

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
2017
Open to Public Inspection

A For the 2017 calendar year, or tax year beginning 01-01-2017, and ending 12-31-2017

- B** Check if applicable
- Address change
 - Name change
 - Initial return
 - Final return/terminated
 - Amended return
 - Application pending

C Name of organization
SIOUX EMPIRE UNITED WAY INC

Doing business as

Number and street (or P O box if mail is not delivered to street address) Room/suite
1000 N WEST AVENUE

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

D Employer identification number
46-0233701

E Telephone number
(605) 336-2095

G Gross receipts \$ 9,263,719

H(a) Is this a group return for subordinates? Yes No

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

H(c) Group exemption number ▶

- I** Tax-exempt status 501(c)(3) 501(c) () ◀ (insert no) 4947(a)(1) or 527
- J** Website: ▶ WWW.SIOUXEMPIREUNITEDWAY.ORG
- K** Form of organization Corporation Trust Association Other ▶

L Year of formation

M State of legal domicile

Part I Summary

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

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

3 Number of voting members of the governing body (Part VI, line 1a)	30
4 Number of independent voting members of the governing body (Part VI, line 1b)	29
5 Total number of individuals employed in calendar year 2017 (Part V, line 2a)	12
6 Total number of volunteers (estimate if necessary)	790
7a Total unrelated business revenue from Part VIII, column (C), line 12	0
7b Net unrelated business taxable income from Form 990-T, line 34	

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	9,052,442	9,162,344
9 Program service revenue (Part VIII, line 2g)		0
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	78,582	101,337
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)	9,131,024	9,263,681
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	7,788,129	8,003,374
14 Benefits paid to or for members (Part IX, column (A), line 4)		0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	842,952	834,113
16a Professional fundraising fees (Part IX, column (A), line 11e)		0
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 396,348		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	797,998	797,269
18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	9,429,079	9,634,756
19 Revenue less expenses Subtract line 18 from line 12	-298,055	-371,075

	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	11,103,003	10,684,801
21 Total liabilities (Part X, line 26)	330,250	228,444
22 Net assets or fund balances Subtract line 21 from line 20	10,772,753	10,456,357

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
Date 2018-11-02

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
2018-11-02

Check if self-employed

PTIN
P00851377

Firm's name ▶ WOLTMAN GROUP PC
Firm's EIN ▶ 46-0398923

Firm's address ▶ 7001 S LYNCREST PLACE SUITE 200
SIOUX FALLS, SD 571082599
Phone no (605) 361-1200

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission

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

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No

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

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

If "Yes," describe these changes on Schedule O

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations 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 \$ 165,294 including grants of \$) (Revenue \$)
See Additional Data

4b (Code) (Expenses \$ 210,947 including grants of \$) (Revenue \$)
See Additional Data

4c (Code) (Expenses \$ 8,404,461 including grants of \$ 8,003,374) (Revenue \$)
See Additional Data

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

4e Total program service expenses ▶ 8,780,702

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	Yes	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)?	Yes	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		No
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		No
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		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? <i>If "Yes," complete Schedule D, Part I</i>		No
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		No
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		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? <i>If "Yes," complete Schedule D, Part IV</i>		No
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>		No
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	Yes	
b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>		No
c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		No
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>		No
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>		No
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>		No
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	Yes	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>		No
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		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? <i>If "Yes," complete Schedule F, Parts I and IV</i>		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? <i>If "Yes," complete Schedule F, Parts II and IV</i>		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? <i>If "Yes," complete Schedule F, Parts III and IV</i>		No
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</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? <i>If "Yes," complete Schedule G, Part II</i>		No
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		No

Part IV Checklist of Required Schedules (continued)

	Yes	No
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		No
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
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>	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>		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>	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>		No
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
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?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
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>		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>		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>		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>		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>		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>		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>	Yes	
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		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>		No
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		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>		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>		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>		No
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		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>		
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>		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>		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	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

Table with columns for question ID, question text, and Yes/No response boxes. Includes sections for backup withholding, employee reporting, foreign accounts, prohibited transactions, charitable contributions, and organizational details.

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 [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a (30), 1b (29), 2, 3, 4, 5, 6, 7a, 7b, 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, 15a, 15b, 16a, 16b.

Section C. Disclosure

Table with 3 columns: Question, Yes, No. 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	9,162,344				
	g Noncash contributions included in lines 1a-1f \$ _____						
	h Total. Add lines 1a-1f ▶		9,162,344				
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) ▶		101,375			101,375	
	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			38		
		c Gain or (loss)			-38		
		d Net gain or (loss) ▶			-38	-38	
	8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18 a	b Less direct expenses b					
		c Net income or (loss) from fundraising events ▶					
		9a Gross income from gaming activities See Part IV, line 19 a	b Less direct expenses b				
	c Net income or (loss) from gaming activities ▶						
10a Gross sales of inventory, less returns and allowances a	b Less cost of goods sold b						
	c Net income or (loss) from sales of inventory ▶						
	Miscellaneous Revenue	Business Code					
11a _____							
b _____							
c _____							
d All other revenue							
e Total. Add lines 11a-11d ▶							
12 Total revenue. See Instructions ▶			9,263,681	-38		101,375	

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.	8,003,374	8,003,374		
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, line 15 and 16.				
4 Benefits paid to or for members.				
5 Compensation of current officers, directors, trustees, and key employees.	259,252	43,815	178,423	37,014
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).	47,984	1,920	36,947	9,117
7 Other salaries and wages.	415,246	211,046	23,401	180,799
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions).	38,914	19,041	2,730	17,143
9 Other employee benefits.	24,911	12,368	3,158	9,385
10 Payroll taxes.	47,806	17,628	14,591	15,587
11 Fees for services (non-employees)				
a Management.				
b Legal.				
c Accounting.	18,107	107	17,350	650
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.	85,286	32,197		53,089
13 Office expenses.	9,959	1,175	4,987	3,797
14 Information technology.				
15 Royalties.				
16 Occupancy.	57,068	20,684	17,663	18,721
17 Travel.	10,853	2,574	2,808	5,471
18 Payments of travel or entertainment expenses for any federal, state, or local public officials.				
19 Conferences, conventions, and meetings.	2,822	115	2,607	100
20 Interest.				
21 Payments to affiliates.	102,802		102,802	
22 Depreciation, depletion, and amortization.	15,565	5,713	4,844	5,008
23 Insurance.	5,500	946	3,881	673
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	287,603	287,603		
b CONNECTING KIDS	50,895	50,895		
c CHALLENGE DAY	45,791	45,791		
d CAMPAIGN MATERIALS	26,952	20		26,932
e All other expenses	78,066	23,690	41,514	12,862
25 Total functional expenses. Add lines 1 through 24e.	9,634,756	8,780,702	457,706	396,348
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 IX

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	120,485	1	155,118
	2 Savings and temporary cash investments	1,740,880	2	1,917,973
	3 Pledges and grants receivable, net	6,743,307	3	6,381,007
	4 Accounts receivable, net		4	2,662
	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	6,025	9	
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 173,967		
	b Less accumulated depreciation	10b 127,559	57,061	10c 46,408
	11 Investments—publicly traded securities	2,435,245	11	2,181,633
	12 Investments—other securities See Part IV, line 11		12	
	13 Investments—program-related See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets See Part IV, line 11		15	
16 Total assets. Add lines 1 through 15 (must equal line 34)	11,103,003	16	10,684,801	
Liabilities	17 Accounts payable and accrued expenses	326,996	17	228,339
	18 Grants payable	556	18	105
	19 Deferred revenue	2,698	19	
	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	330,250	26	228,444
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	3,015,592	27	2,848,038
	28 Temporarily restricted net assets	7,757,161	28	7,608,319
	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	10,772,753	33	10,456,357	
34 Total liabilities and net assets/fund balances	11,103,003	34	10,684,801	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	9,263,681
2	Total expenses (must equal Part IX, column (A), line 25)	2	9,634,756
3	Revenue less expenses Subtract line 2 from line 1	3	-371,075
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	10,772,753
5	Net unrealized gains (losses) on investments	5	54,679
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	10,456,357

Part XII Financial Statements and Reporting

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

		Yes	No
<p>1 Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____</p> <p>If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O</p>			
<p>2a Were the organization's financial statements compiled or reviewed by an independent accountant?</p> <p>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</p> <p><input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis</p>	2a		No
<p>b Were the organization's financial statements audited by an independent accountant?</p> <p>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</p> <p><input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis</p>	2b	Yes	
<p>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?</p> <p>If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O</p>	2c	Yes	
<p>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?</p>	3a		No
<p>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</p>	3b		

Additional Data

Software ID:

Software Version:

EIN: 46-0233701

Name: SIOUX EMPIRE UNITED WAY INC

Form 990 (2017)

Form 990, Part III, Line 4a:

MARKETING OVERVIEW COMMUNICATING OUR MESSAGE EFFECTIVELY IS ESSENTIAL TO RAISE AWARENESS ABOUT SIOUX EMPIRE UNITED WAY AND THE IMPACT WE HAVE ON THE COMMUNITY THE MARKETING TEAM, WHICH CONSISTS OF TWO STAFF MEMBERS AND A TEAM OF SEVEN COMMUNITY VOLUNTEERS, USES THE FOLLOWING STRATEGIES TO COMMUNICATE TO THE PUBLIC EVENTS "THANK YOU EVENT - EACH YEAR WE HAVE A SOUP AND SALAD LUNCHEON TO THANK OUR VOLUNTEERS ADDITIONALLY, WE RECOGNIZE OUTSTANDING VOLUNTEERS, BUSINESSES, AND COMMUNITY LEADERS AT THE EVENT OVER 400 INDIVIDUALS ATTENDED THE EVENT IN FEBRUARY OF 2017 "WOMENUNITE EVENT - THE 2017 DATE IS WEDNESDAY, AUGUST 16 THE EVENT EDUCATES AND INSPIRES WOMEN ABOUT THE INITIATIVE OR OTHER WORTHWHILE PROGRAMS WOMEN ARE ASKED TO INFORM OTHERS ABOUT THE NEW INITIATIVE, PROVIDED VOLUNTEER OPPORTUNITIES AROUND THE NEW INITIATIVE, AND ENCOURAGED TO INVEST IN SIOUX EMPIRE UNITED WAY APPROXIMATELY 900 WOMEN ARE EXPECTED TO ATTEND THE EVENT THIS YEAR "KICKOFF - MARK YOUR CALENDARS FOR TUESDAY, SEPTEMBER 12, TO HELP US KICKOFF THE CAMPAIGN ALL VOLUNTEERS, PARTNER AGENCIES, AND BUSINESS LEADERS ARE INVITED THE CAMPAIGN CHAIR IS INTRODUCED AND THE PROGRAM INCLUDES INFORMATION ABOUT THE NEW INITIATIVE, CLIENT TESTIMONIALS, GOAL ANNOUNCEMENT, ETC 500+ PEOPLE ATTEND "EMERGING LEADERS ANNUAL CELEBRATION - IN 2016, LAUNCHED OUR NEWEST LEADERSHIP GROUP, EMERGING LEADERS THE GROUP'S MAIN FOCUS WILL BE ON SERVING AND LEARNING MORE ABOUT THE NEEDS OF UNITED WAY FUNDED AGENCIES ANNUAL CELEBRATION IS SCHEDULED FOR THURSDAY, APRIL 20 MATERIALS "CAMPAIGN MATERIALS - WORK WITH LAWRENCE & SCHILLER TO A VIDEO, BROCHURE AND PRINT COLLATERAL "OTHER MATERIALS - ALL OTHER MATERIALS INCLUDING INVITATIONS, EVENT PROGRAMS, SOME PLEDGE CARDS, AND MORE ARE CREATED IN-HOUSE ELECTRONIC/SOCIAL MEDIA "CAMPAIGN UPDATES - THIS IS AN UPDATE OF HOW THE CAMPAIGN IS GOING IT IS SENT TO OUR VOLUNTEERS ON A BI-WEEKLY BASIS FROM JULY THROUGH JANUARY BY EMAIL IT INCLUDES HIGHLIGHTS OF COMPANY CAMPAIGNS, RALLY IDEAS, SUCCESS STORIES, CURRENT EVENTS, VOLUNTEERS, ETC OVER 600 VOLUNTEERS RECEIVED THE UPDATES DURING THE 2017 CAMPAIGN "E-UPDATES - UPDATES ARE SENT OUT TO ALL SIOUX EMPIRE UNITED WAY SUPPORTERS BY EMAIL TWICE A MONTH THE UPDATES INCLUDE TIMELY INFORMATION, UPDATES ON SPECIFIC PROGRAMS, AREA VOLUNTEER OPPORTUNITIES, STORIES FROM LOCAL CLIENTS, AND INFORMATION ABOUT UNITED WAY NEARLY 10,600+ PEOPLE CURRENTLY RECEIVE THE UPDATES "WEBSITE - WE USE THIS AS A MARKETING TOOL AND TO GET INFORMATION OUT TO OUR VOLUNTEERS THE HITS ON THE SITE ARE HIGHEST DURING THE CAMPAIGN SEASON THE CONTENT IS UPDATED THROUGH THE YEAR, FEATURING UPCOMING EVENTS, THE LATEST NEWS, AND PROGRAM FEATURES "SOCIAL MEDIA - SOCIAL MEDIA PROVIDES UNITED WAY A PLATFORM TO EDUCATE MEMBERS OF THE COMMUNITY ABOUT NEEDS OF THE COMMUNITY, RESULTS OF OUR PARTNER PROGRAMS, CLIENT STORIES AND MORE THE VENUE IS ALSO USED TO ADDRESS ANY QUESTIONS OR CONCERNS THAT MAY ARISE ABOUT UNITED WAY IN A TIMELY FASHION SEUW HAS A PRESENCE ON FACEBOOK, TWITTER, INSTAGRAM, AND LINKEDIN OTHER "MEDIA COVERAGE -WE RECEIVE COVERAGE ON OUR EVENTS AND THROUGH DIFFERENT STORY IDEAS SUBMITTED TO LOCAL MEDIA THIS PAST YEAR, WE WORKED WITH FUNDED AGENCIES AND PROGRAMS TO PROVIDE EDUCATIONAL STORIES ABOUT UW AND FUNDED PROGRAMS EACH MONTH WE ALSO ENCOURAGE OUR PARTNER AGENCIES AND PROGRAMS TO INCLUDE THAT THEY ARE A SIOUX EMPIRE UNITED WAY PROGRAM IN ANY OF THEIR MEDIA RELEASES "YEAR ROUND COMMUNICATION WE PARTNER WITH MORE THAN 70 COMPANIES TO PROVIDE IN-HOUSE YEAR ROUND COMMUNICATION WE WORK WITH DESIGNATED INDIVIDUALS WITHIN THE COMPANIES TO COMMUNICATE WITH OUR SUPPORTERS ALL YEAR LONG "AGENCY TOURS - MARKETING STAFF ENSURE THAT ALL UNITED WAY VOLUNTEERS RECEIVE AN INVITE TO ATTEND AN AGENCY TOUR DURING THE SUMMER TOURS ARE PROVIDED BY PARTNER AGENCIES AS A TOOL FOR OUR VOLUNTEERS AND SUPPORTERS TO LEARN MORE ABOUT HOW THEIR GIFT IS WORKING IN THE SIOUX EMPIRE OVER 150 PEOPLE PARTICIPATE IN TOURS DURING THE PAST CAMPAIGN "SPEAKER'S BUREAU - EACH SUMMER, WE IDENTIFY AND TRAIN SPEAKERS FROM EACH OF UNITED WAY'S PARTNER AGENCIES THESE AGENCY SPEAKERS ARE THEN OUR VOICE WHILE SPEAKING AT VARIOUS COMPANIES' UNITED WAY RALLIES IN THE FALL WE ALSO ASSIST THOSE COMPANIES IN SELECTING AND SCHEDULING SPEAKERS FOR THEIR RALLIES

Form 990, Part III, Line 4b:

RECRUITED AND TRAINED APPROXIMATELY 13 NEW VOLUNTEERS FOR THE DIVISION 100 VOLUNTEERS ON 12 IMPACT TEAMS DONATED OVER 1,500 HOURS OVER 8 MILLION TO 88 PROGRAM AND 40 NON-PROFIT ORGANIZATIONS THROUGH THE ANNUAL FUNDING PROCESS, VOLUNTEERS MADE DIFFICULT DECISIONS SHIFTING DOLLARS TO MEET AREAS OF NEED FOR THE 2018 FUNDING YEAR THE VOLUNTEERS DECREASED FUNDING IN THE AMOUNT OF 636,000 AND PROVIDED INCREASED FUNDING IN THE AMOUNT OF 705,000 WE FUNDED 12 COMMUNITY IMPACT GRANTS (PROGRAMS IN EXISTENCE LESS THAN 3 YEARS) FOR A TOTAL OF 196,510 INITIATIVE WORK SCHOOL-BASED MENTAL HEALTH (PATH) CONTINUED WORK WAS DONE TO FURTHER EXPAND THIS PROGRAM IN 2017, (BOTH THROUGH COMMUNITY IMPACT GRANT FUNDING AND INITIATIVE START-UP FUNDS) WE HELPED LUTHERAN SOCIAL SERVICES PROVIDE 68 STUDENTS WITH OVER 750 COUNSELING SESSIONS WITHIN THEIR OWN SCHOOL BUILDING SCHOOLS SERVED HARRISBURG, TEA, CANTON, SIOUX FALLS IN 2018, THE PROGRAM WILL BE EXPANDED INTO DELL RAPIDS AND POTENTIALLY BRANDON VALLEY AND THE SIOUX FALLS CATHOLIC SCHOOLS AS WELL HARMONY SOUTH DAKOTA - DETERMINED IN 2017 THAT IT WILL BE THE UPCOMING 2019 INITIATIVE BEGAN RECEIVING COMMUNITY IMPACT GRANT FUNDS IN 2015 IN 2017, IT WAS DECIDED THAT 120,250 TO BE BUILT INTO THE 2019 CAMPAIGN AS THE INITIATIVE THIS WILL PROVIDE 80 YOUTH WITH THE OPPORTUNITY TO GAIN IMPORTANT LIFE SKILLS AND ALLOW THEM TO BECOME OUR PRODUCTIVE CITIZENS OF TOMORROW THROUGH THIS PROGRAM, EACH CHILD IS GUARANTEED THE OPPORTUNITY TO SPEND 420 HOURS EACH YEAR IN AN ENCOURAGING, SAFE, AND STRUCTURED ENVIRONMENT THAT TEACHES SELF-DISCIPLINE, RESPECT, AND THE ABILITY TO WORK COOPERATIVELY WITH OTHERS THROUGH MUSIC

Part 990, Part III, Line 4c:

AFTER SCHOOL HARMONY SOUTH DAKOTA IS A FREE AFTER-SCHOOL MUSIC PROGRAM THAT PROVIDES OPPORTUNITIES FOR CHILDREN AGES 6 AND UP TO PARTICIPATE IN STRING ORCHESTRA, PERCUSSION ENSEMBLES, MUSICIANSHIP CLASSES, AND PRIVATE INSTRUMENTAL LESSONS LAST YEAR 62 PARTICIPANTS SPENT 420 HOURS IN INSTRUCTION THROUGH THE PROGRAM STUDENT'S TEACHERS SURVEYS SHOWED THAT 66% OF STUDENTS SHOWED A SIGNIFICANT IMPROVEMENT IN THEIR ABILITY TO CONCENTRATE, LISTEN AND FOLLOW INSTRUCTIONS KIDSTOP PROVIDES A FREE AFTER SCHOOL AND SUMMER RECREATION PROGRAM FOR STUDENTS IN GRADES K-8 LAST YEAR AN AVERAGE OF 50 CHILDREN AND 6 MIDDLE-SCHOOLERS ATTENDED DAILY 88% 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 LAST YEAR, 114 CHILDREN PARTICIPATED IN AFTERSCHOOL AND SUMMER PROGRAMS, WITH AN AVERAGE DAILY ATTENDANCE OF 65 CHILDREN 97 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 SERVED 91 YOUTH DURING OUT OF SCHOOL HOURS AND 15 YOUTH FOR WEEKEND RESPITE CARE SIOUX FALLS FAMILY YMCA'S MIDDLE SCHOOL AFTER SCHOOL PROGRAM PROVIDED A VARIETY OF ACTIVITIES TO 1,102 STUDENTS AT FIVE MIDDLE SCHOOLS LAST YEAR 76% OF THOSE STUDENTS FEEL THAT THE PROGRAM HAS HELPED THEM BECOME A BETTER PERSON VOLUNTEERS OF AMERICA, DAKOTA'S KIDZ COUNT PROGRAM PROVIDES AFTERSCHOOL SERVICES TO STUDENTS AGES 5-12 WHO ARE ENROLLED AT TERRY REDLIN ELEMENTARY THE PROGRAM PROVIDES AT LEAST 30 MINUTES OF PHYSICAL ACTIVITY, A FULL AFTERNOON MEAL, HOMEWORK ASSISTANCE, AND OTHER ACTIVITIES LAST YEAR, 39 STUDENTS PARTICIPATED IN THE PROGRAM BASIC NEEDS COMMUNITY OUTREACH'S CRISIS CARE 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, 1,623 INDIVIDUALS AND FAMILIES RECEIVED FINANCIAL ASSISTANCE AND 6,772 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, 62 HOUSEHOLDS WERE SERVED THROUGH GENESIS 94% OF PARTICIPANTS ACHIEVED OR MAINTAINED PERMANENT HOUSING ONE YEAR AFTER ENTERING THE GENESIS PROGRAM FEEDING SOUTH DAKOTA'S BACKPACK PROGRAM PROVIDES 3,331 CHILDREN AT 43 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, 1,691 REFERRALS WERE SERVED INTERLAKES COMMUNITY ACTION PARTNERSHIP'S HEARTLAND HOUSE PROVIDES TRANSITIONAL HOUSING FOR HOMELESS FAMILIES AND THEIR CHILDREN, SERVING 103 FAMILIES LAST YEAR 36% OF PARTICIPANTS GAINED FINANCIAL SELF SUFFICIENCY AND 82% OF ENTERED PERMANENT STABLE HOUSING AFTER COMPLETING PROGRAM 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, 139 PARTICIPANTS RECEIVED ONE-ON-ONE ASSISTANCE AND HAD THE OPPORTUNITY TO ATTEND DIFFERENT WORKSHOPS 7 PARTICIPANTS COMPLETED THE PROGRAM LAST YEAR 5 OF THE GRADUATES BECAME TOTALLY OR PARTIALLY SELF-SUFFICIENT ST FRANCIS HOUSE PROVIDES TRANSITIONAL HOUSING AND CASE MANAGEMENT FOR FAMILIES, SERVING 22 FAMILIES, 39 CHILDREN AND 367 SINGLE INDIVIDUALS LAST YEAR VOLUNTEERS OF AMERICA, DAKOTA'S SUMMIT HEIGHTS PROGRAM IS A 36-UNIT AFFORDABLE HOUSING COMMUNITY IN THE PETTIGREW HEIGHTS NEIGHBORHOOD THE PROGRAM PROVIDES RESIDENTS WITH SERVICES THAT ASSIST WITH FAMILY STRENGTHENING, CHEMICAL DEPENDENCY, RE-ENTRY, LIFE SKILLS EDUCATION, AND CHILDREN'S SERVICES LAST YEAR, 112 INDIVIDUALS UTILIZED SUMMIT HEIGHTS HOUSING AND SERVICES VOLUNTEERS OF AMERICA, DAKOTA'S VETERAN SERVICES CENTER IS A COMPREHENSIVE RESOURCE FOR VETERANS IT PROVIDES A DAYTIME SHELTER WITH MEALS AND SNACKS, FREE LAUNDRY AND SHOWER SERVICES, AND CASE MANAGEMENT TO ASSIST WITH EMERGENCY FINANCIAL NEEDS THE CENTER CAN ASSIST WITH OBTAINING IDENTITY DOCUMENTS, STABILIZE CRISIS SITUATIONS, AND ASSIST VETERANS WITH REFERRALS TO OTHER AVAILABLE SERVICES LAST YEAR, 508 VETERANS WERE SERVED BY THE PROGRAM 7 CHILD CARE BOYS & GIRLS CLUBS OF THE SIOUX EMPIRE'S EARLY CHILDHOOD EDUCATION PROGRAM PROVIDES QUALITY CHILDCARE AND EDUCATION PROGRAMS FOR YOUNG CHILDREN LAST YEAR, 268 CHILDREN RECEIVED QUALITY CHILD CARE THAT INCLUDES EARLY CHILDHOOD EDUCATION CURRICULUM 84% OF CHILDREN ENTERING KINDERGARTEN DEMONSTRATED PROFICIENCY ON THEIR ACADEMIC ASSESSMENT BOYS & GIRLS CLUBS OF THE SIOUX EMPIRE'S INFANT & TODDLER PROGRAM PROVIDES QUALITY CHILDCARE FOR INFANTS AND TODDLERS LAST YEAR, 315 CHILDREN RECEIVED QUALITY CHILD CARE EMBE'S CHILDCARE PROGRAM SERVES CHILDREN AGES 4 WEEKS TO 5 YEARS LAST YEAR, AN AVERAGE OF 317 CHILDREN ATTENDED THE CENTER DAILY AND 99% OF THE AGE-APPROPRIATE CHILDREN PASSED THE KINDERGARTEN READINESS SCREENING INTER-LAKES COMMUNITY ACTION PARTNERSHIP'S SIOUX FALLS CENTER PROVIDES HIGH QUALITY EARLY CHILDHOOD DEVELOPMENT SERVICES TO LOW-INCOME AND SPECIAL NEEDS CHILDREN 133 CHILDREN WERE ENROLLED LAST YEAR AND ALL THEIR PARENTS EITHER WORKED OR ATTENDED SCHOOL UNITED DAY CARE PROVIDED QUALITY CARE FOR 132 CHILDREN AGES 2-10 LAST YEAR 100% OF AGE APPROPRIATE CHILDREN WERE READY TO ENTER KINDERGARTEN AND 258 PARENTS WERE ABLE TO WORK OR ATTEND SCHOOL VOLUNTEERS OF AMERICA, DAKOTA'S CHILD CARE & FAMILY LITERACY CENTER PROVIDED 258 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, 144 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, 303 STUDENTS PARTICIPATED IN THE WEEKLY GROUPS AT 12 LOCAL ELEMENTARY AND MIDDLE SCHOOLS EMBE'S DRESS FOR SUCCESS PROGRAM PROMOTES ECONOMIC INDEPENDENCE OF WOMEN BY PROVIDING PROFESSIONAL ATTIRE, A NETWORK OF SUPPORT, AND CAREER DEVELOPMENT TOOLS TO HELP THEM STRIVE IN WORK AND LIFE LAST YEAR, THE PROGRAM PROVIDED 182 INTERVIEW SUITINGS, AND HAD 79 CAREER CENTER CLIENTS 395 INDIVIDUALS BENEFITTED FROM THE PROGRAM IN TOTAL 50% OF CLIENTS ATTAINED EMPLOYMENT FAMILY SERVICES' COUNSELING PROGRAM PROVIDES A VARIETY OF SERVICES, INCLUDING MARRIAGE AND FAMILY, PARENT/CHILD, ALCOHOL/DRUGS, DEPRESSION, ANXIETY, AND STRESS LAST YEAR 9,302 HOURS OF SERVICE WERE PROVIDED, INCLUDING DIRECT CLIENT CONTACT, AS WELL AS WORK RELATED CONTACTS WITH EMPLOYERS, AND CONTACT WITH DSS, COURTS, SCHOOLS, ETC 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, 1,001 HOURS OF COUNSELING SERVICE WERE PROVIDED LUTHERAN SOCIAL SERVICES' FATHERHOOD & RE-ENTRY SERVICES ASSISTS FATHERS AND MOTHERS WHO HAVE RECENTLY BEEN RELEASED FROM JAIL OR PRISON SUCCESSFULLY RE-INTEGRATE INTO THEIR FAMILIES AND COMMUNITIES LAST YEAR, 77 PARENTS PARTICIPATED COMPLETED THE TRAINING CLASSES AND 616 HOURS OF CASE MANAGEMENT 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 1,631 COUNSELING SESSIONS AND 547 ACTIVE DEBT MANAGEMENT PLANS 149 CLIENTS SUCCESSFULLY COMPLETED DEBT MANAGEMENT PLAN, 2,111,602 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 1,151 PEOPLE WERE PROVIDED 4,909 HOURS OF COUNSELING 78% OF PARTICIPANTS DEMONSTRATED SOME LEVEL OF ACHIEVEMENT TOWARDS THEIR GOALS LUTHERAN SOCIAL SERVICES' PATH PROGRAM PARTNERS WITH AREA SCHOOL DISTRICTS TO MEET THE MENTAL HEALTH NEEDS OF K-12 STUDENTS IN THEIR SCHOOLS PATH ELIMINATES BARRIERS SO THAT CHILDREN AND TEENS CAN GET PROFESSIONAL INDIVIDUAL MENTAL HEALTH COUNSELING AT SCHOOL DURING THE SCHOOL DAY LAST YEAR, 68 STUDENTS PARTICIPATED IN 756 COUNSELING SESSIONS AT 20 SCHOOLS ACROSS 4 DISTRICTS SAD ISN'T BAD WAS DEVELOPED SPECIFICALLY TO HELP CHILDREN WHO ARE EXPERIENCING GRIEF LAST YEAR, 34 CHILD

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	Insttutchnal Trustee	Officer	Key employee	Highest compensated employee	Former			
JAY POWELL PRESIDENT	40 00	X		X				182,700	0	17,520
TOM SIMMONS CHAIR	1 00	X		X				0	0	0
BILL O'CONNOR FIRST VICE-C	1 00	X		X				0	0	0
DR DANIEL HEINEMANN SECOND VICE-	1 00	X		X				0	0	0
MARIE FREDRICKSON SECRETARY/TR	1 00	X		X				0	0	0
JULIE NORTON PAST CHAIR	1 00	X		X				0	0	0
BRENDA KIBBE MEMBER	1 00	X						0	0	0
JENNIE DOYEN MEMBER	1 00	X						0	0	0
ROBERT THIMJON MEMBER	1 00	X						0	0	0
CHRIS KRAY 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			
RYAN DULANEY MEMBER	1 00	X						0	0	0
ERIC MCDONALD MEMBER	1 00	X						0	0	0
DR BRIAN MAHER MEMBER	1 00	X						0	0	0
DAN RYKHUS MEMBER	1 00	X						0	0	0
TOM MCADARAGH MEMBER	1 00	X						0	0	0
ALEX RAMIREZ MEMBER	1 00	X						0	0	0
BEN ARNDT MEMBER	1 00	X						0	0	0
CURT ZASKE MEMBER	1 00	X						0	0	0
CLARA HART MEMBER	1 00	X						0	0	0
PAUL BRUFLAT 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			
JEFF EISELE MEMBER	1 00	X						0	0	0
TRACY DAHL-WEBB MEMBER	1 00	X						0	0	0
DANIEL DOYLE MEMBER	1 00	X						0	0	0
JIM JARDING JR MEMBER	1 00	X						0	0	0
SUE SIMONS MEMBER	1 00	X						0	0	0
JAY HUIZENGA MEMBER	1 00	X						0	0	0
MARK WIGGS MEMBER	1 00	X						0	0	0
JACK MARSH MEMBER	1 00	X						0	0	0
ELIZABETH CARLSON MEMBER	1 00	X						0	0	0
KEN KARELS 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			
HEATHER VIERGUTZ-MCDONALD FINANCE DIR	40 00			X				50,722	0	1,628

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.

2017

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

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 12, 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 agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture See instructions Enter the name, city, and state of the college or university _____
- 10 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)
- 11 An organization organized and operated exclusively to test for public safety See **section 509(a)(4)**.
- 12 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 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g
 - 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- 10 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), 170(b)(1)(A)(vi), and 170(b)(1)(A)(ix)

(Complete only if you checked the box on line 5, 7, 8, or 9 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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant.")	9,346,377	8,678,410	10,131,132	9,052,442	9,162,344	46,370,705
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3	9,346,377	8,678,410	10,131,132	9,052,442	9,162,344	46,370,705
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)						3,521
6	Public support. Subtract line 5 from line 4						46,367,184

Section B. Total Support

	Calendar year (or fiscal year beginning in) ▶	(a)2013	(b)2014	(c)2015	(d)2016	(e)2017	(f)Total	
7	Amounts from line 4	9,346,377	8,678,410	10,131,132	9,052,442	9,162,344	46,370,705	
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	58,758	81,829	60,020	78,637	101,375	380,619	
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						46,751,324	
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**

Section C. Computation of Public Support Percentage

14	Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f))	14	99.180 %
15	Public support percentage for 2016 Schedule A, Part II, line 14	15	99.130 %

16a 33 1/3% support test—2017. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

b 33 1/3% support test—2016. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

17a 10%-facts-and-circumstances test—2017. 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

b 10%-facts-and-circumstances test—2016. 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

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

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

(Complete only if you checked the box on line 10 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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(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** ►

Section C. Computation of Public Support Percentage

15	Public support percentage for 2017 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2016 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for 2017 (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from 2016 Schedule A, Part III, line 17	18	

19a 33 1/3% support tests—2017. 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—2016. 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 12 of Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d 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.		
	1		
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).		
	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.		
	3a		
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.		
	3b		
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.		
	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.		
	4a		
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.		
	4b		
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.		
	4c		
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).		
	5a		
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?		
	5b		
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?		
	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) 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 .		
	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
	7		
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 I of Schedule L (Form 990 or 990-EZ).		
	8		
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 .		
	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .		
	9b		
c	Did a disqualified person (as defined in line 9a) 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 .		
	9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.		
	10a		
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.)		
	10b		

Part IV Supporting Organizations (continued)

		Yes	No
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? <i>If "Yes" to a, b, or c, provide detail in Part VI</i>		

Section B. Type I Supporting Organizations

		Yes	No
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? <i>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.</i>		
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? <i>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.</i>		

Section C. Type II Supporting Organizations

		Yes	No
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)? <i>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).</i>		

Section D. All Type III Supporting Organizations

		Yes	No
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, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) 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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
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? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

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	<input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b	<input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c	<input type="checkbox"/> 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.	Yes	No
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? <i>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.</i>		
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? <i>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.</i>		
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? <i>Provide details in Part VI.</i>		
b	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

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

- Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). **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	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)		

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 2017 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-2017	(iii) Distributable Amount for 2017
1 Distributable amount for 2017 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2017 (reasonable cause required-- explain in Part VI) See instructions			
3 Excess distributions carryover, if any, to 2017			
a			
b From 2013.			
c From 2014.			
d From 2015.			
e From 2016.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2017 distributable amount			
i Carryover from 2012 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2017 from Section D, line 7			
a Applied to underdistributions of prior years			
b Applied to 2017 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2017, if any Subtract lines 3g and 4a from line 2 If the amount is greater than zero, explain in Part VI See instructions			
6 Remaining underdistributions for 2017 Subtract lines 3h and 4b from line 1 If the amount is greater than zero, explain in Part VI See instructions			
7 Excess distributions carryover to 2018. Add lines 3j and 4c			
8 Breakdown of line 7			
a Excess from 2013.			
b Excess from 2014.			
c Excess from 2015.			
d Excess from 2016.			
e Excess from 2017.			

Additional Data

Software ID:

Software Version:

EIN: 46-0233701

Name: SIOUX EMPIRE UNITED WAY INC

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

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements
▶ 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.

OMB No 1545-0047
2017
Open to Public Inspection

Name of the organization
SIOUX EMPIRE UNITED WAY INC

Employer identification number
46-0233701

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

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

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)

Preservation of land for public use (e g , recreation or education) Preservation of an historically important land area

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

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

	Held at the End of the Year	
a Total number of conservation easements	2a	
b Total acreage restricted by conservation easements	2b	
c Number of conservation easements on a certified historic structure included in (a)	2c	
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	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? Yes No

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)? Yes No

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

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.
Complete if the organization answered "Yes" 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

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenue included on Form 990, Part VIII, line 1 ▶ \$ _____

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

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

a Revenue included on Form 990, Part VIII, line 1 ▶ \$ _____

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

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

- 3** Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)
- a** Public exhibition
 - b** Scholarly research
 - c** Preservation for future generations
 - d** Loan or exchange programs
 - e** Other
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII
- 5** During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" 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? Yes No
- b** If "Yes," explain the arrangement in Part XIII and complete the following table
- | | Amount |
|--|--------|
| c Beginning balance | |
| d Additions during the year | |
| e Distributions during the year | |
| f Ending balance | |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b** If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII

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

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

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as
- a** Board designated or quasi-endowment ▶
 - b** Permanent endowment ▶
 - c** Temporarily restricted endowment ▶
- The percentages 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
- | | | |
|--|---------------|----|
| | Yes | No |
| (i) unrelated organizations | 3a(i) | |
| (ii) related organizations | 3a(ii) | |
| b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? | 3b | |
- 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" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		36,734	13,907	22,827
d Equipment		96,741	73,542	23,199
e Other		40,492	40,110	382
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) . . . ▶				46,408

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 _____		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
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
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
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
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
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.

(a) Description of liability	(b) Book value
1. Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
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	9,318,360
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains (losses) on investments	2a	54,679
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	54,679
3	Subtract line 2e from line 1	3	9,263,681
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII)	4b	
c	Add lines 4a and 4b	4c	
5	Total revenue Add lines 3 and 4c . (This must equal Form 990, Part I, line 12)	5	9,263,681

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	9,634,756
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	9,634,756
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	9,634,756

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

Part XIII **Supplemental Information (continued)**

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

**Schedule I
(Form 990)**

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

OMB No 1545-0047

2017

**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 General Information on Grants and Assistance

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to 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.

(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 noncash assistance	(h) Purpose of grant or assistance
(1) See Additional Data							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ _____ 62

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

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 noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

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
AUGUSTANA COLLEGE - PATHWAYS 2001 S SUMMIT AVE SIOUX FALLS, SD 57197	42-1623480	3	20,435				PARTNER AGENCY ALLOC
AVERA MCKENNAN HOSPITAL 800 E 21ST STREET SIOUX FALLS, SD 57105	46-0224743	3	230,680				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
BETHANY CHRISTIAN SERVICES 400 S SYCAMORE AVE 103-1 SIOUX FALLS, SD 57110	38-1405282	3	8,000				COMMUNITY IMPACT
BIG BROTHERS BIG SISTERS 1000 N WEST AVE 300 SIOUX FALLS, SD 57104	05-0593016	3	147,733				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
BOY SCOUTS 800 N WEST AVE SIOUX FALLS, SD 57104	46-0224599	3	238,703				PARTNER AGENCY ALLOC
BOYS & GIRLS CLUB 824 E 14TH ST SIOUX FALLS, SD 57104	46-0399482	3	109,400				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
CARROLL INSTITUTE 310 S 1ST AVE SIOUX FALLS, SD 57104	46-0373475	3	51,000				PARTNER AGENCY ALLOC
CENTER FOR ACTIVE GENERATIONS 2300 W 46TH ST SIOUX FALLS, SD 57105	46-0305500	3	309,400				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
CHILDREN'S HOME SOCIETY 409 N WESTERN AVE SIOUX FALLS, SD 57104	46-0224542	3	879,840				PARTNER AGENCY ALLOC
COMMUNITY OUTREACH 231 N WEBER AVE SIOUX FALLS, SD 57103	46-0416744	3	320,588				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
COMPASS CENTER 1800 W 12TH ST 100 SIOUX FALLS, SD 57104	46-0350199	3	194,561				PARTNER AGENCY ALLOC
DAKOTA SMILES MOBILE DENTAL PROGRAM 201 E 38TH ST SIOUX FALLS, SD 57105	91-1776857	3	42,500				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
DAKOTABILITIES 3600 S DULUTH AVE SIOUX FALLS, SD 57105	46-0306216	3	75,000				PARTNER AGENCY ALLOC
DRESS FOR SUCCESS 4601 S LOUISE AVE SIOUX FALLS, SD 57106	46-2699530	3	14,000				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
EMBE 300 W 11TH ST SIOUX FALLS, SD 57104	46-0234998	3	337,971				PARTNER AGENCY
EMBE-LET ME RUN 300 W 11TH ST SIOUX FALLS, SD 57104	46-0234998	3	14,000				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
FAMILY CONNECTIONS 303 N MINNESOTA AVE SIOUX FALLS, SD 57104	46-0435140	3	28,052				PARTNER AGENCY ALLOC
FAMILY SERVICE 2210 W BROWN PL SIOUX FALLS, SD 57105	46-0259350	3	218,280				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 VISITATION CENTER 311 E 14TH STREET SIOUX FALLS, SD 57104	26-3654937	3	40,000				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	68,256				PARTNER AGENCY ALLOC
FURNITURE MISSION 209 S NESMITH AVE SIOUX FALLS, SD 57103	81-0584500	3	58,000				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
GIRL SCOUTS 1101 S MARION ROAD SIOUX FALLS, SD 57106	46-0250744	3	28,468				PARTNER AGENCY ALLOC
HARMONY SOUTH DAKOTA 2522 W 41ST ST 125 SIOUX FALLS, SD 57105	46-3296505	3	35,000				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
HELPLINE CENTER 1000 N WEST AVE 310 SIOUX FALLS, SD 57104	23-7424387	3	299,500				PARTNER AGENCY ALLOC
HELPLINE CENTER - NETWORK OF CARE 1000 N WEST AVE 310 SIOUX FALLS, SD 57104	23-7424387	3	10,000				COMMUNITY OUTREACH

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
HELPLINE CENTER - OUTREACH SUPPORT 1000 N WEST AVE 310 SIOUX FALLS, SD 57104	23-7424387	3	9,000				COMMUNITY IMPACT
HORSEPOWER PO BOX 1604 SIOUX FALLS, SD 57101	46-0378036	3	49,912				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
INTERLAKES CAP - HEARTLAND HOUSE PO BOX 268 MADISON, SD 57042	46-0282131	3	116,197				COMMUNITY IMPACT
INTERLAKES CAP - CHILD DEV CENTER PO BOX 268 MADISON, SD 57042	46-0282131	3	60,000				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
LUNCH IS SERVED 405 S MABLE AVE SIOUX FALLS, SD 57105	20-3832197	3	13,104				PARTNER AGENCY ALLOC
LUTHERAN SOCIAL SERVICES 705 E 41ST ST 200 SIOUX FALLS, SD 57105	46-0224731	3	735,350				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
MULTI-CULTURAL CENTER 515 N MAIN AVE SIOUX FALLS, SD 57104	46-0445034	3	205,485				PARTNER AGENCY ALLOC
OUR SAVIOR'S LUTHERAN CHURCH - SAD 909 W 33RD ST SIOUX FALLS, SD 57105	46-0229996	3	11,890				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
PATH SCHOOL BASED MENTAL HEALTH 909 W 33RD ST SIOUX FALLS, SD 57105	46-0229996	3	80,000				COMMUNITY IMPACT
PATH SCHOOL- LUTHERAN SOCIAL SERV 909 W 33RD ST SIOUX FALLS, SD 57105	46-0229996	3	38,110				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
REACH 629 S MINNESOTA AVE 201 SIOUX FALLS, SD 57104	46-0396579	3	54,500				PARTNER AGENCY
READY TO START HARRISBURG SCHOOL DT 200 WILLOW STREET HARRISBURG, SD 57032	46-6002218	GOV	7,000				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
READY TO START CANTON SCHOOL DT 800 N MAIN ST CANTON, SD 57013		GOV	5,300				COMMUNITY IMPACT
READY TO START LENNOX SCHOOL DIST 305 WEST FIFTH AVE LENNOX, SD 57039		GOV	5,691				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
READY TO START MCCOOK CENTRAL SC DT 200 E ESSEX AVE SALEM, SD 57058		GOV	6,700				COMMUNITY IMPACT
READY TO START SIOUX FALLS SCH DIST 201 E 38TH ST SIOUX FALLS, SD 57105	46-6002586	GOV	59,675				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
READY TO START TEA AREA SCHOOL DT 500 W BRIAN TEA, SD 57064	50-0005151	GOV	12,600				COMMUNITY IMPACT
SANFORD CHILDREN'S SERVICES 1305 W 18TH ST SIOUX FALLS, SD 57105	46-0227855	3	134,967				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 EMPIRE CHARACTER ON TRACK 3220 W 57TH ST 109 SIOUX FALLS, SD 57108	46-6016086	3	57,155				PARTNER AGENCY ALLOC
SIOUX FALLS AREA CASA PROGRAM PO BOX 1901 SIOUX FALLS, SD 57101	46-0430647	3	83,084				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 COMMUNITY FOUNDATI 300 N PHILLPS AVE 102 SIOUX FALLS, SD 57104	31-1748533	3	120,000				PARTNER AGENCY ALLOC
SIOUX FALLS FAMILY YMCA 230 S MINNESOTA SIOUX FALLS, SD 57104	46-0225021	3	321,463				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 HOUSING 630 S MINNESOTA AVE SIOUX FALLS, SD 57104	46-0333222	GOV	56,816				PARTNER AGENCY ALLOC
SFSD - PRESCHOOL OPPORTUNITIES 201 E 38TH ST SIOUX FALLS, SD 57105	46-6002586	GOV	224,615				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
SFSD - HOME LIAISON REFUGEE & IMM 201 E 38TH ST SIOUX FALLS, SD 57105	46-6002586	GOV	125,348				PARTNER AGENCY ALLOC
SFSD - WHS ELL TUTORING SUPPORT 201 N SYCAMORE SIOUX FALLS, SD 57110	46-6002586	GOV	6,400				COMMUNIT 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
SF MINISTRY CENTER PROJECT HOPE 225 E 11TH ST SIOUX FALLS, SD 57104	26-4760861	3	30,000				COMMUNITY IMPACT
SOCIETY OF ST VINCENT DE PAUL 431 N CLIFF AVE SIOUX FALLS, SD 57103	46-0383607	3	15,000				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
SOUTHEASTERN BEHAVIORAL HEALTH 2000 S SUMMIT AVE SIOUX FALLS, SD 57105	46-0232306	3	136,815				PARTNER AGENCY ALLOC
SD DENTAL FOUNDATION 804 N EUCLID AVE 103 PIERRE, SD 57501	46-0367045	3	12,000				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	111,799				PARTNER AGENCY
TALLGRASS RECOVERY 2601 S MINNESOTA AVE 105 PMB 378 SIOUX FALLS, SD 57105	20-0293050	3	17,000				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
UNITED DAY CARE 401 S SPRING AVE SIOUX FALLS, SD 57104	46-0312397	3	80,000				PARTNER AGENCY ALLOC
UNITED WAY WORLDWIDE- HURRICANES 701 N FAIRFAX ST ALEXANDRIA, VA 22314	54-1463201	3	20,000				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
USD SCOTTISH RITE 414 E CLARK ST VERMILLION, SD 57069	46-6000364	GOV	129,600				PARTNER AGENCY ALLOC
VOLUNTEERS OF AMERICA 1309 W 51ST ST SIOUX FALLS, SD 57106	23-7353508	3	819,431				PARTNER AGENCY ALLOC

Schedule J
(Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

▶ **Complete if the organization answered "Yes" 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.**

OMB No 1545-0047

2017

Open to Public Inspection

Name of the organization
SIOUX EMPIRE UNITED WAY INC

Employer identification number
46-0233701

Part I Questions Regarding Compensation

		Yes	No		
<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 style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) </td> </tr> </table>	<input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)			
<input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <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 style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input checked="" type="checkbox"/> Compensation committee <input type="checkbox"/> Independent compensation consultant <input type="checkbox"/> Form 990 of other organizations </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee </td> </tr> </table>	<input checked="" type="checkbox"/> Compensation committee <input type="checkbox"/> Independent compensation consultant <input type="checkbox"/> Form 990 of other organizations	<input type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee			
<input checked="" type="checkbox"/> Compensation committee <input type="checkbox"/> Independent compensation consultant <input type="checkbox"/> Form 990 of other organizations	<input type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <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 nonfixed 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 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 L
(Form 990 or 990-EZ)

Transactions with Interested Persons

OMB No 1545-0047

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.**
 ▶ **Attach to Form 990 or Form 990-EZ.**
 ▶ **Information about Schedule L (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.**

2017

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 Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only)
 Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

1	(a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected?	
				Yes	No

2 Enter the amount of tax incurred by organization managers or disqualified persons during the year under section 4958 ▶ \$ _____

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization ▶ \$ _____

Part II Loans to and/or From Interested Persons.
 Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26, or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
			To	From			Yes	No	Yes	No	Yes	No
Total						▶	\$					

Part III Grants or Assistance Benefiting Interested Persons.
 Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance

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	PAST CHAIR	230,680	FUNDING		No
(2) DR DANIEL HEINEMANN	2ND VICE-CHAIR	128,220	FUNDING		No
(3) DR BRIAN MAHER	MEMBER	349,963	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 DR DANIEL HEINEMANN IS AN OFFICER OF SANFORD HEALTH SANFORD HEALTH RECEIVES FUNDING FROM SIOUX EMPIRE UNITED WAY, INC TO SUPPORT SANFORD HEALTH'S CHILDREN'S PROGRAMS DR BRIAN MAHER IS AN OFFICER OF SIOUX FALLS SCHOOL DISTRICT SIOUX FALLS SCHOOL DISTRICT RECEIVES FUNDING FROM SIOUX EMPIRE UNITED WAY, INC TO SUPPORT SIOUX FALLS SCHOOL DISTRICT'S CHILDREN'S PROGRAMS

SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

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.

2017

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

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

Return Reference	Explanation
<p>FORM 990, PAGE 2, PART III, LINE 4A</p>	<p>EVENT IN FEBRUARY OF 2017 "WOMENUNITE EVENT - THE 2017 DATE IS WEDNESDAY, AUGUST 16 THE EVENT EDUCATES AND INSPIRES WOMEN ABOUT THE INITIATIVE OR OTHER WORTHWHILE PROGRAMS WOMEN ARE ASKED TO INFORM OTHERS ABOUT THE NEW INITIATIVE, PROVIDED VOLUNTEER OPPORTUNITIES AROUND THE NEW INITIATIVE, AND ENCOURAGED TO INVEST IN SIOUX EMPIRE UNITED WAY APPROXIMATELY 900 WOMEN ARE EXPECTED TO ATTEND THE EVENT THIS YEAR "KICKOFF - MARK YOUR CALENDARS FOR TUESDAY, SEPTEMBER 12, TO HELP US KICKOFF THE CAMPAIGN ALL VOLUNTEERS, PARTNER AGENCIES, AND BUSINESS LEADERS ARE INVITED THE CAMPAIGN CHAIR IS INTRODUCED AND THE PROGRAM INCLUDES INFORMATION ABOUT THE NEW INITIATIVE, CLIENT TESTIMONIALS, GOAL ANNOUNCEMENT, ETC 500+ PEOPLE ATTEND "EMERGING LEADERS ANNUAL CELEBRATION - IN 2016, LAUNCHED OUR NEWEST LEADERS HIP GROUP, EMERGING LEADERS THE GROUP'S MAIN FOCUS WILL BE ON SERVING AND LEARNING MORE ABOUT THE NEEDS OF UNITED WAY FUNDED AGENCIES ANNUAL CELEBRATION IS SCHEDULED FOR THURSDAY, APRIL 20 MATERIALS "CAMPAIGN MATERIALS - WORK WITH LAWRENCE & SCHILLER TO A VIDEO, BROCHURE AND PRINT COLLATERAL "OTHER MATERIALS - ALL OTHER MATERIALS INCLUDING INVITATIONS, EVENT PROGRAMS, SOME PLEDGE CARDS, AND MORE ARE CREATED IN-HOUSE ELECTRONIC/SOCIAL MEDIA " CAMPAIGN UPDATES - THIS IS AN UPDATE OF HOW THE CAMPAIGN IS GOING IT IS SENT TO OUR VOLUNTEERS ON A BI-WEEKLY BASIS FROM JULY THROUGH JANUARY BY EMAIL IT INCLUDES HIGHLIGHTS OF COMPANY CAMPAIGNS, RALLY IDEAS, SUCCESS STORIES, CURRENT EVENTS, VOLUNTEERS, ETC OVER 600 VOLUNTEERS RECEIVED THE UPDATES DURING THE 2017 CAMPAIGN "E-UPDATES - UPDATES ARE SENT OUT TO ALL SIOUX EMPIRE UNITED WAY SUPPORTERS BY EMAIL TWICE A MONTH THE UPDATES INCLUDE TIMELY INFORMATION, UPDATES ON SPECIFIC PROGRAMS, AREA VOLUNTEER OPPORTUNITIES, STORIES FROM LOCAL CLIENTS, AND INFORMATION ABOUT UNITED WAY NEARLY 10,600+ PEOPLE CURRENTLY RECEIVE THE UPDATES "WEBSITE - WE USE THIS AS A MARKETING TOOL AND TO GET INFORMATION OUT TO OUR VOLUNTEERS THE HITS ON THE SITE ARE HIGHEST DURING THE CAMPAIGN SEASON THE CONTENT IS UPDATED THROUGH THE YEAR, FEATURING UPCOMING EVENTS, THE LATEST NEWS, AND PROGRAM FEATURES "SOCIAL MEDIA - SOCIAL MEDIA PROVIDES UNITED WAY A PLATFORM TO EDUCATE MEMBERS OF THE COMMUNITY ABOUT NEEDS OF THE COMMUNITY, RESULTS OF OUR PARTNER PROGRAMS, CLIENT STORIES AND MORE THE VENUE IS ALSO USED TO ADDRESS ANY QUESTIONS OR CONCERNS THAT MAY ARISE ABOUT UNITED WAY IN A TIMELY FASHION SEUW HAS A PRESENCE ON FACEBOOK, TWITTER, INSTAGRAM, AND LINKED IN OTHER "MEDIA COVERAGE -WE RECEIVE COVERAGE ON OUR EVENTS AND THROUGH DIFFERENT STORIES IDEAS SUBMITTED TO LOCAL MEDIA THIS PAST YEAR, WE WORKED WITH FUNDED AGENCIES AND PROGRAMS TO PROVIDE EDUCATIONAL STORIES ABOUT UW AND FUNDED PROGRAMS EACH MONTH WE ALSO ENCOURAGE OUR PARTNER AGENCIES AND PROGRAMS TO INCLUDE THAT THEY ARE A SIOUX EMPIRE UNITED WAY PROGRAM IN ANY OF THEIR MEDIA RELEASES "YEAR ROUND COMMUNICATION WE PARTNER WITH MORE THAN 70 COMPANIES TO PROVIDE IN-HOUSE</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 2, PART III, LINE 4A	E YEAR ROUND COMMUNICATION WE WORK WITH DESIGNATED INDIVIDUALS WITHIN THE COMPANIES TO COMMUNICATE WITH OUR SUPPORTERS ALL YEAR LONG "AGENCY TOURS - MARKETING STAFF ENSURE THAT ALL UNITED WAY VOLUNTEERS RECEIVE AN INVITE TO ATTEND AN AGENCY TOUR DURING THE SUMMER TOURS ARE PROVIDED BY PARTNER AGENCIES AS A TOOL FOR OUR VOLUNTEERS AND SUPPORTERS TO LEARN MORE ABOUT HOW THEIR GIFT IS WORKING IN THE SIOUX EMPIRE OVER 150 PEOPLE PARTICIPATE IN TOURS DURING THE PAST CAMPAIGN "SPEAKER'S BUREAU - EACH SUMMER, WE IDENTIFY AND TRAIN SPEAKERS FROM EACH OF UNITED WAY'S PARTNER AGENCIES THESE AGENCY SPEAKERS ARE THEN OUR VOICE WHILE SPEAKING AT VARIOUS COMPANIES' UNITED WAY RALLIES IN THE FALL WE ALSO ASSIST THOSE COMPANIES IN SELECTING AND SCHEDULING SPEAKERS FOR THEIR RALLIES

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 2, PART III, LINE 4B	<p>YEARS) FOR A TOTAL OF 196,510 INITIATIVE WORK SCHOOL-BASED MENTAL HEALTH (PATH) CONTINUED WORK WAS DONE TO FURTHER EXPAND THIS PROGRAM IN 2017, (BOTH THROUGH COMMUNITY IMPACT GRANT FUNDING AND INITIATIVE START-UP FUNDS) WE HELPED LUTHERAN SOCIAL SERVICES PROVIDE 68 STUDENTS WITH OVER 750 COUNSELING SESSIONS WITHIN THEIR OWN SCHOOL BUILDING SCHOOLS SERVED HARRISBURG, TEA, CANTON, SIOUX FALLS IN 2018, THE PROGRAM WILL BE EXPANDED INTO DELL RAPIDS AND POTENTIALLY BRANDON VALLEY AND THE SIOUX FALLS CATHOLIC SCHOOLS AS WELL HARMONY SOUTH DAKOTA - DETERMINED IN 2017 THAT IT WILL BE THE UPCOMING 2019 INITIATIVE BEGAN RECEIVING COMMUNITY IMPACT GRANT FUNDS IN 2015 IN 2017, IT WAS DECIDED THAT 120,250 TO BE BUILT INTO THE 2019 CAMPAIGN AS THE INITIATIVE THIS WILL PROVIDE 80 YOUTH WITH THE OPPORTUNITY TO GAIN IMPORTANT LIFE SKILLS AND ALLOW THEM TO BECOME OUR PRODUCTIVE CITIZENS OF TOMORROW THROUGH THIS PROGRAM, EACH CHILD IS GUARANTEED THE OPPORTUNITY TO SPEND 420 HOURS EACH YEAR IN AN ENCOURAGING, SAFE, AND STRUCTURED ENVIRONMENT THAT TEACHES SELF-DISCIPLINE, RESPECT, AND THE ABILITY TO WORK COOPERATIVELY WITH OTHERS THROUGH MUSIC</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
<p>FORM 990, PAGE 2, PART III, LINE 4C</p>	<p>MIDDLE-SCHOOLERS ATTENDED DAILY 88% 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 I N LEARNING OUTSIDE OF SCHOOL HOURS LAST YEAR, 114 CHILDREN PARTICIPATED IN AFTERSCHOOL AN D SUMMER PROGRAMS, WITH AN AVERAGE DAILY ATTENDANCE OF 65 CHILDREN 97 OF THE TOTAL CHILDR EN 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 SERVED 9 1 YOUTH DURING OUT OF SCHOOL HOURS AND 15 YOUTH FOR WEEKEND RESPITE CARE SIOUX FALLS FAMI LY YMCA'S MIDDLE SCHOOL AFTER SCHOOL PROGRAM PROVIDED A VARIETY OF ACTIVITIES TO 1,102 STU DENTS AT FIVE MIDDLE SCHOOLS LAST YEAR 76% OF THOSE STUDENTS FEEL THAT THE PROGRAM HAS HE LPED THEM BECOME A BETTER PERSON VOLUNTEERS OF AMERICA, DAKOTA'S KIDZ COUNT PROGRAM PROVI DES AFTERSCHOOL SERVICES TO STUDENTS AGES 5-12 WHO ARE ENROLLED AT TERRY REDLIN ELEMENTARY THE PROGRAM PROVIDES AT LEAST 30 MINUTES OF PHYSICAL ACTIVITY, A FULL AFTERNOON MEAL, HO MEWORK ASSISTANCE, AND OTHER ACTIVITIES LAST YEAR, 39 STUDENTS PARTICIPATED IN THE PROGRA M BASIC NEEDS COMMUNITY OUTREACH'S CRISIS CARE PROGRAM PROVIDES INFORMATION AND REFERRALS TO LOCAL AGENCIES AND EMERGENCY FINANCIAL ASSISTANCE FOR BASIC NEEDS ITEMS, INCLUDING SHE LTER, UTILITIES, AND EMPLOYMENT RELATED TRANSPORTATION LAST YEAR, 1,623 INDIVIDUALS AND F AMILIES RECEIVED FINANCIAL ASSISTANCE AND 6,772 INDIVIDUALS AND FAMILIES RECEIVED INFORMAT ION 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 FIN ANCIAL LITERACY LAST YEAR, 62 HOUSEHOLDS WERE SERVED THROUGH GENESIS 94% OF PARTICIPANTS ACHIEVED OR MAINTAINED PERMANENT HOUSING ONE YEAR AFTER ENTERING THE GENESIS PROGRAM FEE DING SOUTH DAKOTA'S BACKPACK PROGRAM PROVIDES 3,331 CHILDREN AT 43 SITES WITHIN THE SIOUX EMPIRE WITH FOOD FOR THE WEEKEND FURNITURE MISSION RECEIVES DONATIONS OF GENTLY USED FURN ITURE AND THEN DISTRIBUTES THROUGH SOCIAL SERVICE AGENCY REFERRALS LAST YEAR, 1,691 REFER RALS WERE SERVED INTERLAKES COMMUNITY ACTION PARTNERSHIP'S HEARTLAND HOUSE PROVIDES TRANS ITIONAL HOUSING FOR HOMELESS FAMILIES AND THEIR CHILDREN, SERVING 103 FAMILIES LAST YEAR 36% OF PARTICIPANTS GAINED FINANCIAL SELF SUFFICIENCY AND 82% OF ENTERED PERMANENT STABLE HOUSING AFTER COMPLETING PROGRAM 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 EMPLOYM ENT SKILLS LAST YEAR, 139 PARTICIPANTS RECEIVED ONE-ON-ONE ASSISTANCE AND HAD THE OPPORTU NITY TO ATTEND DIFFERENT WORKS</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 2, PART III, LINE 4C	<p>HOPS 7 PARTICIPANTS COMPLETED THE PROGRAM LAST YEAR 5 OF THE GRADUATES BECAME TOTALLY OR PARTIALLY SELF-SUFFICIENT ST FRANCIS HOUSE PROVIDES TRANSITIONAL HOUSING AND CASE MANAGEMENT FOR FAMILIES, SERVING 22 FAMILIES, 39 CHILDREN AND 367 SINGLE INDIVIDUALS LAST YEAR VOLUNTEERS OF AMERICA, DAKOTA'S SUMMIT HEIGHTS PROGRAM IS A 36-UNIT AFFORDABLE HOUSING COMMUNITY IN THE PETTIGREW HEIGHTS NEIGHBORHOOD THE PROGRAM PROVIDES RESIDENTS WITH SERVICES THAT ASSIST WITH FAMILY STRENGTHENING, CHEMICAL DEPENDENCY, RE-ENTRY, LIFE SKILLS EDUCATION, AND CHILDREN'S SERVICES LAST YEAR, 112 INDIVIDUALS UTILIZED SUMMIT HEIGHTS HOUSING AND SERVICES VOLUNTEERS OF AMERICA, DAKOTA'S VETERAN SERVICES CENTER IS A COMPREHENSIVE RESOURCE FOR VETERANS IT PROVIDES A DAYTIME SHELTER WITH MEALS AND SNACKS, FREE LAUNDRY AND SHOWER SERVICES, AND CASE MANAGEMENT TO ASSIST WITH EMERGENCY FINANCIAL NEEDS THE CENTER CAN ASSIST WITH OBTAINING IDENTITY DOCUMENTS, STABILIZE CRISIS SITUATIONS, AND ASSIST VETERANS WITH REFERRALS TO OTHER AVAILABLE SERVICES LAST YEAR, 508 VETERANS WERE SERVED BY THE PROGRAM ? CHILD CARE BOYS & GIRLS CLUBS OF THE SIOUX EMPIRE'S EARLY CHILDHOOD EDUCATION PROGRAM PROVIDES QUALITY CHILDCARE AND EDUCATION PROGRAMS FOR YOUNG CHILDREN LAST YEAR, 268 CHILDREN RECEIVED QUALITY CHILD CARE THAT INCLUDES EARLY CHILDHOOD EDUCATION CURRICULUM 84% OF CHILDREN ENTERING KINDERGARTEN DEMONSTRATED PROFICIENCY ON THEIR ACADEMIC ASSESSMENT BOYS & GIRLS CLUBS OF THE SIOUX EMPIRE'S INFANT & TODDLER PROGRAM PROVIDES QUALITY CHILDCARE FOR INFANTS AND TODDLERS LAST YEAR, 315 CHILDREN RECEIVED QUALITY CHILD CARE EMBE'S CHILDCARE PROGRAM SERVES CHILDREN AGES 4 WEEKS TO 5 YEARS LAST YEAR, AN AVERAGE OF 317 CHILDREN ATTENDED THE CENTER DAILY AND 99% OF THE AGE-APPROPRIATE CHILDREN PASSED THE KINDERGARTEN READINESS SCREENING INTER-LAKES COMMUNITY ACTION PARTNERSHIP'S SIOUX FALLS CENTER PROVIDES HIGH QUALITY EARLY CHILDHOOD DEVELOPMENT SERVICES TO LOW-INCOME AND SPECIAL NEEDS CHILDREN 133 CHILDREN WERE ENROLLED LAST YEAR AND ALL THEIR PARENTS EITHER WORKED OR ATTENDED SCHOOL UNITED DAY CARE PROVIDED QUALITY CARE FOR 132 CHILDREN AGES 2-10 LAST YEAR 100% OF AGE APPROPRIATE CHILDREN WERE READY TO ENTER KINDERGARTEN AND 258 PARENTS WERE ABLE TO WORK OR ATTEND SCHOOL VOLUNTEERS OF AMERICA, DAKOTAS' CHILD CARE & FAMILY LITERACY CENTER PROVIDED 258 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, 144 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, 303 STUDENTS PARTICIPATED IN THE WEEKLY GROUPS AT 12 LOCAL ELEMENTARY AND MIDDLE SCHOOLS EMBE'S DRESS FOR SUCCESS PROGRAM PROMOTES ECONOMIC INDEPENDENCE OF WOMEN BY PROVIDING</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
<p>FORM 990, PAGE 2, PART III, LINE 4C</p>	<p>PROFESSIONAL ATTIRE, A NETWORK OF SUPPORT, AND CAREER DEVELOPMENT TOOLS TO HELP THEM STRIVE IN WORK AND LIFE LAST YEAR, THE PROGRAM PROVIDED 182 INTERVIEW SUITINGS, AND HAD 79 CAREER CENTER CLIENTS 395 INDIVIDUALS BENEFITTED FROM THE PROGRAM IN TOTAL 50% OF CLIENTS ATTAINED EMPLOYMENT FAMILY SERVICES' COUNSELING PROGRAM PROVIDES A VARIETY OF SERVICES, INCLUDING MARRIAGE AND FAMILY, PARENT/CHILD, ALCOHOL/DRUGS, DEPRESSION, ANXIETY, AND STRESS LAST YEAR 9,302 HOURS OF SERVICE WERE PROVIDED, INCLUDING DIRECT CLIENT CONTACT, AS WELL AS WORK RELATED CONTACTS WITH EMPLOYERS, AND CONTACT WITH DSS, COURTS, SCHOOLS, ETC THE HUEERMANN 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, 1,001 HOURS OF COUNSELING SERVICE WERE PROVIDED LUTHERAN SOCIAL SERVICES' FATHERHOOD & RE-ENTRY SERVICES ASSISTS FATHERS AND MOTHERS WHO HAVE RECENTLY BEEN RELEASED FROM JAIL OR PRISON SUCCESSFULLY RE-INTEGRATE INTO THEIR FAMILIES AND COMMUNITIES LAST YEAR, 77 PARENTS PARTICIPATED COMPLETED THE TRAINING CLASSES AND 616 HOURS OF CASE MANAGEMENT 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 1,631 COUNSELING SESSIONS AND 547 ACTIVE DEBT MANAGEMENT PLANS 149 CLIENTS SUCCESSFULLY COMPLETED DEBT MANAGEMENT PLAN, 2, 111,602 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 1,151 PEOPLE WERE PROVIDED 4,909 HOURS OF COUNSELING 78% OF PARTICIPANTS DEMONSTRATED SOME LEVEL OF ACHIEVEMENT TOWARDS THEIR GOALS LUTHERAN SOCIAL SERVICES' PATH PROGRAM PARTNERS WITH AREA SCHOOL DISTRICTS TO MEET THE MENTAL HEALTH NEEDS OF K-12 STUDENTS IN THEIR SCHOOLS PATH ELIMINATES BARRIERS SO THAT CHILDREN AND TEENS CAN GET PROFESSIONAL INDIVIDUAL MENTAL HEALTH COUNSELING AT SCHOOL DURING THE SCHOOL DAY LAST YEAR, 68 STUDENTS PARTICIPATE IN 756 COUNSELING SESSIONS AT 20 SCHOOLS ACROSS 4 DISTRICTS SAD ISN'T BAD WAS DEVELOPED SPECIFICALLY TO HELP CHILDREN WHO ARE EXPERIENCING GRIEF LAST YEAR, 34 CHILDREN AND 27 ADULTS PARTICIPATED IN THE PROGRAM SOUTHEASTERN BEHAVIORAL HEALTHCARE'S PSYCHIATRY PROGRAM PROVIDED PSYCHIATRIC SERVICES TO 1,471 LOW-INCOME INDIVIDUALS LAST YEAR VOLUNTEERS OF AMERICA, DAKOTAS' LIFEMARKS BEHAVIORAL HEALTH-OUTPATIENT COUNSELING SERVICES PROVIDED 602 INDIVIDUALS WITH 8,400 HOURS OF INDIVIDUAL, GROUP, AND PSYCHIATRIC SERVICES LAST YEAR VOLUNTEERS OF AMERICA, DAKOTAS' LOOK UP AND HOPE PROGRAM USES A COMPREHENSIVE WRAPAROUND APPROACH TO IMPROVE THE LIVES OF FAMILIES IMPACTED BY MATERNAL INCARCERATION THE PROGRAM INCLUDES HOME VISITS WITH MOTHERS TO ADDRESS PARENTING CONCERN</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 2	JULIE NORTON JIM JARDING, JR PAST CHAIR MEMBER FAMILY RELATIONSHIP DANIEL DOYLE EMPLOYEE MEMBER BUSINESS RELATIONSHIP

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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