUALITY CARE FOR 156 CHILDREN AGES 2-10 LAST YEAR 100% OF AGE APPROPRIATE CHILDREN WERE READY TO ENTER KINDERGARTEN AND 306 PARENTS WERE ABLE TO WORK OR ATTEND SCHOOL VOLUNTEERS OF AMERICA, DAKOTAS' CHILD CARE & FAMILY LITERACY CENTER PROVIDED 304 CHILDREN WITH QUALITY CARE LAST YEAR LITTLE BLESSINGS CHILDCARE CENTER THROUGH VOLUNTEERS OF AMERICA, DAKOTAS FOCUSES ON PROVIDING CARE FOR CHILDREN OF NEW START PARTICIPANTS, A CHEMICAL TREATMENT PROGRAM FOR MOTHERS LAST YEAR, 88 CHILDREN WERE SERVED COUNSELING CHILDREN'S CONNECTION, A PROGRAM OF FAMILY CONNECTION PROVIDES WEEKLY SUPPORT GROUPS, FAMILY EVENTS, AND MORE TO CHILDREN WHOSE PARENT OR CLOSE FAMILY MEMBER HAS BEEN INCARCERATED LAST YEAR, 268 STUDENTS PARTICIPATED IN THE WEEKLY GROUPS FAMILY SERVICES' COUNSELING PROGRAM PROVIDES A VARIETY OF SERVICES, INCLUDING MARRIAGE AND FAMILY, PARENT/CHILD, ALCOHOL/DRUGS, DEPRESSION, ANXIETY, AND STRESS LAST YEAR 5,767 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 338 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, 1,068 HOURS OF COUNSELING SERVICE WERE PROVIDED 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 1,593 COUNSELING SESSIONS AND 551 ACTIVE DEBT MANAGEMENT PLANS 186 CLIENTS SUCCESSFULLY COMPLETED DEBT MANAGEMENT PLAN, 2,035,687 IN DEBT WAS PAID OFF BY PARTICIPANTS THROUGH DEBT MANAGEMENT PLANS LUTHERAN SOCIAL SERVICES' COUNSELING SERVICES SERVES CHILDREN, ADULTS, FAMILIES, AND COUPLES WHO ARE STRUGGLING WITH A WIDE ARRAY OF MENTAL HEALTH CONCERNS LAST YEAR 1,049 PEOPLE WERE PROVIDED 3,867 HOURS OF COUNSELING 78% OF PARTICIPANTS DEMONSTRATED SOME LEVEL OF ACHIEVEMENT TOWARDS THEIR GOALS 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 148 INDIVIDUALS SUFFERING FROM MENTAL ILLNESS IN THEIR CAREER DEVELOPMENT LAST YEAR 40 JOB PLACEMENTS WERE MADE, GENERATING 281,842 IN INCOME AND SAVING THE PUBLIC 56,332 SOUTHEASTERN BEHAVIORAL HEALTHCARE'S PSYCHIATRY PROGRAM PROVIDED PSYCHIATRIC SERVICES TO 1,485 LOW-INCOME INDIVIDUALS LAST YEAR VOLUNTEERS OF AMERICA, DAKOTAS' LIFEMARKS BEHAVIORAL HEALTH-OUTPATIENT COUNSELING SERVICES PROVIDED 572 INDIVIDUALS WITH 6,865 HOURS OF INDIVIDUAL, GROUP, AND PSYCHIATRIC SERVICES LAST YEAR VOLUNTEERS OF AMERICA, DAKOTAS' LOOK UP AND HOPE PROGRAM USES A COMPREHENSIVE APPROACH IN WORKING WITH INCARCERATED MOTHERS, MINOR CHILDREN, AND CAREGIVERS TO IMPROVE FAMILY RELATIONS AND EASE THE CRISIS OF REENTRY 100 INDIVIDUALS PARTICIPATED IN THE PROGRAM LAST YEAR DISABILITIES AUGUSTANA'S FRIENDSLINK PROVIDES SOCIAL/RECREATIONAL AND EDUCATIONAL ACTIVITIES FOR ADULTS WITH DISABILITIES LAST YEAR, 62 DIFFERENT GROUP ACTIVITIES AND 84 SMALL GROUP OR ONE-ON-ONE ACTIVITIES WERE HELD 45 INDIVIDUALS WITH DISABILITIES BENEFITED FROM THE PROGRAM STABLE AND REWARDING INTERPERSONAL RELATIONSHIPS ARE ARGUABLY THE SINGLE MOST IMPORTANT FACTOR INFLUENCING A PERSON'S QUALITY OF LIFE DAKOTABILITIES' ALTERNATIVE SERVICES PROVIDES SOCIAL AND RECREATIONAL OPPORTUNITIES TO PEOPLE AS AN ALTERNATIVE TO TRADITIONAL

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

4e Total program service expenses 8,569,939

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 <input checked="" type="checkbox"/>	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? <input checked="" type="checkbox"/>	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		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		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		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 <input checked="" type="checkbox"/>		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 <input checked="" type="checkbox"/>		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III <input checked="" type="checkbox"/>		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 <input checked="" type="checkbox"/>		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 <input checked="" type="checkbox"/>		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. <input checked="" type="checkbox"/>	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 <input checked="" type="checkbox"/>		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 <input checked="" type="checkbox"/>		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 <input checked="" type="checkbox"/>		No
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X <input checked="" type="checkbox"/>		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 <input checked="" type="checkbox"/>		No
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII <input checked="" type="checkbox"/>	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 <input checked="" type="checkbox"/>		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?		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		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		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		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)		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		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		No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		

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 domestic 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 or for domestic individuals 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), 501(c)(4), and 501(c)(29) 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 "Yes," complete Schedule L, Part II</i>	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or 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	Yes	
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 FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
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. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
9a	Did the sponsoring organization make any taxable distributions under section 4966?		
9b	Did the sponsoring 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

Table with 3 columns: Question, Yes, No. Rows include: 1a (29), 1b (28), 2, 3, 4, 5, 6, 7a, 7b, 8, 8a, 8b, 9.

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

Table with 3 columns: Question, Yes, No. Rows include: 10a, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15, 15a, 15b, 16a, 16b.

Section C. Disclosure

Table with 2 columns: Question, Answer. Rows include: 17, 18, 19, 20.

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	10,131,132				
	g	Noncash contributions included in lines 1a-1f \$					
	h	Total. Add lines 1a-1f	10,131,132				
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)	60,020			60,020	
	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		33		
			c Gain or (loss)		-33		
	d	Net gain or (loss)	-33	-33			
	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		10,191,119	-33		60,020	

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 domestic organizations and domestic governments. See Part IV, line 21	7,748,260	7,748,260		
2	Grants and other assistance to domestic individuals. See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	308,710	24,242	217,765	66,703
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	411,700	199,560	17,047	195,093
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	36,437	19,944	-1,603	18,096
9	Other employee benefits	36,421	13,200	9,373	13,848
10	Payroll taxes	46,140	14,796	14,293	17,051
11	Fees for services (non-employees)				
a	Management				
b	Legal				
c	Accounting	18,272		17,742	530
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	127,731	53,298		74,433
13	Office expenses	10,780	1,465	5,024	4,291
14	Information technology				
15	Royalties				
16	Occupancy	58,560	18,953	17,847	21,760
17	Travel	9,468	2,433	1,512	5,523
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	5,560	1,591	198	3,771
20	Interest				
21	Payments to affiliates	98,214		98,214	
22	Depreciation, depletion, and amortization	15,311	4,961	4,682	5,668
23	Insurance	4,568	1,145	2,278	1,145
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	277,852	277,852		
b	CHALLENGE DAY	74,693	74,693		
c	RURAL DEFIBRILLATORS	57,000	57,000		
d	CAMPAIGN MATERIALS	43,364			43,364
e	All other expenses	115,313	56,546	44,073	14,694
25	Total functional expenses. Add lines 1 through 24e	9,504,354	8,569,939	448,445	485,970
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 <input type="checkbox"/> 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		389,664	1	142,378	
	2	Savings and temporary cash investments		1,618,675	2	2,128,126	
	3	Pledges and grants receivable, net		6,556,688	3	6,960,660	
	4	Accounts receivable, net			4	29,733	
	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		500	9	8,000	
	10a	Land, buildings, and equipment—cost or other basis. Complete Part VI of Schedule D	10a	155,049			
	b	Less: accumulated depreciation	10b	103,062	54,347	10c	51,987
	11	Investments—publicly traded securities		2,114,552	11	2,207,671	
	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)		10,734,426	16	11,528,555		
Liabilities	17	Accounts payable and accrued expenses		305,523	17	464,776	
	18	Grants payable		1,425	18	1,005	
	19	Deferred revenue			19	6,533	
	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		306,948	26	472,314		
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.						
	27	Unrestricted net assets		2,866,194	27	2,664,589	
	28	Temporarily restricted net assets		7,561,284	28	8,391,652	
	29	Permanently restricted net assets			29		
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.						
	30	Capital stock or trust principal, or current funds			30		
	31	Paid-in or capital surplus, or land, building or equipment fund			31		
	32	Retained earnings, endowment, accumulated income, or other funds			32		
33	Total net assets or fund balances		10,427,478	33	11,056,241		
34	Total liabilities and net assets/fund balances		10,734,426	34	11,528,555		

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	10,191,119
2	Total expenses (must equal Part IX, column (A), line 25)	2	9,504,354
3	Revenue less expenses Subtract line 2 from line 1	3	686,765
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	10,427,478
5	Net unrealized gains (losses) on investments	5	-58,002
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	11,056,241

Part XII Financial Statements and Reporting

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

- 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
- b** 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
- c** 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
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

	Yes	No
2a		No
2b	Yes	
2c	Yes	
3a		No
3b		

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			
ROBERT THIMJON PAST CHAIR	1 00	X		X				0	0	0
PAUL SOVA CHAIR	1 00	X		X				0	0	0
MONIE SIEMONSMA MEMBER	1 00	X						0	0	0
PAUL BRUFLAT MEMBER	1 00	X						0	0	0
DAVID LONG MEMBER	1 00	X						0	0	0
LISA HICKS MEMBER	1 00	X						0	0	0
BILL O'CONNOR MEMBER	1 00	X						0	0	0
SCOTT PETERSEN MEMBER	1 00	X						0	0	0
JULIE NORTON FIRST VICE-C	1 00	X		X				0	0	0
JEFF EISELE MEMBER	1 00	X						0	0	0
JAY HUIZENGA MEMBER	1 00	X						0	0	0
TOM SIMMONS SECOND VICE-	1 00	X		X				0	0	0
BILL O'CONNOR SECRETARY/TR	1 00	X		X				0	0	0
KEN BAPTIST MEMBER	1 00	X						0	0	0
RYAN DULANEY MEMBER	1 00	X						0	0	0
ERIC MCDONALD MEMBER	1 00	X						0	0	0
DR FERNANDO SOARES MEMBER	1 00	X						0	0	0
DAN RYKHUS MEMBER	1 00	X						0	0	0
CHRIS KRAY MEMBER	1 00	X						0	0	0
TOM MCADARAGH MEMBER	1 00	X						0	0	0
PAM HANNEMAN MEMBER	1 00	X						0	0	0
RANDY BURY 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
DEAN MERTZ 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			
JIM JARDING JR MEMBER	1 00	X						0	0	0
SUE SIMONS MEMBER	1 00	X						0	0	0
MARIE FREDRICKSON MEMBER	1 00	X						0	0	0
STACY JONES MEMBER	1 00	X						0	0	0
JAY POWELL PRESIDENT	40 00			X				177,792	0	17,631
COLEEN THOMPSON FINANCE DIR	40 00			X				91,731	0	21,556

SCHEDULE A
(Form 990 or 990EZ)

Public Charity Status and Public Support

OMB No 1545-0047

2015

Open to Public Inspection

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.

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

Department of the Treasury
Internal Revenue Service

Name of the organization
SIOUX EMPIRE UNITED WAY INC

Employer identification number
46-0233701

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

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

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ))
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II)
- 8 A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)
- 9 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2)**. (Complete Part III)
- 10 An organization organized and operated exclusively to test for public safety See **section 509(a)(4)**.
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3)**. Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization
 - f Enter the number of supported organizations _____
 - g Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			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)2011	(b)2012	(c)2013	(d)2014	(e)2015	(f)Total
1 Gifts, grants, contributions, and membership fees received (Do not include any unusual grants.)	8,164,126	8,679,632	9,346,377	8,678,410	10,131,132	44,999,677
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	8,164,126	8,679,632	9,346,377	8,678,410	10,131,132	44,999,677
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						44,999,677

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a)2011	(b)2012	(c)2013	(d)2014	(e)2015	(f)Total
7 Amounts from line 4	8,164,126	8,679,632	9,346,377	8,678,410	10,131,132	44,999,677
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	113,820	122,036	58,758	81,829	60,020	436,463
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 VI.)						
11 Total support. Add lines 7 through 10						45,436,140
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 section 501(c)(3) organization, check this box and stop here						<input checked="" type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f))	14	99.040 %
15 Public support percentage for 2014 Schedule A, Part II, line 14	15	98.870 %
16a 33 1/3% support test—2015. 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	<input checked="" type="checkbox"/>	
b 33 1/3% support test—2014. 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	<input type="checkbox"/>	
17a 10%-facts-and-circumstances test—2015. 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 VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
b 10%-facts-and-circumstances test—2014. 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 VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
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	<input type="checkbox"/>	

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a)2011	(b)2012	(c)2013	(d)2014	(e)2015	(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)2011	(b)2012	(c)2013	(d)2014	(e)2015	(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 VI.)						
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 section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2015 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2014 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2015 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2014 Schedule A, Part III, line 17	18	

19a 33 1/3% support tests—2015. 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—2014. 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 Supporting Organizations

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.		
4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part II of Schedule L (Form 990).		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .		
b Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .		
c Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .		
10a Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer b below.		
b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).		
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
b A family member of a person described in (a) above?		
c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.		

Part IV Supporting Organizations (continued)**Section B. Type I Supporting Organizations**

- 1** Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? *If "No," describe in **Part VI** how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.*
- 2** Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? *If "Yes," explain in **Part VI** how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.*

	Yes	No
1		
2		

Section C. Type II Supporting Organizations

- 1** Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? *If "No," describe in **Part VI** how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).*

	Yes	No
1		

Section D. All Type III Supporting Organizations

- 1** Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?
- 2** Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? *If "No," explain in **Part VI** how the organization maintained a close and continuous working relationship with the supported organization(s).*
- 3** By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? *If "Yes," describe in **Part VI** the role the organization's supported organizations played in this regard.*

	Yes	No
1		
2		
3		

Section E. Type III Functionally-Integrated Supporting Organizations

- 1** Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (**see instructions**)
- a** The organization satisfied the Activities Test. Complete **line 2** below
- b** The organization is the parent of each of its supported organizations. Complete **line 3** below
- c** The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions)

2 Activities Test **Answer (a) and (b) below.**

- a** Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? *If "Yes," then in **Part VI** identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.*
- b** Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in **Part VI** the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.*

3 Parent of Supported Organizations **Answer (a) and (b) below.**

- a** Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *Provide details in Part VI.*
- b** Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? *If "Yes," describe in Part VI the role played by the organization in this regard.*

	Yes	No
2a		
2b		
3a		
3b		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov 20, 1970 **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E

Section A - Adjusted Net Income

- | | (A) Prior Year | (B) Current Year (optional) |
|---|----------------|-----------------------------|
| 1 Net short-term capital gain | 1 | |
| 2 Recoveries of prior-year distributions | 2 | |
| 3 Other gross income (see instructions) | 3 | |
| 4 Add lines 1 through 3 | 4 | |
| 5 Depreciation and depletion | 5 | |
| 6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) | 6 | |
| 7 Other expenses (see instructions) | 7 | |
| 8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4) | 8 | |

Section B - Minimum Asset Amount

- | | (A) Prior Year | (B) Current Year (optional) |
|---|----------------|-----------------------------|
| 1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year) | 1 | |
| a Average monthly value of securities | 1a | |
| b Average monthly cash balances | 1b | |
| c Fair market value of other non-exempt-use assets | 1c | |
| d Total (add lines 1a, 1b, and 1c) | 1d | |
| e Discount claimed for blockage or other factors (explain in detail in Part VI) _____ | | |
| 2 Acquisition indebtedness applicable to non-exempt use assets | 2 | |
| 3 Subtract line 2 from line 1d | 3 | |
| 4 Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions) | 4 | |
| 5 Net value of non-exempt-use assets (subtract line 4 from line 3) | 5 | |
| 6 Multiply line 5 by .035 | 6 | |
| 7 Recoveries of prior-year distributions | 7 | |
| 8 Minimum Asset Amount (add line 7 to line 6) | 8 | |

Section C - Distributable Amount

- | | | Current Year |
|---|----------|--------------|
| 1 Adjusted net income for prior year (from Section A, line 8, Column A) | 1 | |
| 2 Enter 85% of line 1 | 2 | |
| 3 Minimum asset amount for prior year (from Section B, line 8, Column A) | 3 | |
| 4 Enter greater of line 2 or line 3 | 4 | |
| 5 Income tax imposed in prior year | 5 | |
| 6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions) | 6 | |
| 7 Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions) <input type="checkbox"/> | | |

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI) See instructions	
7 Total annual distributions. Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
9 Distributable amount for 2015 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015
1 Distributable amount for 2015 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2015 (reasonable cause required--see instructions)			
3 Excess distributions carryover, if any, to 2015			
d From 2013.			
e From 2014.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2015 distributable amount			
i Carryover from 2010 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2015 from Section D, line 7 \$ _____			
a Applied to underdistributions of prior years			
b Applied to 2015 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2015, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2015 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 Excess distributions carryover to 2016. Add lines 3j and 4c			
8 Breakdown of line 7			
c Excess from 2013.			
d From 2014.			
e From 2015.			

Part VI Supplemental Information.

Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Return Reference

Explanation

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No 1545-0047

2015

Open to Public Inspection

Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990.

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

Department of the Treasury Internal Revenue Service

Name of the organization SIOUX EMPIRE UNITED WAY INC

Employer identification number 46-0233701

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

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows 1-4: Total number at end of year, Aggregate value of contributions to (during year), Aggregate value of grants from (during year), 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?
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?

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

- 1 Purpose(s) of conservation easements held by the organization (check all that apply)
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

Table with 2 columns: Held at the End of the Year. Rows 2a, 2b, 2c, 2d.

- 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?
6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year
7 Amount of expenses incurred in monitoring, inspecting, handling of violations, 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)?
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" on 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
1b 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
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

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?

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on 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?

Table with 2 columns: Description (1c-1f) and Amount. Rows include Beginning balance, Additions during the year, Distributions during the year, and Ending balance.

- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?

- 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.

Table with 6 columns: (a) Current year, (b) Prior year, (c) Two years back, (d) Three years back, (e) Four years back. Rows include Beginning of year balance, Contributions, Net investment earnings, gains, and losses, Grants or scholarships, Other expenditures for facilities and programs, Administrative expenses, and 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 on 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:

Small table with 2 columns: Yes, No. Rows for 3a(i) unrelated organizations, 3a(ii) related organizations, and 3b.

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

Table with 5 columns: Description of property, (a) Cost or other basis (investment), (b) Cost or other basis (other), (c) Accumulated depreciation, (d) Book value. Rows include Land, Buildings, Leasehold improvements, Equipment, Other, and Total.

Part VII Investments—Other Securities. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

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

Part VIII Investments—Program Related. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

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

Part IX Other Assets. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d. See Form 990, Part X, line 15

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

Part X Other Liabilities. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
Federal income taxes	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)	

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

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

1	Total revenue, gains, and other support per audited financial statements		1	10,133,117
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12			
a	Net unrealized gains (losses) on investments	2a	-58,002	
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	-58,002	
3	Subtract line 2e from line 1	3		10,191,119
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		10,191,119

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

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

1	Total expenses and losses per audited financial statements		1	9,504,354
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		9,504,354
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		9,504,354

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

Schedule I (Form 990)

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

OMB No 1545-0047

2015

Open to Public Inspection

Complete if the organization answered "Yes," on 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.

Department of the Treasury Internal Revenue Service

Name of the organization SIOUX EMPIRE UNITED WAY INC

Employer identification number 46-0233701

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?
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 Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on 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

Table with 8 columns: (a) Name and address of organization or government, (b) EIN, (c) IRC 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. Row 1 contains 'See Additional Data Table'.

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 47
3 Enter total number of other organizations listed in the line 1 table 4

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on 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 Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC 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
AFRICAN COMMUNITY CENTER 201 N MINNESOTA AVE 105 SIOUX FALLS, SD 57104	46-3125814	3	9,000				COMMUNITY IMPACT
AUGUSTANA COLLEGE - PATHWAYS 2001 S SUMMIT AVE SIOUX FALLS, SD 57197	42-1623480	3	14,000				PARTNER AGENCY ALLOC
AVERA MCKENNAN HOSPITAL 800 E 21ST STREET SIOUX FALLS, SD 57105	46-0224743	3	232,121				PARTNER AGENCY ALLOC

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC 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
BIG BROTHERS BIG SISTERS 1000 N WEST AVE 300 SIOUX FALLS, SD 57104	05-0593016	3	166,149				PARTNER AGENCY ALLOC
BIG PAWS CANINE FOUNDATION INC 3211 S CAROLYN AVE SIOUX FALLS, SD 57106	45-5291316	3	10,000				COMMUNITY IMPACT
BISHOP DUDLEY HOSPITALITY HOUSE 101 N INDIANA AVE SIOUX FALLS, SD 57103	91-1836528	3	33,390				COMMUNITY IMPACT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC 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
BOY SCOUTS 800 N WEST AVE SIOUX FALLS, SD 57104	46-0224599	3	230,961				PARTNER AGENCY ALLOC
BOYS & GIRLS CLUB 824 E 14TH STREET SIOUX FALLS, SD 57104	46-0399482	3	84,495				PARTNER AGENCY ALLOC
CARROLL INSTITUTE 310 S 1ST AVE SIOUX FALLS, SD 57104	46-0373475	3	75,000				PARTNER AGENCY ALLOC

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC 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
CENTER FOR ACTIVE GENERATIONS 2300 W 46TH ST SIOUX FALLS, SD 57105	46-0305500	3	270,968				PARTNER AGENCY ALLOC
CENTER FOR ACTIVE GENERATIONS 2300 W 46TH ST SIOUX FALLS, SD 57105	46-0305500	3	18,916				COMMUNITY IMPACT
CHILDREN'S HOME SOCIETY 409 N WESTERN AVE SIOUX FALLS, SD 57104	46-0224542	3	808,355				PARTNER AGENCY ALLOC

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC 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 231 N WEBER AVE SIOUX FALLS, SD 57103	46-0416744	3	349,450				PARTNER AGENCY ALLOC
COMPASS CENTER 1800 W 12TH ST 100 SIOUX FALLS, SD 57104	46-0350199	3	230,817				PARTNER AGENCY ALLOC
DAKOTA SMILES MOBILE DENTAL PROGRAM 201 E 38TH ST SIOUX FALLS, SD 57105	91-1776857	3	10,000				PARTNER AGENCY ALLOC

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC 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
DAKOTABILITIES 3600 S DULUTH AVE SIOUX FALLS, SD 57105	46-0306216	3	70,000				PARTNER AGENCY ALLOC
DRESS FOR SUCCESS 4601 S LOUISE AVE SIOUX FALLS, SD 57106	46-2699530	3	14,000				COMMUNITY IMPACT
EMBE 300 W 11TH ST SIOUX FALLS, SD 57104	46-0234998	3	394,710				PARTNER AGENCY

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC 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
EMBE-LET ME RUN 300 W 11TH ST SIOUX FALLS, SD 57104	46-0234998	3	7,500				COMMUNITY IMPACT
FACE IT TOGETHER SIOUX FALLS 2011 W 26TH STREET 101 SIOUX FALLS, SD 57105	94-3472044	3	93,750				COMMUNITY IMPACT
FAMILY CONNECTIONS 303 N MINNESOTA AVE SIOUX FALLS, SD 57104	46-0435140	3	26,750				PARTNER AGENCY ALLOC

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC 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	214,901				PARTNER AGENCY ALLOC
FAMILY VISITATION CENTER 311 E 14TH STREET SIOUX FALLS, SD 57104	26-3654937	3	70,679				PARTNER AGENCY ALLOC
FEEDING SOUTH DAKOTA 3511 N 1ST AVE SIOUX FALLS, SD 57104	36-3293534	3	247,000				PARTNER AGENCY ALLOC

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC 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
FIRST UNITED METHODIST CHURCH 401 S SPRING AVE SIOUX FALLS, SD 57104	46-0230392	3	48,430				PARTNER AGENCY ALLOC
FURNITURE MISSION 209 S NESMITH AVE SIOUX FALLS, SD 57103	81-0584500	3	55,000				PARTNER AGENCY ALLOC
GIRL SCOUTS 1101 S MARION ROAD SIOUX FALLS, SD 57106	46-0250744	3	34,030				PARTNER AGENCY ALLOC

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC 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
GOOD SAMARITAN SOCIETY - SENIOR COM PO BOX 5038 SIOUX FALLS, SD 57117	45-0228055	3	79,671				PARTNER AGENCY ALLOC
HARMONY SOUTH DAKOTA 2522 W 41ST ST 125 SIOUX FALLS, SD 57105	46-3296505	3	12,500				COMMUNITY IMPACT
HELPLINE CENTER 1000 N WEST AVE 310 SIOUX FALLS, SD 57104	23-7424387	3	344,909				PARTNER AGENCY ALLOC

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC 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
HERE4YOUTH 1721 W 51ST ST SIOUX FALLS, SD 57105	46-0440761	3	95,811				PARTNER AGENCY ALLOC
HORSEPOWER PO BOX 1604 SIOUX FALLS, SD 57101	46-0378036	3	47,912				COMMUNITY IMPACT
INTERLAKES COMMUNITY ACTION PROGRAM PO BOX 268 MADISON, SD 57042	46-0282131	3	140,000				PARTNER AGENCY ALLOC

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC 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
INTERLAKES CAP - HEARTLAND HOUSE PO BOX 268 MADISON, SD 57042	46-0282131	3	15,525				COMMUNITY IMPACT
LUNCH IS SERVED 405 S MABLE AVE SIOUX FALLS, SD 57105	20-3832197	3	29,600				PARTNER AGENCY ALLOC
LUTHERAN SOCIAL SERVICES 705 E 41ST ST 200 SIOUX FALLS, SD 57105	46-0224731	3	498,684				PARTNER AGENCY ALLOC

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC 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
LUTHERAN SOCIAL SERVICES-BETTER 705 E 41ST ST 200 SIOUX FALLS,SD 57105	46-0224731	3	77,055				COMMUNITY IMPACT
LUTHERAN SOCIAL SERVICES-FATHERHOOD 705 E 41ST ST 200 SIOUX FALLS,SD 57105	46-0224731	3	42,000				COMMUNITY IMPACT
MULTI-CULTURAL CENTER 515 N MAIN AVE SIOUX FALLS,SD 57104	46-0445034	3	199,500				PARTNER AGENCY ALLOC

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC 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
PATH SCHOOL BASED MENTAL HEATH 909 W 33RD ST SIOUX FALLS, SD 57105	46-0229996	3	31,880				COMMUNITY IMPACT
REACH 629 S MINNESOTA AVE 201 SIOUX FALLS, SD 57104	46-0396579	3	54,500				PARTNER AGENCY

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC 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
READY TO START HARRISBURG SCHOOL DT 200 WILLOW STREET HARRISBURG, SD 57032	46-6002218	GOV	20,128				COMMUNITY IMPACT
READY TO START TEA AREA SCHOOL DT 500 WBRIAN TEA, SD 57064	50-0005151	GOV	12,062				COMMUNITY IMPACT
SANFORD CHILDREN'S SERVICES 1305 W 18TH ST SIOUX FALLS, SD 57105	46-0227855	3	100,692				PARTNER AGENCY ALLOC

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SIOUX FALLS AREA CASA PROGRAM PO BOX 1901 SIOUX FALLS, SD 57101	46-0430647	3	93,084				PARTNER AGENCY ALLOC
SIOUX FALLS AREA COMMUNITY FOUNDATI 300 N PHILLPS AVE 102 SIOUX FALLS, SD 57104	31-1748533	3	120,000				PARTNER AGENCY ALLOC
SFACF-THRIVE SIOUX FALLS 300 N PHILLPS AVE 102 SIOUX FALLS, SD 57104	31-1748533	3	25,000				PARTNER AGENCY ALLOC

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SIOUX FALLS FAMILY YMCA 230 S MINNESOTA SIOUX FALLS, SD 57104	46-0225021	3	416,574				PARTNER AGENCY ALLOC
SIOUX FALLS HOUSING 630 S MINNESOTA AVE SIOUX FALLS, SD 57104	46-0333222	GOV	35,060				PARTNER AGENCY ALLOC
SFSD - READY TO START 201 E 38TH ST SIOUX FALLS, SD 57105	46-6002586	GOV	38,424				COMMUNITY IMPACT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC 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 - PRESCHOOL OPPORTUNITIES 201 E 38TH ST SIOUX FALLS, SD 57105	46-6002586	GOV	223,594				PARTNER AGENCY ALLOC
SFSD - HOME LIAISON REFUGEE & IMM 201 E 38TH ST SIOUX FALLS, SD 57105	46-6002586	GOV	86,007				PARTNER AGENCY
SOUTH DAKOTA 4H FOUNDATION SDSU BOX 2207E BROOKINGS, SD 57007	46-6016086	3	47,155				PARTNER AGENCY ALLOC

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC 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
SOUTH EAST COUNCIL OF GOVERNMENTS 500 N WESTERN AVE SIOUX FALLS, SD 57104	46-0305845	GOV	9,000				COMMUNITY IMPACT
SOUTHEASTERN BEHAVIORAL HEALTH 2000 S SUMMIT AVE SIOUX FALLS, SD 57105	46-0232306	3	152,535				PARTNER AGENCY ALLOC
SD DENTAL FOUNDATION 804 N EUCLID AVE 103 PIERRE, SD 57501	46-0367045	3	6,000				COMMUNITY IMPACT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC 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
ST FRANCIS HOUSE 1301 E AUSTIN STREET SIOUX FALLS, SD 57103	46-0423202	3	46,455				PARTNER AGENCY
UNITED DAY CARE 401 S SPRING AVE SIOUX FALLS, SD 57104	46-0312397	3	66,290				PARTNER AGENCY ALLOC
USD SCOTTISH RITE 414 E CLARK ST VERMILLION, SD 57069	46-6000364	GOV	132,600				PARTNER AGENCY ALLOC

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC 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	604,356				PARTNER AGENCY ALLOC

Schedule J
(Form 990)

Compensation Information

OMB No 1545-0047

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

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

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

2015

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
SIOUX EMPIRE UNITED WAY INC

Employer identification number

46-0233701

Part I Questions Regarding Compensation

	Yes	No								
<p>1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.</p> <table border="0"> <tr> <td><input type="checkbox"/> First-class or charter travel</td> <td><input type="checkbox"/> Housing allowance or residence for personal use</td> </tr> <tr> <td><input type="checkbox"/> Travel for companions</td> <td><input type="checkbox"/> Payments for business use of personal residence</td> </tr> <tr> <td><input type="checkbox"/> Tax indemnification and gross-up payments</td> <td><input type="checkbox"/> Health or social club dues or initiation fees</td> </tr> <tr> <td><input type="checkbox"/> Discretionary spending account</td> <td><input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)</td> </tr> </table>	<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use	<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence	<input type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees	<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use									
<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence									
<input type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees									
<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)									
<p>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.</p>	1b									
<p>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?</p>	2									
<p>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.</p> <table border="0"> <tr> <td><input checked="" type="checkbox"/> Compensation committee</td> <td><input type="checkbox"/> Written employment contract</td> </tr> <tr> <td><input type="checkbox"/> Independent compensation consultant</td> <td><input checked="" type="checkbox"/> Compensation survey or study</td> </tr> <tr> <td><input type="checkbox"/> Form 990 of other organizations</td> <td><input checked="" type="checkbox"/> Approval by the board or compensation committee</td> </tr> </table>	<input checked="" type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract	<input type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study	<input type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee				
<input checked="" type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract									
<input type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study									
<input type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee									
<p>4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization:</p>										
<p>a Receive a severance payment or change-of-control payment?</p>	4a	No								
<p>b Participate in, or receive payment from, a supplemental nonqualified retirement plan?</p>	4b	No								
<p>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.</p>	4c	No								
<p>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</p>										
<p>5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:</p>										
<p>a The organization?</p>	5a	No								
<p>b Any related organization? If "Yes," on line 5a or 5b, describe in Part III.</p>	5b	No								
<p>6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:</p>										
<p>a The organization?</p>	6a	No								
<p>b Any related organization? If "Yes," on line 6a or 6b, describe in Part III.</p>	6b	No								
<p>7 For persons listed on 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.</p>	7	No								
<p>8 Were any amounts reported on 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.</p>	8	No								
<p>9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</p>	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 on 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 in column(B) reported as deferred on prior Form 990
		Base (i) compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 JAY POWELLPRESIDENT	(i)	177,792			17,631		195,423	
	(ii)	-----	-----	-----	-----	-----	-----	-----

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****Schedule J (Form 990) 2015**

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) JULIE NORTON	VICE CHAIR	232,121	FUNDING		No

Part V Supplemental Information

Provide additional information for responses to questions on Schedule L (see instructions)

Return Reference	Explanation
SCHEDULE L, PART V	JULIE NORTON IS AN OFFICER OF AVERA MCKENNAN AVERA MCKENNAN RECEIVES FUNDING FROM SIOUX EMPIRE UNITED WAY, INC TO SUPPORT AVERA MCKENNAN CHILDREN'S PROGRAMS

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 990-EZ 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

2015

**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	THE WOMENUNITE EVENT WAS HELD ON AUGUST 27TH AND ATTENDED BY OVER 900 INDIVIDUALS RAISED OVER 10,000 THE FEBRUARY 2016 THANK YOU EVENT WAS ATTENDED BY OVER 300 PEOPLE. THE EVENT INCLUDED THE 2016 CAMPAIGN TOTAL ANNOUNCEMENT AND RECOGNIZED SEVEN INDIVIDUALS AND THREE COMPANIES MORE THAN 75 SPEAKING ENGAGEMENTS AT 38 DIFFERENT COMPANIES WERE SCHEDULED THROUGH OUR SPEAKER'S BUREAU EMERGING LEADERS STEERING COMMITTEE WAS FORMED AND THEY WORKED TOGETHER TO DEVELOP A MEMBERSHIP PLAN AND STRUCTURE FOR THE NEW LEADERSHIP GROUP KICKOFF FOR THE GROUP IS SCHEDULED FOR APRIL 2016 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 648 VOLUNTEERS RECEIVED THE CAMPAIGN UPDATES WITH AN AVERAGE OPEN RATE OF 34% INFORMATIONAL E-UPDATES WERE DISTRIBUTED YEAR ROUND TO MORE THAN 9,900 SUPPORTERS WITH AN AVERAGE OPEN RATE OF 21% THESE UPDATES INCLUDED INFORMATION ABOUT FUNDED PROGRAMS, RESULTS, SUCCESS STORIES AND MORE WITHIN SOCIAL MEDIA INCREASED FACEBOOK FOLLOWERS FROM 884 TO 1692 INCREASED TWITTER FOLLOWERS FROM 782 TO 972 INSTAGRAM FOLLOWERS FROM 124 TO 268

Return Reference	Explanation
FORM 990, PAGE 2, PART III, LINE 4B	THE DIVISION CONTINUED TO BUILD RELATIONSHIPS WITH AGENCIES THROUGH QUARTERLY FORUMS. IN ADDITION, MATCHING FUNDS FOR STRATEGIC PLANNING WERE MADE AVAILABLE TO 2 UNITED WAY PARTNER AGENCIES AS WELL AS VARIOUS GIFT IN KIND OPPORTUNITIES. CURRENT AND FUTURE INITIATIVE WORK INCLUDES MENTAL HEALTH AND CHILDREN'S DENTAL.

Return Reference	Explanation
FORM 990, PAGE 2, PART III, LINE 4C	<p>ATTENDING HERE4YOUTH PROVIDES OUT OF SCHOOL TIME CARE FOR YOUTH WITH SPECIAL NEEDS AND THEIR SIBLINGS LAST YEAR, THEY PROVIDED 19,072 OUT OF SCHOOL HOURS AND 423 RESPITE HOURS TO 70 YOUTH SIOUX FALLS FAMILY YMCA'S MIDDLE SCHOOL AFTER SCHOOL PROGRAM PROVIDED A VARIETY OF ACTIVITIES TO 835 STUDENTS AT FIVE MIDDLE SCHOOLS LAST YEAR 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, 1,804 INDIVIDUALS AND FAMILIES RECEIVED FINANCIAL ASSISTANCE AND 2,919 INDIVIDUALS AND FAMILIES RECEIVED INFORMATION AND REFERRALS COMMUNITY OUTREACH'S GENESIS MENTORING PROGRAM PAIRS VOLUNTEER MENTORS WITH HOMELESS OR NEAR HOMELESS FAMILIES AND INDIVIDUALS TO HELP STABILIZE AND FOCUS ON FINANCIAL LITERACY LAST YEAR, 71 HOUSEHOLDS WERE SERVED THROUGH GENESIS 99% OF PARTICIPANTS ACHIEVED OR MAINTAINED PERMANENT HOUSING ONE YEAR AFTER ENTERING THE GENESIS PROGRAM FEEDING SOUTH DAKOTA'S BACKPACK PROGRAM PROVIDES 3,257 CHILDREN AT 47 SITES WITHIN THE SIOUX EMPIRE WITH FOOD FOR THE WEEKEND FURNITURE MISSION RECEIVES DONATIONS OF GENTLY USED FURNITURE AND THEN DISTRIBUTES THROUGH SOCIAL SERVICE AGENCY REFERRALS LAST YEAR, 1,652 REFERRALS WERE SERVED, INCLUDING 59 TODDLER BEDS AND 438 SINGLE MATTRESSES FOR CHILDREN INTERLAKES COMMUNITY ACTION PARTNERSHIP'S HEARTLAND HOUSE PROVIDES TRANSITIONAL HOUSING FOR HOMELESS FAMILIES AND THEIR CHILDREN, SERVING 88 FAMILIES LAST YEAR 38% OF PARTICIPANTS GAINED FINANCIAL SELF-SUFFICIENCY AND 71% OF ENTERED PERMANENT STABLE HOUSING AFTER COMPLETING PROGRAM LUNCH IS SERVED PROVIDED 28,024 NUTRITIOUS MID-DAY MEALS FOR THE WORKING POOR - A 17% INCREASE OVER 2013 A SURVEY OF RECIPIENTS FOUND THAT 48% WOULD NOT EAT LUNCH DURING THEIR WORK DAY IF THE LUNCHES WERE NOT PROVIDED THOSE RECIPIENTS ALSO NOTED THE LUNCHES POSITIVELY IMPACT THEIR ATTITUDE, STAMINA, WORK PERFORMANCE, ATTENTION SPAN AND SELF-ESTEEM SIOUX FALLS HOUSING & REDEVELOPMENT COMMISSION'S FAMILY SELF-SUFFICIENCY PROGRAM ASSISTS LOW-INCOME INDIVIDUALS AND ADULT FAMILY MEMBERS, WHO ARE RECEIVING HOUSING ASSISTANCE, WITH ELIMINATING BARRIERS TO ATTAINING EDUCATION AND EMPLOYMENT SKILLS LAST YEAR, 78 PARTICIPANTS RECEIVED 501 HOURS OF ONE-ON-ONE ASSISTANCE AND HAD THE OPPORTUNITY TO ATTEND 21 DIFFERENT WORKSHOPS 17 PARTICIPANTS COMPLETED THE PROGRAM IN 2014 7 OF THE GRADUATES BECAME TOTALLY OR PARTIALLY SELF-SUFFICIENT AND 3 BECAME HOMEOWNERS ST FRANCIS HOUSE PROVIDES TRANSITIONAL HOUSING AND CASE MANAGEMENT FOR FAMILIES, SERVING 29 FAMILIES, 48 CHILDREN AND 214 SINGLE INDIVIDUALS LAST YEAR CHILD CARE THE EARLY CHILDHOOD EDUCATION PROGRAM OF YOUTH ENRICHMENT SERVICES, THROUGH BOYS & GIRLS CLUB OF THE SIOUX EMPIRE, PROVIDES DEVELOPMENTALLY APPROPRIATE PRESCHOOL AND PRE-K EXPERIENCES IN A SAFE, NURTURING ENVIRONMENT LAST YEAR, 206 CHILDREN ATTENDED THE EARLY CHILDHOOD EDUCATION PROGRAM THROUGH Y E S 96% OF CHILDREN SUCCESSFULLY REACHED DEVELOPMENTAL MILESTONES FOR KINDERGARTEN READINESS THE INFANT & TODDLER PROGRAM AT YOUTH ENRICHMENT SERVICES, THROUGH BOYS & GIRLS CLUB OF THE SIOUX EMPIRE, PROVIDES DEVELOPMENTALLY APPROPRIATE EXPERIENCES FOR CHILDREN FROM BIRTH TO AGE THREE IN A SAFE, NURTURING ENVIRONMENT 196 INFANTS AND CHILDREN WERE SERVED THROUGH THE INFANT & TODDLER PROGRAM IN 2014 EMBE'S CHILDCARE PROGRAM SERVES CHILDREN AGES 4 WEEKS TO 5 YEARS LAST YEAR, AN AVERAGE OF 332 CHILDREN ATTENDED THE CENTER DAILY AND 100% OF THE AGE-APPROPRIATE CHILDREN PASSED THE KINDERGARTEN READINESS SCREENING HELPLINE CENTER'S CHILDCARE HELPLINE PROVIDED 2,910 REFERRALS TO PARENTS SEEKING INFORMATION ABOUT AVAILABLE CHILDCARE SERVICES LAST YEAR 62% OF PARENTS SERVED FOUND CARE THROUGH THE SERVICES PROVIDED AND 85% 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 NEEDS CHILDREN 115 CHILDREN WERE ENROLLED LAST YEAR AND ALL THEIR PARENTS EITHER WORKED OR ATTENDED SCHOOL UNITED DAY CARE PROVIDED QUALITY CARE FOR 156 CHILDREN AGES 2-10 LAST YEAR 100% OF AGE APPROPRIATE CHILDREN WERE READY TO ENTER KINDERGARTEN AND 306 PARENTS WERE ABLE TO WORK OR ATTEND SCHOOL VOLUNTEERS OF AMERICA, DAKOTAS' CHILD CARE & FAMILY LITERACY CENTER PROVIDED 304 CHILDREN WITH QUALITY CARE LAST YEAR LITTLE BLESSINGS CHILDCARE CENTER THROUGH VOLUNTEERS OF AMERICA, DAKOTAS FOCUSES ON PROVIDING CARE FOR CHILDREN OF NEW START PARTICIPANTS, A CHEMICAL TREATMENT PROGRAM FOR MOTHERS LAST YEAR, 88 CHILDREN WERE SERVED COUNSELING CHILDREN'S CONNECTION, A PROGRAM OF FAMILY CONNECTION PROVIDES WEEKLY SUPPORT GROUPS, FAMILY EVENTS, AND MORE TO CHILDREN WHOSE PARENT OR CLOSE FAMILY MEMBER HAS BEEN INCARCERATED LAST YEAR, 268 STUDENTS PARTICIPATED IN THE WEEKLY GROUPS FAMILY SERVICES' COUNSELING PROGRAM PROVIDES A VARIETY OF SERVICES, INCLUDING MARRIAGE AND FAMILY, PARENT/CHILD, ALCOHOL/DRUGS, DEPRESSION, ANXIETY, AND STRESS LAST YEAR 5,767 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 SERVICES' FAMILY LIFE EDUCATION PROVIDED 338 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, 1,068 HOURS OF COUNSELING SERVICE WERE PROVIDED 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 1,593 COUNSELING SESSIONS AND 551 ACTIVE DEBT MANAGEMENT PLANS 186 CLIENTS SUCCESSFULLY COMPLETED DEBT MANAGEMENT PLAN, 2,035,687 IN DEBT WAS PAID OFF BY PARTICIPANTS THROUGH DEBT MANAGEMENT PLANS LUTHERAN SOCIAL SERVICES' COUNSELING SERVICES SERVES CHILDREN, ADULTS, FAMILIES, AND COUPLES WHO ARE STRUGGLING WITH A WIDE ARRAY OF MENTAL HEALTH CONCERNS LAST YEAR 1,049 PEOPLE WERE PROVIDED 3,867 HOURS OF COUNSELING 78% OF PARTICIPANTS DEMONSTRATED SOME LEVEL OF ACHIEVEMENT TOWARDS THEIR GOALS 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 148 INDIVIDUALS SUFFERING FROM MENTAL ILLNESS IN THEIR CAREER DEVELOPMENT LAST YEAR 40 JOB PLACEMENTS WERE MADE, GENERATING 281,842 IN INCOME AND SAVING THE PUBLIC 56,332 SOUTHEASTERN BEHAVIORAL HEALTHCARE'S PSYCHIATRY PROGRAM PROVIDED PSYCHIATRIC SERVICES TO 1,485 LOW-INCOME INDIVIDUALS LAST YEAR VOLUNTEERS OF AMERICA, DAKOTAS' LIFEMARKS BEHAVIORAL HEALTH-OUTPATIENT COUNSELING SERVICES PROVIDED 572 INDIVIDUALS WITH 6,865 HOURS OF INDIVIDUAL, GROUP, AND PSYCHIATRIC SERVICES LAST YEAR VOLUNTEERS OF AMERICA, DAKOTAS' LOOK UP AND HOPE PROGRAM USES A COMPREHENSIVE APPROACH IN WORKING WITH INCARCERATED MOTHERS, MINOR CHILDREN, AND CAREGIVERS TO IMPROVE FAMILY RELATIONS AND EASE THE CRISIS OF REENTRY 100 INDIVIDUALS PARTICIPATED IN THE PROGRAM LAST YEAR DISABILITIES AUGUSTANA'S FRIENDSLINK PROVIDES SOCIAL/RECREATIONAL AND EDUCATIONAL ACTIVITIES FOR ADULTS WITH DISABILITIES LAST YEAR, 62 DIFFERENT GROUP ACTIVITIES AND 84 SMALL GROUP OR ONE-ON-ONE ACTIVITIES WERE HELD 45 INDIVIDUALS WITH DISABILITIES BENEFITED FROM THE PROGRAM STABLE AND REWARDING INTERPERSONAL RELATIONSHIPS ARE ARGUABLY THE SINGLE MOST IMPORTANT FACTOR INFLUENCING A PERSON'S QUALITY OF LIFE 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 59 INDIVIDUALS HORSEPOWER IS A THERAPEUTIC HORSE PROGRAM FOR INDIVIDUALS WITH SPECIAL NEEDS LAST YEAR THEY PROVIDED 1,859 THERAPY SESSIONS TO 196 PARTICIPANTS AND 50% OF THE PARTICIPANTS EXPERIENCED AT LEAST MODERATE IMPROVEMENT IN LARGE MUSCLE GROUP STRENGTH REACH ADULT LITERACY/TUTORING PROVIDED 2,425 HOURS OF TUTORING TO 100 ADULTS IN ORDER TO IMPROVE THEIR READING, WRITING AND LIVING SKILLS LAST YEAR 70% OF THE LEARNERS ACHIEVED NEW COMPETENCIES IN BASIC COMMUNICATION, EMPLOYMENT, GOVERNMENT AND LAW, LEARNING AND THINKING SKILLS, OR INDEPENDENT LIVING THE USD SCOTTISH RITE CHILDREN'S CLINIC FOR SPEECH & LANGUAGE DISORDERS PROVIDES A FULL ARRAY OF CLINICAL</p>

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 2	JULIE NORTON JIM JARDING, JR VICE CHAIR DIRECTOR SIBLINGS

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