

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.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2024

Open to Public Inspection

A For the 2024 calendar year, or tax year beginning , and ending									
B Check if applicable: ☐ Address change ☐ Name change ☐ Initial return ☐ Final return/terminated ☐ Amended return ☐ Application pending		C Name of organization UNITED WAY OF THE BLACK HILLS						D Employer identification number 46-0259754	
		Doing business as							
		Number and street (or P.O. box if mail is not delivered to street address) 621 SIXTH STREET SUITE 100					Room/suite		
		City or town, state or province, country, and ZIP or foreign postal code RAPID CITY SD 57701						E Telephone number 605-343-5872	
								G Gross receipts \$ 3,270,878	
F Name and address of principal officer: JOHN CASS 621 SIXTH STREET SUITE 100 RAPID CITY SD 57701								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	
I Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) () (insert no.) ☐ 4947(a)(1) or ☐ 527									
J Website: WWW.UNITEDWAYBLACKHILLS.ORG		H(c) Group exemption number							
K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other						L Year of formation: 1945		M State of legal domicile: SD	

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: WE UNITE PEOPLE AND RESOURCES TO IMPROVE LIVES IN THE BLACK HILLS BY DELIVERING MEASURABLE, LONG-TERM SOLUTIONS TO COMMUNITY ISSUES IN EDUCATION, FINANCIAL STABILITY, AND HEALTH.		
	2 Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	25
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	25
	5 Total number of individuals employed in calendar year 2024 (Part V, line 2a)	5	8
	6 Total number of volunteers (estimate if necessary)	6	1057
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
7b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year 1,745,722	Current Year 1,692,144
	9 Program service revenue (Part VIII, line 2g)		0
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	174,393	623,947
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	8,666	11,510
	12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,928,781	2,327,601
	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	901,681	946,211
Expenses	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)	430,839	554,822
	16a Professional fundraising fees (Part IX, column (A), line 11e)		0
	b Total fundraising expenses (Part IX, column (D), line 25)	221,253	
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	519,266	648,642
	18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	1,851,786	2,149,675
	19 Revenue less expenses. Subtract line 18 from line 12	76,995	177,926
	Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 8,858,670
21 Total liabilities (Part X, line 26)		391,571	412,463
22 Net assets or fund balances. Subtract line 21 from line 20		8,467,099	8,785,732

Part II	Signature Block
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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 JOHN CASS			Date	
	EXECUTIVE DIRECTOR				
Paid Preparer Use Only	Preparer's name JEANETTE SCHROEDER, CPA		Preparer's signature		Date
					Check ☐ if self-employed
					PTIN P00479382
	Firm's name KETEL THORSTENSON, LLP			Firm's EIN 46-0257538	
	Firm's address PO BOX 3140			Phone no. 605-342-5630	
	RAPID CITY, SD 57709-3140				

May the IRS discuss this return with the preparer shown above? See instructions

Yes	No
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For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2024)

DAA

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:
SEE SCHEDULE O
- 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 \$ **1,365,016** including grants of \$ **900,000**) (Revenue \$)
FUNDRAISING & ALLOCATIONS OF FUNDS TO NON-PROFIT ORGANIZATIONS, AS WELL AS PROVIDE OFFICE AND MEETING SPACE TO AREA NON-PROFIT ORGANIZATIONS.

4b (Code:) (Expenses \$ **206,659** including grants of \$ **46,211**) (Revenue \$)
ACCEPTED A "GRADE-LEVEL READING INITIATIVE GRANT" THAT WILL BE USED TO COORDINATE LITERACY EFFORTS IN THE COMMUNITY AMONGST LOCAL NONPROFIT AGENCIES, IDENTIFY AREAS OF STRENGTH AND WEAKNESSES, AND GUIDE THE DEVELOPMENT OF INITIAL GOALS AND COLLABORATIVE PROJECTS. INITIATED A NON-PROFIT FOUNDATION GRANT TO PROVIDE PROJECT MANAGEMENT, FACILITATION, AND SUPPORT TO THE EARLY LEARNER RAPID CITY INITIATIVE AND THE BLACK HILLS READS PROGRAM, SUPERVISED BY UNITED WAY OF THE BLACK HILLS.

4c (Code:) (Expenses \$ **32,278** including grants of \$) (Revenue \$)
ACCEPTED A PRIVATE FOUNDATION GRANT FOR A MENTAL HEALTH PROGRAM COORDINATOR AND COLLABORATIVE ARRANGEMENT TO IMPLEMENT COMMUNITIES THAT CARE, A COMMUNITY-OWNED PREVENTION SYSTEM PROVEN TO REDUCE YOUTH HEALTH AND BEHAVIOR PROBLEMS COMMUNITY WIDE. ACCEPTED A PRIVATE FOUNDATION GRANT FOR MENTAL HEALTH EDUCATION AND RESOURCES, USING A COLLABORATIVE IMPLEMENTATION OF THE EVERYDAY STRONG PROGRAM – A LAYMAN’S GUIDE TO WORKING WITH YOUTH IN CRISIS AND IN BUILDING RELATIONSHIPS.

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

4e Total program service expenses **1,603,953**

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	X	
2 Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II		X
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 Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		X
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV		X
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi-endowments? If "Yes," complete Schedule D, Part V	X	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	X	
b Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII		X
c Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII		X
d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX		X
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X		X
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II		X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III		X
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		X
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? If "Yes," complete Schedule I, Parts I and II	X	

Part IV Checklist of Required Schedules (continued)

		Yes	No
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? If "Yes," complete Schedule I, Parts I and III	22	X
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? If "Yes," complete Schedule J	23	X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a	X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a	X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b	X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26	X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27	X
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions).		
a	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	28a	X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b	X
c	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule L, Part IV	28c	X
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29	X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30	X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31	X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32	X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34	X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	X
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)? If "Yes," complete Schedule R, Part V, line 2	35b	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36	X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37	X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O.	38	X

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response or note to any line in this Part V ☐

		Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	1a	3
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1b	0
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)		Yes	No			
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	8			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		X		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a			X	
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b				
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a			X	
b	If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).					
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a			X	
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b			X	
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c				
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a			X	
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b				
7	Organizations that may receive deductible contributions under section 170(c).					
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a			X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b				
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c			X	
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e			X	
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f			X	
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g				
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h				
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8				
9	Sponsoring organizations maintaining donor advised funds.					
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a				
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b				
10	Section 501(c)(7) organizations. Enter:					
a	Initiation fees and capital contributions included on Part VIII, line 12	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section 501(c)(12) organizations. Enter:					
a	Gross income from members or shareholders	11a				
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a				
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.					
a	Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O.	13a				
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b				
c	Enter the amount of reserves on hand	13c				
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a			X	
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b				
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.	15			X	
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16			X	
17	Section 501(c)(21) organizations. Did the trust, any disqualified or other person, engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953? If "Yes," complete Form 6069.	17				

Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI ☒

Section A. Governing Body and Management

			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	25	
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent	1b	25	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
a	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		X

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

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done	12c	X
13	Did the organization have a written whistleblower policy?	13	X
14	Did the organization have a written document retention and destruction policy?	14	X
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a	The organization's CEO, Executive Director, or top management official	15a	X
b	Other officers or key employees of the organization	15b	X
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b	

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed **NONE**

18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
☐ Own website ☐ Another's website ☒ Upon request ☐ Other (explain on Schedule O)

19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, address, and telephone number of the person who possesses the organization's books and records.

KATHY CRUSE
RAPID CITY

621 6TH STREET SUITE 100

SD 57701

605-342-5872

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent ContractorsCheck if Schedule O contains a response or note to any line in this Part VII ☐**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees****1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (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/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) JOHN CASS	44.00									
EXECUTIVE DIRECTOR	0.00			X				85,016	0	14,270
(2) KATHY CRUSE	44.00									
DIRECTOR OF FINANCE	0.00			X				75,287	0	16,567
(3) JASON SANDERSON	0.50									
PRESIDENT	0.00	X		X				0	0	0
(4) DR. JOE DLUGOS	0.50									
VICE PRESIDENT	0.00	X		X				0	0	0
(5) BETHANY BLOOM	0.50									
TREASURER	0.00	X		X				0	0	0
(6) VALERIE SEALES	0.50									
SECRETARY	0.00	X		X				0	0	0
(7) DR. CRAIG BAILEY	0.50									
PAST PRESIDENT	0.00	X		X				0	0	0
(8) WES ASHTON	0.50									
BOARD MEMBER	0.00	X						0	0	0
(9) ANDY BECKER	0.50									
BOARD MEMBER	0.00	X						0	0	0
(10) LORI BURNHAM	0.50									
BOARD MEMBER	0.00	X						0	0	0
(11) JASON CULBERSON	0.50									
BOARD MEMBER	0.00	X						0	0	0

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

(A) Name and title	(B) Average hours per week (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/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	(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			
(12) ALEND A DERBY										
(12) BOARD MEMBER	0.50 0.00	X						0	0	0
(13) LAUREN EBERT										
(13) BOARD MEMBER	0.50 0.00	X						0	0	0
(14) KELLY FRYE										
(14) BOARD MEMBER	0.50 0.00	X						0	0	0
(15) KERI JACKSON										
(15) BOARD MEMBER	0.50 0.00	X						0	0	0
(16) KALLI KETEL										
(16) BOARD MEMBER	0.50 0.00	X						0	0	0
(17) AJ JACOBS										
(17) BOARD MEMBER	0.50 0.00	X						0	0	0
(18) JOEL LANDEEN										
(18) BOARD MEMBER	0.50 0.00	X						0	0	0
(19) SAMMI LANGENDORF										
(19) BOARD MEMBER	0.50 0.00	X						0	0	0
1b Subtotal								160,303		30,837
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								160,303		30,837

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **0**

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **0**

Part VIII Statement of RevenueCheck 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	3,907				
	d	Related organizations	1d					
	e	Government grants (contributions)	1e	54,623				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	1,633,614				
	g	Noncash contributions included in lines 1a-1f	1g	\$ 20,193				
	h	Total. Add lines 1a-1f		1,692,144				
	Program Service Revenue				Business Code			
2a								
b								
c								
d								
e								
f		All other program service revenue						
g		Total. Add lines 2a-2f						
Other Revenue	3			Investment income (including dividends, interest, and other similar amounts)	165,426		165,426	
	4			Income from investment of tax-exempt bond proceeds				
	5			Royalties				
	6a	Gross rents		(i) Real	(ii) Personal			
			6a	10,260				
			b	Less: rental expenses	6b			
	c	Rental inc. or (loss)	6c	10,260				
	d	Net rental income or (loss)			10,260	10,260		
	7a	Gross amount from sales of assets other than inventory		(i) Securities	(ii) Other			
			7a	1,401,798				
			b	Less: cost or other basis and sales exps.	7b	942,899	378	
	c	Gain or (loss)	7c	458,899	-378			
	d	Net gain or (loss)			458,521		458,521	
	8a	Gross income from fundraising events (not including \$ 3,907 of contributions reported on line 1c). See Part IV, line 18						
			8a					
			b	Less: direct expenses	8b			
	c	Net income or (loss) from fundraising events						
	9a	Gross income from gaming activities. See Part IV, line 19						
			9a					
			b	Less: direct expenses	9b			
c	Net income or (loss) from gaming activities							
10a	Gross sales of inventory, less returns and allowances							
		10a						
		b	Less: cost of goods sold	10b				
c	Net income or (loss) from sales of inventory							
Miscellaneous Revenue				Business Code				
	11a	MISCELLANEOUS			999999	1,250	1,250	
	b							
	c							
	d	All other revenue						
	e	Total. Add lines 11a-11d			1,250			
12				Total revenue. See instructions	2,327,601	11,510	0	623,947

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	946,211	946,211		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	191,140	52,871	105,876	32,393
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	267,471	128,011	57,035	82,425
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	11,776	6,371	1,277	4,128
9 Other employee benefits	53,658	24,615	13,241	15,802
10 Payroll taxes	30,777	12,443	10,420	7,914
11 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting	36,158		36,158	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	31,085		31,085	
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule O.)	32,278	32,278		
12 Advertising and promotion	144,895	106,574	1,587	36,734
13 Office expenses	2,928	757	1,690	481
14 Information technology				
15 Royalties				
16 Occupancy	62,147	25,125	21,041	15,981
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	36,339	36,339		
20 Interest	15		15	
21 Payments to affiliates	57,900	28,950	14,475	14,475
22 Depreciation, depletion, and amortization	42,473	17,172	14,381	10,920
23 Insurance	13,076		13,076	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a IMAGINATION LIBRARY	128,286	128,286		
b BOOK FESTIVALS	57,950	57,950		
c MISCELLANEOUS	3,112		3,112	
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	2,149,675	1,603,953	324,469	221,253
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance SheetCheck if Schedule O contains a response or note to any line in this Part X ☐

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing		1	235,993
	2 Savings and temporary cash investments	2,826,172	2	2,089,953
	3 Pledges and grants receivable, net	503,230	3	532,856
	4 Accounts receivable, net	2,460	4	609
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	26,375	9	58,656
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 1,048,145		
	b Less: accumulated depreciation	10b 801,420	10c	246,725
	11 Investments—publicly traded securities	5,210,856	11	6,033,403
	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	3,395	15	
16 Total assets. Add lines 1 through 15 (must equal line 33)	8,858,670	16	9,198,195	
Liabilities	17 Accounts payable and accrued expenses	16,199	17	37,217
	18 Grants payable	371,977	18	375,246
	19 Deferred revenue		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 any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		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	3,395	25	
	26 Total liabilities. Add lines 17 through 25	391,571	26	412,463
	Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here ☒ and complete lines 27, 28, 32, and 33.		
27 Net assets without donor restrictions		6,453,415	27	6,940,271
28 Net assets with donor restrictions		2,013,684	28	1,845,461
Organizations that do not follow FASB ASC 958, check here ☐ and complete lines 29 through 33.				
29 Capital stock or trust principal, or current funds			29	
30 Paid-in or capital surplus, or land, building, or equipment fund			30	
31 Retained earnings, endowment, accumulated income, or other funds			31	
32 Total net assets or fund balances		8,467,099	32	8,785,732
33 Total liabilities and net assets/fund balances	8,858,670	33	9,198,195	

Part XI Reconciliation of Net AssetsCheck 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	2,327,601
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,149,675
3	Revenue less expenses. Subtract line 2 from line 1	3	177,926
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	8,467,099
5	Net unrealized gains (losses) on investments	5	140,708
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 on Schedule O)	9	-1
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	8,785,732

Part XII Financial Statements and ReportingCheck if Schedule O contains a response or note to any line in this Part XII ☐

	Yes	No
1 Accounting method used to prepare the Form 990: ☐ Cash ☒ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both. ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis		X
b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both. ☒ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis	X	
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	X	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		X
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 on Schedule O and describe any steps taken to undergo such audits		

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

(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/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	(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			
(20) SHELLEY LEFEBRE										
(12) BOARD MEMBER	0.50 0.00	X						0	0	0
(21) BRENDA MEIER										
(13) BOARD MEMBER	0.50 0.00	X						0	0	0
(22) AUSTIN OLIVIER										
(14) BOARD MEMBER	0.50 0.00	X						0	0	0
(23) SALENA OSIECZONEK										
(15) BOARD MEMBER	0.50 0.00	X						0	0	0
(24) CHRISTINE PAPINEAU										
(16) BOARD MEMBER	0.50 0.00	X						0	0	0
(25) KEVIN POPP										
(17) BOARD MEMBER	0.50 0.00	X						0	0	0
(26) MICHELLE THOMSON										
(18) BOARD MEMBER	0.50 0.00	X						0	0	0
(27) LORIE VEGA										
(19) BOARD MEMBER	0.50 0.00	X						0	0	0
1b Subtotal										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

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

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization

SCHEDULE A
(Form 990)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2024

Open to Public
Inspection

Name of the organization

UNITED WAY OF THE BLACK HILLS

Employer identification number

46-0259754

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).)
- 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 **section 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 on 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		
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Cat. No. 11285F

Schedule A (Form 990) 2024

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	2,233,644	2,290,247	2,107,166	1,745,722	1,692,144	10,068,923
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	2,233,644	2,290,247	2,107,166	1,745,722	1,692,144	10,068,923
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)						1,781,189
6 Public support. Subtract line 5 from line 4						8,287,734

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
7 Amounts from line 4	2,233,644	2,290,247	2,107,166	1,745,722	1,692,144	10,068,923
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	70,138	89,536	81,257	140,095	165,426	546,452
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						10,615,375
12 Gross receipts from related activities, etc. (see instructions)					12	66,017

13 First 5 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 2024 (line 6, column (f), divided by line 11, column (f))	14	78.07 %
15 Public support percentage from 2023 Schedule A, Part II, line 14	15	77.08 %
16a 33 1/3% support test — 2024. 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 — 2023. 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 — 2024. 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 — 2023. 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) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(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) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(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 on 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 5 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 2024 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2023 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2024 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2023 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests — 2024. 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 — 2023. 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 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, 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? <i>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.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
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)? <i>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.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c 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).</i>		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (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? <i>If "Yes," provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as 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? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
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))? <i>If "Yes," provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
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)? <i>If "Yes," answer line 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

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 on lines 11b and 11c below, the governing body of a supported organization?		
11a		
b A family member of a person described on line 11a above?		
11b		
c A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.		
11c		

Section B. Type I Supporting Organizations

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

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)? 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).		
1		

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?		
1		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s), or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).		
2		
3 By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.		
3		

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
a ☐ The organization satisfied the Activities Test. Complete line 2 below.			
b ☐ The organization is the parent of each of its supported organizations. Complete line 3 below.			
c ☐ The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).			
2 Activities Test. Answer lines 2a and 2b below.			
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to each of its supported organizations, and how the organization determined that these activities constituted substantially all of its activities.			
2a			
b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.			
2b			
3 Parent of Supported Organizations. Answer lines 3a and 3b 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? If "Yes" or "No," provide details in Part VI.			
3a			
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.			
3b			

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

- 1 ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (*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):		
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 (<i>explain in detail in Part VI</i>):		
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 0.015 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 0.035.	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 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	☐ Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required—provide details in Part VI)	5
6	Other distributions (describe in Part VI). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	8
9	Distributable amount for 2024 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E – Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2024	(iii) Distributable Amount for 2024
1 Distributable amount for 2024 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2024 (reasonable cause required—explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2024			
a From 2019			
b From 2020			
c From 2021			
d From 2022			
e From 2023			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2024 distributable amount			
i Carryover from 2019 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2024 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2024 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2024, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
6 Remaining underdistributions for 2024. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7 Excess distributions carryover to 2025. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2020			
b Excess from 2021			
c Excess from 2022			
d Excess from 2023			
e Excess from 2024			

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.)

Name of the organization

Employer identification number

UNITED WAY OF THE BLACK HILLS

46-0259754

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

☒ 501(c)(**3**) (enter number) organization

☐ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

☐ 527 political organization

Form 990-PF

☐ 501(c)(3) exempt private foundation

☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation

☐ 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

- ☐ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

- ☒ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33¹/₃% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year \$

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

Name of organization

UNITED WAY OF THE BLACK HILLS

Employer identification number

46-0259754**Part I** **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	CITY OF RAPID CITY 300 6TH ST RAPID CITY SD 57701	\$ 54,623	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
2	BLACK HILLS ENERGY PO BOX 1400 RAPID CITY SD 57709	\$ 216,536	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
3	SCHEELS 1225 EGLIN ST RAPID CITY SD 57701	\$ 46,931	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
4	GCC DACOTAH 501 N SAINT ONGE ST RAPID CITY SD 57702	\$ 36,892	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
		\$	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
		\$	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)

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.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public
Inspection

Name of the organization

Employer identification number

UNITED WAY OF THE BLACK HILLS

46-0259754

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

Part II Conservation Easements

Complete if the organization answered "Yes" 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 (for example, recreation or education)	☐ Preservation of a 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 Tax 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 on line 2a	2c
d Number of conservation easements included on line 2c acquired after July 25, 2006, 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 2d 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 FASB 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 FASB 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 FASB 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 make significant use of its collection items (check all that apply).

- a ☐ Public exhibition d ☐ Loan or exchange program
b ☐ Scholarly research e ☐ Other

c ☐ Preservation for future generations

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.

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

	Amount
1c	
1d	
1e	
1f	

2a Did the organization include an amount on Form 990, Part X, line 21, 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	5,356,945	4,587,312	5,458,040	4,727,325	4,162,532
b Contributions	700,000				
c Net investment earnings, gains, and losses	692,383	769,633	-870,728	730,715	564,793
d Grants or scholarships					
e Other expenditures for facilities and programs	274,000				
f Administrative expenses					
g End of year balance	6,475,328	5,356,945	4,587,312	5,458,040	4,727,325

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

- a Board designated or quasi-endowment 100.00 %
b Permanent endowment %
c Term 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:

- (i) Unrelated organizations?
(ii) Related organizations?

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

	Yes	No
3a(i)		X
3a(ii)		X
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		120,000		120,000
b Buildings		768,985	666,485	102,500
c Leasehold improvements				
d Equipment		139,160	114,935	24,225
e Other		20,000	20,000	
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))				246,725

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, line 12, col. (B))		

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, line 13, col. (B))		

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, line 15, col. (B))	

Part X Other Liabilities

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 25, col. (B))	

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 FASB 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	2,447,714
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	140,708
b	Donated services and use of facilities	2b	10,491
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	151,199
3	Subtract line 2e from line 1	3	2,296,515
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	31,085
b	Other (Describe in Part XIII.)	4b	1
c	Add lines 4a and 4b	4c	31,086
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	2,327,601

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	2,129,081
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	10,491
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	10,491
3	Subtract line 2e from line 1	3	2,118,590
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	31,085
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	31,085
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	2,149,675

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.

PART V, LINE 4 - INTENDED USES FOR ENDOWMENT FUNDS

THE ENDOWMENT FUND EARNINGS ARE AVAILABLE FOR GENERAL OPERATIONS OF THE ORGANIZATION OR TO SUPPLEMENT ANY SHORTFALLS IN FUNDRAISING CAMPAIGNS.

PART X - FIN 48 FOOTNOTE

AT DECEMBER 31, 2024, THE ORGANIZATION BELIEVES THERE ARE NO SIGNIFICANT UNCERTAIN TAX POSITIONS OR LIABILITIES, OR INTEREST AND PENALTIES ASSOCIATED WITH UNCERTAIN TAX POSITIONS.

PART XI, LINE 4B - REVENUE AMOUNTS INCLUDED ON RETURN - OTHER ROUNDING

\$ 1

Part XIII Supplemental Information (continued)

Schedule D (Form 990) (Rev. 12-2024)

SCHEDULE I
(Form 990)

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
Attach to Form 990.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public
Inspection

Name of the organization

UNITED WAY OF THE BLACK HILLS

Employer identification number

46-0259754

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.

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	211 HELPLINE CENTER 1000 NW AVENUE SUITE 310 SIOUX FALLS SD 57104	23-7424387	3	9,000				GENERAL SUPPORT
(2)	AMERICAN RED CROSS 1221 NORTH MAPLE RAPID CITY SD 57701	46-0239739	3	10,000				GENERAL SUPPORT
(3)	BLACK HILLS HABITAT FOR HUMANITY 610 E OMAHA ST RAPID CITY SD 57701	46-0410933	3	20,000				GENERAL SUPPORT
(4)	BOYS AND GIRLS CLUB OF THE BH PO BOX 677 HILL CITY SD 57745	46-0332124	3	29,000				GENERAL SUPPORT
(5)	C.O.R.E. 22732 RANDO CT BOX ELDER SD 57719	45-4426181	3	17,000				GENERAL SUPPORT
(6)	CATHOLIC SOCIAL SERVICES 529 KANSAS CITY ST STE 100 RAPID CITY SD 57701	46-0418272	3	20,000				GENERAL SUPPORT
(7)	CONSUMER CREDIT COUNSELING SERVICE 2310 N MAPLE AVE RAPID CITY SD 57701	23-7364664	3	20,000				GENERAL SUPPORT
(8)	COURT-APPOINTED SPECIAL ADVOCATES 741 N 5TH ST SPEARFISH SD 57783	46-0402202	3	25,000				GENERAL SUPPORT
(9)	COURT-APPOINTED SPECIAL ADVOCATES 1605 EVERGREEN DR RAPID CITY SD 57702	46-0399483	3	45,000				GENERAL SUPPORT

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 29
- 3 Enter total number of other organizations listed in the line 1 table

SCHEDULE I
(Form 990)

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

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

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

Attach to Form 990.

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- 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.

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	CRISIS INTERVENTION SHELTER PO BOX 842 STURGIS SD 57785	36-2792902	3	10,000				GENERAL SUPPORT
(2)	CUSTER SCHOOL DISTRICT 527 MONTGOMERY ST CUSTER SD 57730	46-6001309	GOV	14,000				GENERAL SUPPORT
(3)	FEEDING SOUTH DAKOTA 1111 N CREEK DR RAPID CITY SD 57703	36-3293534	3	110,000				GENERAL SUPPORT
(4)	FORK REAL COMMUNITY CAFE INC 925 PENNY LANE RAPID CITY SD 57701	81-3611770	3	15,000				GENERAL SUPPORT
(5)	FRIENDS OF THE CHILDREN - HE SAPA PO BOX 3352 RAPID CITY SD 57701	88-2636267	3	22,000				GENERAL SUPPORT
(6)	LIFEWAYS 1010 9TH STREET, SUITE 2 RAPID CITY SD 57701	68-0529279	3	23,000				GENERAL SUPPORT
(7)	LOST AND FOUND ASSOCIATION PO BOX 1897 SIOUX FALLS SD 57106	45-4306370	3	15,000				GENERAL SUPPORT
(8)	MEALS ON WHEELS WESTERN SD 1621 SHERIDAN LAKE RD, STE 3 RAPID CITY SD 57702	46-0362991	3	70,000				GENERAL SUPPORT
(9)	NEIGHBORWORKS DAKOTA HOME RESOURCES 795 MAIN ST DEADWOOD SD 57732	46-0423151	3	10,000				GENERAL SUPPORT

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

SCHEDULE I
(Form 990)

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

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

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

Attach to Form 990.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public
Inspection

Name of the organization

UNITED WAY OF THE BLACK HILLS

Employer identification number

46-0259754

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.

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	ONEHEART 217 KANSAS CITY ST, SUITE 100 RAPID CITY SD 57701	83-4200317	3	12,000				GENERAL SUPPORT
(2)	PRAIRIE HILLS TRANSIT 2015 TUMBLEWEED TRL SPEARFISH SD 57783	91-1848280	3	29,500				GENERAL SUPPORT
(3)	RAPID CITY CLUB FOR BOYS 320 N 4TH ST RAPID CITY SD 57701	46-0277778	3	50,000				GENERAL SUPPORT
(4)	RURAL AMERICA INITIATIVES 2112 SOUTH VALLEY DR RAPID CITY SD 57703	46-0390273	3	25,000				GENERAL SUPPORT
(5)	SALVATION ARMY OF THE BLACK HILLS PO BOX 3269 RAPID CITY SD 57709	36-2167910	3	22,000				GENERAL SUPPORT
(6)	SHIFT GARAGE 3075 NORTH PLAZA DRIVE RAPID CITY SD 57702	83-1938450	3	40,000				GENERAL SUPPORT
(7)	VICTIMS OF VIOLENCE INTERVENTION PO BOX 486 SPEARFISH SD 57783	46-0356886	3	20,000				GENERAL SUPPORT
(8)	VOLUNTEERS OF AMERICA 111 NEW YORK STREET RAPID CITY SD 57701	83-0280532	3	10,000				GENERAL SUPPORT
(9)	WORKING AGAINST VIOLENCE, INC. 527 QUINCY STREET RAPID CITY SD 57701	46-0355127	3	50,000				GENERAL SUPPORT

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

SCHEDULE I
(Form 990)

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
Attach to Form 990.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public
Inspection

Name of the organization

UNITED WAY OF THE BLACK HILLS

Employer identification number

46-0259754

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.

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	YFS, INC. PO BOX 2813 RAPID CITY SD 57709	46-6017085	3	103,000				GENERAL SUPPORT
(2)	YMCA 815 KANSAS CITY STREET RAPID CITY SD 57701	46-0227218	3	49,500				GENERAL SUPPORT
(3)								
(4)								
(5)								
(6)								
(7)								
(8)								
(9)								

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

PART I, LINE 2 - PROCEDURES FOR MONITORING THE USE OF GRANT FUNDS
UNITED WAY OF THE BLACK HILLS MEETS WITH EACH ORGANIZATION RECEIVING FUNDS ON AT LEAST AN ANNUAL BASIS. IN ADDITION, A STRICT APPLICATION PROCESS IS FOLLOWED FOR EACH GRANT, IN WHICH FINANCIAL INFORMATION, BUDGETS, SITE VISITS, AND PROGRAM RESULTS ARE REVIEWED IN ORDER TO DETERMINE THAT UNITED WAY DOLLARS ARE BEING UTILIZED AS INTENDED.
IN ADDITION, THE ORGANIZATION GRANTED SUBRECIPIENTS AWARDS UNDER THE GRADE LEVEL READING INITIATIVE GRANT. GRANTS WERE AWARDED TO LOCAL NONPROFITS AND GOVERNMENT AGENCIES BASED ON A THOROUGH APPLICATION PROCESS. THE COORDINATOR OF THE PROGRAM REMAINS IN CONTACT WITH THE AWARDEES TO ENSURE FUNDS ARE BEING SPENT APPROPRIATELY.

PART IV - ADDITIONAL INFORMATION
GRANTS AND OTHER ASSISTANCE TO ORGANIZATIONS, GOVERNMENTS, AND INDIVIDUALS IN THE U.S. - THE TOTAL AMOUNT OF DISTRIBUTIONS EXPENSE TO PARTICIPATING AGENCIES WAS \$900,000. AN ADDITIONAL \$46,211 WAS AWARDED TO SUBRECIPIENTS UNDER THE GRADE LEVEL INITIATIVE GRANT.

SCHEDULE I (Form 990)		Supplemental Information		2024
		For calendar year 2024, or tax year beginning , and ending		
Name of the organization UNITED WAY OF THE BLACK HILLS				Employer identification number 46-0259754

PART I, LINE 2 - PROCEDURES FOR MONITORING THE USE OF GRANT FUNDS

UNITED WAY OF THE BLACK HILLS MEETS WITH EACH ORGANIZATION RECEIVING FUNDS ON AT LEAST AN ANNUAL BASIS. IN ADDITION, A STRICT APPLICATION PROCESS IS FOLLOWED FOR EACH GRANT, IN WHICH FINANCIAL INFORMATION, BUDGETS, SITE VISITS, AND PROGRAM RESULTS ARE REVIEWED IN ORDER TO DETERMINE THAT UNITED WAY DOLLARS ARE BEING UTILIZED AS INTENDED.

IN ADDITION, THE ORGANIZATION GRANTED SUBRECIPIENTS AWARDS UNDER THE GRADE LEVEL READING INITIATIVE GRANT. GRANTS WERE AWARDED TO LOCAL NONPROFITS AND GOVERNMENT AGENCIES BASED ON A THOROUGH APPLICATION PROCESS. THE COORDINATOR OF THE PROGRAM REMAINS IN CONTACT WITH THE AWARDEES TO ENSURE FUNDS ARE BEING SPENT APPROPRIATELY.

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Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or Form 990-EZ.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public
Inspection

Name of the organization

UNITED WAY OF THE BLACK HILLS

Employer identification number

46-0259754

FORM 990 - ORGANIZATION'S MISSION

UNITED WAY OF THE BLACK HILLS ORGANIZES AND IMPLEMENTS AN ANNUAL FUNDRAISING CAMPAIGN TO HELP SUPPORT THE BUDGETS OF LOCAL NONPROFIT AGENCIES. CURRENTLY, COMMUNITY-WIDE CAMPAIGNS ARE CONDUCTED IN RAPID CITY, STURGIS AND THE NORTHERN HILLS COMMUNITIES OF LEAD, DEADWOOD, SPEARFISH AND BELLE FOURCHE, AS WELL AS THE SOUTHERN HILLS COMMUNITIES OF HOT SPRINGS, CUSTER, HILL CITY, KEYSTONE, AND EDMONT. THE ORGANIZATION ALSO SPEARHEADS EFFORTS TO IDENTIFY COMMUNITY NEEDS, DEVELOPS A COMMUNITY RESPONSE TO THOSE NEEDS, AND PROMOTES TEAMWORK AMONG LOCAL NONPROFITS.

FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990 THE 990 IS PREPARED BY A LICENSED CPA FIRM. MANAGEMENT REVIEWS THE 990 IN DETAIL, AND THE EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS REVIEWS THE 990 IN DRAFT FORM PRIOR TO FILING. ALL MEMBERS OF THE BOARD OF DIRECTORS RECEIVE A COPY OF THE 990 PRIOR TO FILING.

FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS POLICY THE ORGANIZATION REQUIRES THAT ALL VOLUNTEERS, EMPLOYEES, & BOARD MEMBERS ADHERE TO THE CONFLICT OF INTEREST POLICY BY MAKING CONFLICTS KNOWN AS SOON AS THEY OCCUR. VOLUNTEERS, EMPLOYEES, AND BOARD MEMBERS ARE REQUIRED TO FILL OUT FORMS ANNUALLY DISCLOSING ANY CONFLICTS OF INTEREST THAT MAY BE PRESENT. ANYONE HAVING A CONFLICT OF INTEREST IS TO REFRAIN FROM PARTICIPATING IN OR INFLUENCING ANY DECISION OR OTHER ACTION RELATED TO THE CONFLICT.

FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS FOR TOP OFFICIAL THE BOARD OF DIRECTORS DETERMINE COMPENSATION FOR EXECUTIVES BY COMPARING THE ORGANIZATION'S SALARIES TO THOSE OF KEY EXECUTIVES IN LIKE POSITIONS PRIOR TO APPROVING PAY RATES. THE DECISION IS PROPERLY DOCUMENTED THROUGH BOARD OF DIRECTOR MINUTES.

FORM 990, PART VI, LINE 15B - COMPENSATION PROCESS FOR OFFICERS THE BOARD OF DIRECTORS DISCUSSES AND APPROVES COMPENSATION RATES AND DISCUSSES RAISES FOR ALL OFFICERS, TO INCLUDE THE DIRECTOR OF FINANCE, DURING BOARD MEETINGS. RATES FOR COMPARABLE POSITIONS IN COMPARABLE ORGANIZATIONS ARE CONSIDERED. SUCH DISCUSSIONS ARE DOCUMENTED IN BOARD OF DIRECTORS MINUTES.

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION THE ORGANIZATION'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST FROM THE EXECUTIVE DIRECTOR.

FORM 990, PART XI, LINE 9 - OTHER CHANGES IN NET ASSETS EXPLANATION
ROUNDING \$ -1

Form 4562

Department of the Treasury
Internal Revenue Service

Name(s) shown on return

Depreciation and Amortization
(Including Information on Listed Property)

Attach to your tax return.

Go to www.irs.gov/Form4562 for instructions and the latest information.

OMB No. 1545-0172

2024

Attachment
Sequence No. 179

UNITED WAY OF THE BLACK HILLS

Identifying number

46-0259754

Business or activity to which this form relates

INDIRECT DEPRECIATION

Part I Election To Expense Certain Property Under Section 179

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

1	Maximum amount (see instructions)	1	1,220,000
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	3,050,000
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2023 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions	11	
12	Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	12	
13	Carryover of disallowed deduction to 2025. Add lines 9 and 10, less line 12	13	

Note: Don't use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year. See instructions	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	3,633

Part III MACRS Depreciation (Don't include listed property. See instructions.)

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2024	17	32,443
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here		

Section B—Assets Placed in Service During 2024 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property			27.5 yrs.	MM	S/L	
			27.5 yrs.	MM	S/L	
i Nonresidential real property			39 yrs.	MM	S/L	
				MM	S/L	

Section C—Assets Placed in Service During 2024 Tax Year Using the Alternative Depreciation System

20a Class life					S/L	
b 12-year			12 yrs.		S/L	
c 30-year			30 yrs.	MM	S/L	
d 40-year			40 yrs.	MM	S/L	

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions	22	36,076
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions.

DAA

THERE ARE NO AMOUNTS FOR PAGE 2

Form 4562 (2024)

Tax Asset Detail 1/01/24 - 12/31/24

Asset	d t	Property Description	Date In Service	Tax Cost	Sec 179 Exp Current = c	Tax Bonus Amt	Tax Prior Depreciation	Tax Current Depreciation	Tax End Depr	Tax Net Book Value	Tax Method	Tax Period
Activity: Form 990, Page 1												
Group: Bldg - Building												
138		Parking Lot Sign	11/18/02	231.81	0.00	0.00	231.81	0.00	231.81	0.00	S/L	5.00
163		Signage - Bldg and Reception Area	11/29/06	2,680.38	0.00	0.00	2,680.38	0.00	2,680.38	0.00	S/L	7.00
212		Building New Roof	7/31/20	39,147.00	0.00	0.00	5,415.34	1,565.88	6,981.22	32,165.78	S/L	25.0
213		Building	6/10/02	726,926.09	0.00	0.00	627,579.51	29,077.04	656,656.55	70,269.54	S/L	25.0
Bldg - Building				768,985.28	0.00c	0.00	635,907.04	30,642.92	666,549.96	102,435.32		
Group: Bldg - Equipment												
143		Computer Network Server Hardware	5/13/02	8,566.72	0.00	0.00	8,566.72	0.00	8,566.72	0.00	S/L	5.00
144		Server Equipment & Installation	6/30/02	7,428.48	0.00	0.00	7,428.48	0.00	7,428.48	0.00	S/L	10.00
162		Chair	12/01/06	285.14	0.00	0.00	285.14	0.00	285.14	0.00	S/L	7.00
174		Server	4/29/09	11,777.29	0.00	0.00	11,777.29	0.00	11,777.29	0.00	S/L	5.00
185		HP ML350 G9 Server	3/30/15	13,082.52	0.00	0.00	13,082.52	0.00	13,082.52	0.00	S/L	5.00
Bldg - Equipment				41,140.15	0.00c	0.00	41,140.15	0.00	41,140.15	0.00		
Group: Bldg - Furn & Fixtures												
146		Desks and Office Work Space	6/01/02	14,758.51	0.00	0.00	14,758.51	0.00	14,758.51	0.00	S/L	7.00
147		Refrigerator	6/04/02	518.21	0.00	0.00	518.21	0.00	518.21	0.00	S/L	7.00
148		Table	6/06/02	254.40	0.00	0.00	254.40	0.00	254.40	0.00	S/L	7.00
149		Range/Microwave	10/21/02	567.00	0.00	0.00	567.00	0.00	567.00	0.00	S/L	5.00
175		Furniture	1/07/09	3,420.62	0.00	0.00	3,420.62	0.00	3,420.62	0.00	S/L	7.00
176		Furniture	1/07/09	1,255.04	0.00	0.00	1,255.04	0.00	1,255.04	0.00	S/L	5.00
178		Tent Awnings	9/08/10	1,157.50	0.00	578.75	1,157.50	0.00	1,157.50	0.00	200DB	7.0
189		Water Heater	9/30/16	1,489.42	0.00	0.00	1,489.42	0.00	1,489.42	0.00	S/L	5.00
190		Air Conditioner	8/07/18	9,583.25	0.00	0.00	5,190.95	958.33	6,149.28	3,433.97	S/L	10.00
Bldg - Furn & Fixtures				33,003.95	0.00c	578.75	28,611.65	958.33	29,569.98	3,433.97		
Group: Bldg - Land												
150		Land	7/15/89	70,000.00	0.00	0.00	0.00	0.00	0.00	70,000.00	Land	0.00
151		Land - Cost of Demolition	6/10/02	50,000.00	0.00	0.00	0.00	0.00	0.00	50,000.00	Land	0.00
152		Parking Lot	11/15/02	20,000.00	0.00	0.00	20,000.00	0.00	20,000.00	0.00	S/L	15.00
Bldg - Land				140,000.00	0.00c	0.00	20,000.00	0.00	20,000.00	120,000.00		
Group: Bldg - Leasehold Improv												
153		Matting on Masonic Parking Lot	8/15/90	4,353.66	0.00	0.00	4,353.66	0.00	4,353.66	0.00	S/L	10.00
Bldg - Leasehold Improv				4,353.66	0.00c	0.00	4,353.66	0.00	4,353.66	0.00		
Group: Oper - Furn & Fixtures												
4		File Cabinet - Letter	1/01/59	102.00	0.00	0.00	102.00	0.00	102.00	0.00	S/L	5.00
18		File Cabinet	4/07/86	1,153.62	0.00	0.00	1,153.62	0.00	1,153.62	0.00	S/L	5.00
20		File Cabinet	7/30/86	1,033.50	0.00	0.00	1,033.50	0.00	1,033.50	0.00	S/L	5.00
114		Chairs	11/11/04	293.83	0.00	0.00	293.83	0.00	293.83	0.00	S/L	5.00
115		Desk/Chairs	1/06/04	740.88	0.00	0.00	740.88	0.00	740.88	0.00	S/L	5.00
119		Tables	9/23/04	514.02	0.00	0.00	514.02	0.00	514.02	0.00	S/L	5.00
136		Coffee Pot	4/17/02	201.37	0.00	0.00	201.37	0.00	201.37	0.00	S/L	5.00

Tax Asset Detail 1/01/24 - 12/31/24

Asset	d t	Property Description	Date In Service	Tax Cost	Sec 179 Exp Current = c	Tax Bonus Amt	Tax Prior Depreciation	Tax Current Depreciation	Tax End Depr	Tax Net Book Value	Tax Method	Tax Period
Activity: Form 990, Page 1 Group: Oper - Furn & Fixtures (continued)												
Oper - Furn & Fixtures				4,039.22	0.00c	0.00	4,039.22	0.00	4,039.22	0.00		
Group: Operating - Equipment												
48		Safe	12/15/94	530.00	0.00	0.00	530.00	0.00	530.00	0.00	S/L	5.00
49		Hand Cart - Dollie	2/01/95	169.99	0.00	0.00	169.99	0.00	169.99	0.00	S/L	5.00
50		Telephone Headset - Renee	3/15/95	127.20	0.00	0.00	127.20	0.00	127.20	0.00	S/L	5.00
113		Blackbaud Software	12/16/04	13,750.00	0.00	0.00	13,750.00	0.00	13,750.00	0.00	S/L	3.00
155	d	Adobe Web Software	6/28/05	548.00	0.00	0.00	548.00	0.00	548.00	0.00	S/L	5.00
161		Digital Camera (0926101008)	3/10/06	394.28	0.00	0.00	394.28	0.00	394.28	0.00	S/L	5.00
169		17" Flat Monitor- Carmen	1/01/07	217.30	0.00	0.00	217.30	0.00	217.30	0.00	S/L	5.00
173	d	Printer HP4014n - Rosellen	12/23/08	1,120.42	0.00	0.00	1,120.42	0.00	1,120.42	0.00	S/L	5.00
188		Computer	9/07/16	2,851.01	0.00	0.00	2,851.01	0.00	2,851.01	0.00	S/L	5.00
191		HP Elitebook 850 G5 Audrey	7/23/18	1,575.68	0.00	0.00	1,575.68	0.00	1,575.68	0.00	S/L	5.00
192		HP Elitebook 850 G1 Brad	7/23/18	1,842.68	0.00	0.00	1,842.68	0.00	1,842.68	0.00	S/L	5.00
194	d	HP ProDesk 600 G4 (2)	8/20/19	1,435.62	0.00	0.00	1,244.19	191.43	1,435.62	0.00	S/L	5.00
207		Videoconferencing System	6/06/19	2,518.73	0.00	0.00	2,308.85	209.88	2,518.73	0.00	S/L	5.00
208	d	HP Elite Desk 800 G4 Sff Rosellen	3/17/20	1,414.32	0.00	0.00	1,060.73	282.86	1,343.59	70.73	S/L	5.00
209		HP Elitebook 850 G6 Kayla	3/17/20	2,092.73	0.00	0.00	1,569.56	418.55	1,988.11	104.62	S/L	5.00
210		HP Elitebook 850 G6 Murray	6/05/20	2,012.85	0.00	0.00	1,442.54	402.57	1,845.11	167.74	S/L	5.00
214	d	HP Probook 840 #L5K6	2/26/21	1,319.54	0.00	0.00	747.74	263.91	1,011.65	307.89	S/L	5.00
215		HP EB 850 G7 #L56B	9/03/21	1,892.52	0.00	0.00	883.17	378.50	1,261.67	630.85	S/L	5.00
216		HP 250 G8 #1KH3	10/05/21	1,347.23	0.00	0.00	606.26	269.45	875.71	471.52	S/L	5.00
217		Owl Labs Meeting Owl	9/13/21	1,287.45	0.00	0.00	600.81	257.49	858.30	429.15	S/L	5.00
218		HP Z2 G5 Mini - Finance Desktop	4/10/23	1,490.00	0.00	1,192.00	1,266.50	89.40	1,355.90	134.10	200DB	5.0
220		AV System (2 Screens, Mini HP, C	12/28/23	22,523.00	0.00	18,018.40	18,243.63	1,711.75	19,955.38	2,567.62	200DB	5.0
Operating - Equipment				62,460.55	0.00c	19,210.40	53,100.54	4,475.79	57,576.33	4,884.22		
*Less: Dispositions and Transfers				5,837.90	0.00	0.00	4,721.08	0.00	5,459.28	378.62		
Net Operating - Equipment				56,622.65	0.00c	19,210.40	48,379.46	4,475.79	52,117.05	4,505.60		
Form 990, Page 1				1,053,982.81	0.00c	19,789.15	787,152.26	36,077.04	823,229.30	230,753.51		
*Less: Dispositions and Transfers				5,837.90	0.00	0.00	4,721.08	0.00	5,459.28	378.62		
Net Form 990, Page 1				1,048,144.91	0.00c	19,789.15	782,431.18	36,077.04	817,770.02	230,374.89		
Grand Total				1,053,982.81	0.00c	19,789.15	787,152.26	36,077.04	823,229.30	230,753.51		
Less: Dispositions and Transfers				5,837.90	0.00	0.00	4,721.08	0.00	5,459.28	378.62		
Net Grand Total				1,048,144.91	0.00c	19,789.15	782,431.18	36,077.04	817,770.02	230,374.89		

Asset	Property Description	Date In Service	Tax Cost	Tax Sec 179 Exp	Tax Salvage Value	Tax Prior Depreciation	Tax Current Depreciation	Tax End Depr	Tax Net Book Value	Tax Method	Tax Period
Activity: Form 990, Page 1											
Group: Bldg - Building											
138	Parking Lot Sign	11/18/02	231.81	0.00	0.00	231.81	0.00	231.81	0.00	S/L	5.00
163	Signage - Bldg and Reception Area	11/29/06	2,680.38	0.00	0.00	2,680.38	0.00	2,680.38	0.00	S/L	7.00
212	Building New Roof	7/31/20	39,147.00	0.00	0.00	6,981.22	1,565.88	8,547.10	30,599.90	S/L	25.0
213	Building	6/10/02	726,926.09	0.00	0.00	656,656.55	29,077.04	685,733.59	41,192.50	S/L	25.0
Bldg - Building			768,985.28	0.00	0.00	666,549.96	30,642.92	697,192.88	71,792.40		
Group: Bldg - Equipment											
143	Computer Network Server Hardware	5/13/02	8,566.72	0.00	0.00	8,566.72	0.00	8,566.72	0.00	S/L	5.00
144	Server Equipment & Installation	6/30/02	7,428.48	0.00	0.00	7,428.48	0.00	7,428.48	0.00	S/L	10.00
162	Chair	12/01/06	285.14	0.00	0.00	285.14	0.00	285.14	0.00	S/L	7.00
174	Server	4/29/09	11,777.29	0.00	0.00	11,777.29	0.00	11,777.29	0.00	S/L	5.00
185	HP ML350 G9 Server	3/30/15	13,082.52	0.00	0.00	13,082.52	0.00	13,082.52	0.00	S/L	5.00
Bldg - Equipment			41,140.15	0.00	0.00	41,140.15	0.00	41,140.15	0.00		
Group: Bldg - Furn & Fixtures											
146	Desks and Office Work Space	6/01/02	14,758.51	0.00	0.00	14,758.51	0.00	14,758.51	0.00	S/L	7.00
147	Refrigerator	6/04/02	518.21	0.00	0.00	518.21	0.00	518.21	0.00	S/L	7.00
148	Table	6/06/02	254.40	0.00	0.00	254.40	0.00	254.40	0.00	S/L	7.00
149	Range/Microwave	10/21/02	567.00	0.00	0.00	567.00	0.00	567.00	0.00	S/L	5.00
175	Furniture	1/07/09	3,420.62	0.00	0.00	3,420.62	0.00	3,420.62	0.00	S/L	7.00
176	Furniture	1/07/09	1,255.04	0.00	0.00	1,255.04	0.00	1,255.04	0.00	S/L	5.00
178	Tent Awnings	9/08/10	1,157.50	0.00	0.00	1,157.50	0.00	1,157.50	0.00	200DB	7.0
189	Water Heater	9/30/16	1,489.42	0.00	0.00	1,489.42	0.00	1,489.42	0.00	S/L	5.00
190	Air Conditioner	8/07/18	9,583.25	0.00	0.00	6,149.28	958.33	7,107.61	2,475.64	S/L	10.00
Bldg - Furn & Fixtures			33,003.95	0.00	0.00	29,569.98	958.33	30,528.31	2,475.64		
Group: Bldg - Land											
150	Land	7/15/89	70,000.00	0.00	0.00	0.00	0.00	0.00	70,000.00	Land	0.00
151	Land - Cost of Demolition	6/10/02	50,000.00	0.00	0.00	0.00	0.00	0.00	50,000.00	Land	0.00
152	Parking Lot	11/15/02	20,000.00	0.00	0.00	20,000.00	0.00	20,000.00	0.00	S/L	15.00
Bldg - Land			140,000.00	0.00	0.00	20,000.00	0.00	20,000.00	120,000.00		
Group: Bldg - Leasehold Improv											
153	Matting on Masonic Parking Lot	8/15/90	4,353.66	0.00	0.00	4,353.66	0.00	4,353.66	0.00	S/L	10.00
Bldg - Leasehold Improv			4,353.66	0.00	0.00	4,353.66	0.00	4,353.66	0.00		
Group: Oper - Furn & Fixtures											
4	File Cabinet - Letter	1/01/59	102.00	0.00	0.00	102.00	0.00	102.00	0.00	S/L	5.00
18	File Cabinet	4/07/86	1,153.62	0.00	0.00	1,153.62	0.00	1,153.62	0.00	S/L	5.00
20	File Cabinet	7/30/86	1,033.50	0.00	0.00	1,033.50	0.00	1,033.50	0.00	S/L	5.00
114	Chairs	11/11/04	293.83	0.00	0.00	293.83	0.00	293.83	0.00	S/L	5.00
115	Desk/Chairs	1/06/04	740.88	0.00	0.00	740.88	0.00	740.88	0.00	S/L	5.00
119	Tables	9/23/04	514.02	0.00	0.00	514.02	0.00	514.02	0.00	S/L	5.00
136	Coffee Pot	4/17/02	201.37	0.00	0.00	201.37	0.00	201.37	0.00	S/L	5.00

Asset	Property Description	Date In Service	Tax Cost	Tax Sec 179 Exp	Tax Salvage Value	Tax Prior Depreciation	Tax Current Depreciation	Tax End Depr	Tax Net Book Value	Tax Method	Tax Period
Activity: Form 990, Page 1 Group: Oper - Furn & Fixtures (continued)											
Oper - Furn & Fixtures			4,039.22	0.00	0.00	4,039.22	0.00	4,039.22	0.00		
Group: Operating - Equipment											
48	Safe	12/15/94	530.00	0.00	0.00	530.00	0.00	530.00	0.00	S/L	5.00
49	Hand Cart - Dollie	2/01/95	169.99	0.00	0.00	169.99	0.00	169.99	0.00	S/L	5.00
50	Telephone Headset - Renee	3/15/95	127.20	0.00	0.00	127.20	0.00	127.20	0.00	S/L	5.00
113	Blackbaud Software	12/16/04	13,750.00	0.00	0.00	13,750.00	0.00	13,750.00	0.00	S/L	3.00
161	Digital Camera (0926101008)	3/10/06	394.28	0.00	0.00	394.28	0.00	394.28	0.00	S/L	5.00
169	17" Flat Monitor- Carmen	1/01/07	217.30	0.00	0.00	217.30	0.00	217.30	0.00	S/L	5.00
188	Computer	9/07/16	2,851.01	0.00	0.00	2,851.01	0.00	2,851.01	0.00	S/L	5.00
191	HP Elitebook 850 G5 Audrey	7/23/18	1,575.68	0.00	0.00	1,575.68	0.00	1,575.68	0.00	S/L	5.00
192	HP Elitebook 850 G1 Brad	7/23/18	1,842.68	0.00	0.00	1,842.68	0.00	1,842.68	0.00	S/L	5.00
207	Videoconferencing System	6/06/19	2,518.73	0.00	0.00	2,518.73	0.00	2,518.73	0.00	S/L	5.00
209	HP Elitebook 850 G6 Kayla	3/17/20	2,092.73	0.00	0.00	1,988.11	104.62	2,092.73	0.00	S/L	5.00
210	HP Elitebook 850 G6 Murray	6/05/20	2,012.85	0.00	0.00	1,845.11	167.74	2,012.85	0.00	S/L	5.00
215	HP EB 850 G7 #L56B	9/03/21	1,892.52	0.00	0.00	1,261.67	378.50	1,640.17	252.35	S/L	5.00
216	HP 250 G8 #1KH3	10/05/21	1,347.23	0.00	0.00	875.71	269.45	1,145.16	202.07	S/L	5.00
217	Owl Labs Meeting Owl	9/13/21	1,287.45	0.00	0.00	858.30	257.49	1,115.79	171.66	S/L	5.00
218	HP Z2 G5 Mini - Finance Desktop	4/10/23	1,490.00	0.00	0.00	1,355.90	53.64	1,409.54	80.46	200DB	5.0
220	AV System (2 Screens, Mini HP, C)	12/28/23	22,523.00	0.00	0.00	19,955.38	1,027.05	20,982.43	1,540.57	200DB	5.0
Operating - Equipment			56,622.65	0.00	0.00	52,117.05	2,258.49	54,375.54	2,247.11		
Form 990, Page 1			1,048,144.91	0.00	0.00	817,770.02	33,859.74	851,629.76	196,515.15		
Grand Total			1,048,144.91	0.00	0.00	817,770.02	33,859.74	851,629.76	196,515.15		