



See a Social Security Number? Say Something!
Report Privacy Problems to <https://public.resource.org/privacy>
Or call the IRS Identity Theft Hotline at 1-800-908-4490



Form **990**Department of the Treasury
Internal Revenue Service**Return of Organization Exempt From Income Tax**Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung
benefit trust or private foundation)

▶ The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0047

2009Open to Public
Inspection**A For the 2009 calendar year, or tax year beginning and ending**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type: See Specific Instructions	C Name of organization GREAT RIVERS UNITED WAY INC		D Employer identification number 39-0848188
		Doing Business As		E Telephone number 608-796-1400
		Number and street (or P.O. box if mail is not delivered to street address) Room/suite 1855 MAIN STREET		
		City or town, state or country, and ZIP + 4 ONALASKA, WI 54650		G Gross receipts \$ 1,856,426.
F Name and address of principal officer: LORIE FREDRICKSON SAME AS C ABOVE				H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) H(c) Group exemption number ▶
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c) (3) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527				
J Website: ▶ WWW.GREATRIVERSUNITEDWAY.ORG				
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶				L Year of formation: 1954 M State of legal domicile: WI

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: OUR MISSION IS TO IMPROVE THE QUALITY OF LIFE IN OUR REGION BY ASSESSING COMMUNITY NEEDS, BY	
	2 Check this box <input type="checkbox"/> 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 27
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4 27
	5 Total number of employees (Part V, line 2a)	5 6
	6 Total number of volunteers (estimate if necessary)	6 563
	7a Total gross unrelated business revenue from Part VIII, column (C), line 12	7a 0.
b Net unrelated business taxable income from Form 990-T, line 34	7b 0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year 1,818,958. Current Year 1,796,845.
	9 Program service revenue (Part VIII, line 2g)	3,218. 3,137.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	30,506. 14,476.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	28,447. 41,968.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,881,129. 1,856,426.
	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	1,360,726. 1,360,790.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	
Expenses	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	360,913. 322,823.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 163,417.	
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	149,647. 135,487.
	18 Total expenses - Add lines 13-17 (must equal Part IX, column (A), line 25)	1,871,286. 1,819,100.
	19 Revenue less expenses - Subtract line 18 from line 12	9,843. 37,326.
	20 Total assets (Part X, line 16)	Beginning of Current Year 2,999,336. End of Year 3,050,045.
Net Assets or Fund Balances	21 Total liabilities (Part X, line 26)	1,370,338. 1,383,721.
	22 Net assets or fund balances - Subtract line 21 from line 20	1,628,998. 1,666,324.

Part II Signature Block

Sign Here	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.	
	Signature of officer: <i>Lorie Fredrickson</i> LORIE FREDRICKSON, FINANCE DIRECTOR Type or print name and title	Date: 6/28/10

Paid Preparer's Use Only	Preparer's signature: JOHN HONADEL, CPA	Date: 06/25/10	Check if self-employed: <input type="checkbox"/>	Preparer's identifying number (see instructions):
	Firm's name (or yours if self-employed), address, and ZIP + 4: WIPFLI LLP 2 COPELAND AVENUE, SUITE 301 LA CROSSE, WI 54603	EIN: ▶	Phone no.: ▶ 608-784-7300	

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

☒ Yes ☐ No

Part III Statement of Program Service Accomplishments

1 Briefly describe the organization's mission:

OUR MISSION IS TO IMPROVE THE QUALITY OF LIFE IN OUR REGION BY ASSESSING COMMUNITY NEEDS, BY RAISING AND DISTRIBUTING RESOURCES TO RESPOND TO IDENTIFIED NEEDS, AND BY PROVIDING LEADERSHIP TO SOLVE COMMUNITY PROBLEMS.

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 exempt purpose achievements for each of the organization's three largest program services by expenses.

Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

SEE SCHEDULE O FOR CONTINUATION(S)

4a (Code:) (Expenses \$ 1,433,232. including grants of \$) (Revenue \$)

FUND DISTRIBUTION PROGRAM-UNITED WAY VOLUNTEERS, WITH THE SUPPORT OF UNITED WAY STAFF PERFORM AN IN-DEPTH REVIEW AND ALLOCATE FUNDS FROM THE ANNUAL PLEDGE DRIVE TO 28 LOCAL PARTNER AGENCIES. THE AGENCIES PROGRAMS MUST ADDRESS IDENTIFIED COMMUNITY NEEDS, TRACK PROGRAM OUTCOMES AND ACHIEVE POSITIVE RESULTS IN THE FOLLOWING IMPACT AREAS: PROVIDING FOR BASIC NEEDS & SELF SUFFICIENCY; STRENGTHENING FAMILIES FOR A LIFETIME; INVESTING IN CHILDREN & YOUTH; AND PROMOTING HEALTH, HEALING & CRISIS INTERVENTION.

4b (Code:) (Expenses \$ 89,306. including grants of \$) (Revenue \$)

COMMUNITY BUILDING PROGRAM - COMMUNITY PROBLEM SOLVING EFFORT WHICH INCLUDES, BUT NOT LIMITED TO, UNITED WAY STAFF INVOLVEMENT AND RESOURCES FOR THE ALCOHOL OVERSIGHT COMMITTEE, FAMILY POLICY GOVERNING BOARD, PREVENTION NETWORK, LA CROSSE COUNTY HOUSING COMMISSION, FAMILY & CHILDREN'S MANAGEMENT COUNCIL, STATE 2-1-1 BOARD, TRI-CAMPUS COMMUNITY AND LA CROSSE AREA CHAMBER OF COMMERCE YOUTH LEADERSHIP. UNITED WAY CONDUCTED A COMPASS 3 HEALTH AND HUMAN SERVICES ASSET AND NEEDS ASSESSMENT. THIS EFFORT IDENTIFIED HEALTH AND HUMAN SERVICE CRITICAL ISSUES, WHAT RESOURCES CURRENTLY EXIST FOR THESE ISSUES AND WHAT RESOURCES MAY BE MISSING TO ADDRESS THESE NEEDS IN OUR FIVE COUNTY AREA (HOUSTON, LA CROSSE, MONROE, TREMPLEAU AND VERNON). THIS ONGOING PROGRAM WILL FACILITATE COMMUNICATION AND HELP SUPPORT THE

4c (Code:) (Expenses \$ 50,817. including grants of \$) (Revenue \$)

LABOR RELATIONS PROGRAM - PARTNERSHIP BETWEEN GREAT RIVERS UNITED WAY AND ORGANIZED LABOR. THIS PROGRAM IS FOCUSED ON IMPROVING HEALTH AND WELFARE SERVICES OF THE COMMUNITY AND INVOLVING ORGANIZED LABOR IN THE ONGOING ACTIVITIES OF THE UNITED WAY. THE AFL-CIO LABOR RELATIONS PROGRAM SUPPORTS PROJECTS THAT INCLUDE, BUT NOT LIMITED TO, ADVOCACY AND INTERVENTION SERVICES, SERVICES TO THE UNEMPLOYED, LETTER CARRIERS FOOD DRIVE, AND HOLIDAY PROGRAMS.

4d Other program services. (Describe in Schedule O.)

(Expenses \$ 23,169. including grants of \$) (Revenue \$ 3,218.)

4e Total program service expenses \$ 1,596,524.

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?	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? If "Yes," complete Schedule C, Part II		X
5 Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III		
6 Did the organization maintain any donor advised funds or any similar funds or accounts where 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; 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 term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V		X
11 Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	X	
• Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.		
• 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.		
• 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.		
• 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.		
• Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X		
• 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? If "Yes," complete Schedule D, Part X.		
12 Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII.	X	
12A Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," completing Schedule D, Parts XI, XII, and XIII 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, and program service activities outside the United States? If "Yes," complete Schedule F, Part I		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Part II		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III		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		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
20 Did the organization operate one or more hospitals? If "Yes," complete Schedule H		X

Part IV Checklist of Required Schedules (continued)

	Yes	No
21 Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X
22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	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 25	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) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a	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 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26	X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27	X
28 Was the organization a party to a business transaction with one of the following parties, (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	X
b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b	X
c An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	X
29 Did the organization receive more than \$25,000 in non-cash 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, Parts II, III, IV, and V, line 1	34	X
35 Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35	X
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 in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38	X

Part V Statements Regarding Other IRS Filings and Tax Compliance

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable		
1a	6		
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	X
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	6
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)	2b	X
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a	X
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	X
b	If "Yes," enter the name of the foreign country: See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	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, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5c	
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a	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, during the year, 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	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g	
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h	
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8	
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the organization make any taxable distributions under section 4966?	9a	
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b	
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	

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 in Schedule O. See instructions

Section A. Governing Body and Management

	Yes	No
1a Enter the number of voting members of the governing body	27	
b Enter the number of voting members that are independent	27	
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	X	
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		X
4 Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	X	
5 Did the organization become aware during the year of a material diversion of the organization's assets?		X
6 Does the organization have members or stockholders?		X
7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		X
b Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a The governing body?	X	
b Each committee with authority to act on behalf of the governing body?	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 in Schedule O		X

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

	Yes	No
10a Does the organization have local chapters, branches, or affiliates?		X
b If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?		
11 Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	X	
11A Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a Does the organization have a written conflict of interest policy? If "No," go to line 13	X	
b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	X	
13 Does the organization have a written whistleblower policy?	X	
14 Does the organization have a written document retention and destruction policy?	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	X	
b Other officers or key employees of the organization	X	
If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions.)		
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
b If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?		

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed **WI**

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

19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization. **LORIE FREDRICKSON - 608-796-1400**
1855 MAIN STREET, ONALASKA, WI 54650

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**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. Use Schedule J-2 if additional space is needed.

• 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. See instructions for definition of "key employee."

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, 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.

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

☐ Check this box if the organization did not compensate any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
TOM BROCK 2009-2010 DIRECTOR		X						0.	0.	0.
ROLAN COVERT 2009-2010 PAST PRESIDENT		X		X				0.	0.	0.
TODD EBER 2009-2010 DIRECTOR		X						0.	0.	0.
SUE HORNE 2009-2010 DIRECTOR		X						0.	0.	0.
JEFF JENSEN 2009-2010 TREASURER		X		X				0.	0.	0.
PAT KERRIGAN 2009-2010 DIRECTOR		X						0.	0.	0.
RICK MICKSCHL 2009-2010 DIRECTOR		X						0.	0.	0.
PATTIE NIMOCKS 2009-2010 DIRECTOR		X						0.	0.	0.
BILL O'DRISCOLL 2009-201 DIRECTOR		X						0.	0.	0.
LEE RASCH 2009-2010 DIRECTOR		X						0.	0.	0.
SUSAN RING 2009-2010 DIRECTOR		X						0.	0.	0.
BRAD STURM 2009-2010 PRESIDENT		X		X				0.	0.	0.
DALE WALTER 2009-2010 1ST VICE PRESIDENT		X		X				0.	0.	0.
KIM VALIQUETTE 2009-2010 DIRECTOR		X						0.	0.	0.
SUSAN BREYER 2009-2010 DIRECTOR		X						0.	0.	0.
JERRY KEMBER 2009-2010 DIRECTOR		X						0.	0.	0.
JULIE BARTELS 2009-2010 DIRECTOR		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	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
SARAH HAVENS 2009-2010 DIRECTOR		X						0.	0.	0.
CHIEF GREGG CLEVELAND 20 DIRECTOR		X						0.	0.	0.
JERRY HUBER 2009-2010 DIRECTOR		X						0.	0.	0.
PAULA KNUDSON 2009-2010 DIRECTOR		X						0.	0.	0.
DR. BRENDA ROONEY 2009-2 DIRECTOR		X						0.	0.	0.
KATE SHILLIN 2009-2010 DIRECTOR		X						0.	0.	0.
LEANNE CLEVELAND 2009-20 DIRECTOR		X						0.	0.	0.
KERSTIN BOUDREAU 2009-20 DIRECTOR		X						0.	0.	0.
BRENT SMITH 2009-2010 DIRECTOR		X						0.	0.	0.
SAM VAN RIPER 2009-2010 DIRECTOR		X						0.	0.	0.
1b Total								101,788.	0.	28,515.

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

	Yes	No
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual	3	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? If "Yes," complete Schedule J for such individual	4	X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person	5	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. **NONE**

(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 in compensation from the organization 0		

SEE SCHEDULE J-2 FOR PART VII, SECTION A CONTINUATION

Part VIII Statement of Revenue

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1 a	Federated campaigns	1a 7,301.				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations	1d				
	e	Government grants (contributions)	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f 1,789,544.				
	g	Noncash contributions included in lines 1a-1f \$					
	h	Total. Add lines 1a-1f		1,796,845.			
Program Service Revenue	2 a	PROGRAM SERVICE REVENUE	Business Code 624200	3,137.	3,137.		
	b						
	c						
	d						
	e						
	f	All other program service revenue					
	g	Total. Add lines 2a-2f		3,137.			
	Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		14,476.		
4		Income from investment of tax-exempt bond proceeds					
5		Royalties					
6 a		Gross Rents	(i) Real (ii) Personal 28,167.				
b		Less: rental expenses					
c		Rental income or (loss)	28,167.				
d		Net rental income or (loss)		28,167.			28,167.
7 a		Gross amount from sales of assets other than inventory	(i) Securities (ii) Other				
b		Less: cost or other basis and sales expenses					
c		Gain or (loss)					
d		Net gain or (loss)					
8 a		Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	a				
b		Less: direct expenses	b				
c		Net income or (loss) from fundraising events					
9 a		Gross income from gaming activities. See Part IV, line 19	a				
b	Less: direct expenses	b					
c	Net income or (loss) from gaming activities						
10 a	Gross sales of inventory, less returns and allowances	a					
b	Less: cost of goods sold	b					
c	Net income or (loss) from sales of inventory						
Miscellaneous Revenue			Business Code				
11 a	OTHER INCOME	624200	13,801.	13,801.			
b							
c							
d	All other revenue						
e	Total. Add lines 11a-11d		13,801.				
12	Total revenue. See instructions.		1,856,426.	16,938.	0.	42,643.	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	1,360,790.	1,360,790.		
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	101,787.	70,331.	21,277.	10,179.
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	141,127.	62,117.	7,092.	71,918.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	19,311.	9,472.	2,453.	7,386.
9 Other employee benefits	42,298.	23,931.	3,471.	14,896.
10 Payroll taxes	18,300.	9,979.	2,136.	6,185.
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	4,685.		4,685.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other				
12 Advertising and promotion				
13 Office expenses	6,424.	3,136.	854.	2,434.
14 Information technology				
15 Royalties				
16 Occupancy				
17 Travel	12,829.	6,260.	1,707.	4,862.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates	18,722.	9,137.	2,489.	7,096.
22 Depreciation, depletion, and amortization	21,549.	10,517.	2,865.	8,167.
23 Insurance	3,200.	947.	1,517.	736.
24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
a REPAIRS AND MAINTENANCE	21,807.	10,642.	2,900.	8,265.
b CAMPAIGN EXPENSE	8,486.			8,486.
c TELEPHONE	6,766.	3,302.	900.	2,564.
d JANITORIAL EXPENSE	5,517.	2,691.	735.	2,091.
e UTILITIES	5,499.	2,683.	732.	2,084.
f All other expenses	20,003.	10,589.	3,346.	6,068.
25 Total functional expenses. Add lines 1 through 24f	1,819,100.	1,596,524.	59,159.	163,417.
26 Joint costs. Check here <input type="checkbox"/> if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	27.	1	26.
	2 Savings and temporary cash investments	1,151,411.	2	1,179,063.
	3 Pledges and grants receivable, net	1,366,867.	3	1,377,357.
	4 Accounts receivable, net	2,900.	4	3,140.
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	8,872.	9	10,756.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 622,911.		
	b Less: accumulated depreciation	10b 144,635.	10c	478,276.
	11 Investments - publicly traded securities		11	
	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	1,427.	15	1,427.
16 Total assets. Add lines 1 through 15 (must equal line 34)	2,999,336.	16	3,050,045.	
Liabilities	17 Accounts payable and accrued expenses	14,217.	17	14,012.
	18 Grants payable	1,356,121.	18	1,369,709.
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities. Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25	1,370,338.	26	1,383,721.
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	1,231,899.	27	1,256,833.
	28 Temporarily restricted net assets	397,099.	28	409,491.
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	1,628,998.	33	1,666,324.
	34 Total liabilities and net assets/fund balances	2,999,336.	34	3,050,045.

Part XI Financial Statements and Reporting

- 1 Accounting method used to prepare the Form 990: ☐ Cash ☒ Accrual ☐ Other _____
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a Were the organization's financial statements compiled or reviewed by an independent accountant?
- b Were the organization's financial statements audited by an independent accountant?
- c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.
- d If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both:
☒ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis
- 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

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

Form 990 (2009)

Department of the Treasury
Internal Revenue Service

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

OMB No 1545-0047

2009

Open to Public Inspection

GREAT RIVERS UNITED WAY INC

Employer identification number
39-0848188

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

- [illegible]

Schedule A (Form 990 or 990-EZ) 2009

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.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	2211060.	1945125.	1898177.	1780473.	1796845.	9631680.
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	2211060.	1945125.	1898177.	1780473.	1796845.	9631680.
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)						387,677.
6 Public support. Subtract line 5 from line 4						9244003.

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4	2211060.	1945125.	1898177.	1780473.	1796845.	9631680.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	49,407.	80,066.	76,683.	57,536.	42,643.	306,335.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11 Total support. Add lines 7 through 10						9938015.
12 Gross receipts from related activities, etc. (see instructions)					12	56,712.
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f))	14	93.02 %
15 Public support percentage from 2008 Schedule A, Part II, line 14	15	92.77 %
16a 33 1/3% support test - 2009. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input checked="" type="checkbox"/>
b 33 1/3% support test - 2008. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2009. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I.)**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(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) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 Total support. (Add lines 9, 10c, 11, and 12)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2008 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2008 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2009. 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 - 2008. 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 ☐

Schedule D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990,
Part IV, line 6, 7, 8, 9, 10, 11, or 12.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public
Inspection

Name of the organization

GREAT RIVERS UNITED WAY INC

Employer identification number

39-0848188

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

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

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

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

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

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

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or pleasure)	<input type="checkbox"/> Preservation of an historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> 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 in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06	2d

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

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

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

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

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

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

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

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

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

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

(i) Revenues included in Form 990, Part VIII, line 1	▶ \$
(ii) Assets included in Form 990, Part X	▶ \$

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

a Revenues included in Form 990, Part VIII, line 1	▶ \$
b Assets included in Form 990, Part X	▶ \$

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

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

- a ☐ Public exhibition
 b ☐ Scholarly research
 c ☐ Preservation for future generations

- d ☐ Loan or exchange programs
 e ☐ Other _____

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

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

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

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

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

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

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

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

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

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

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

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

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

- (i) unrelated organizations
 (ii) related organizations

	Yes	No
3a(i)		
3a(ii)		
3b		

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

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

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

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land	172,200.			172,200.
b Buildings	398,953.		109,663.	289,290.
c Leasehold improvements				
d Equipment	51,758.		34,972.	16,786.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				478,276.

Schedule D (Form 990) 2009

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

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

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

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

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

[illegible]

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

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

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

Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	1,856,426.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	1,819,100.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	37,326.
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV.)	8	
9	Total adjustments (net). Add lines 4 through 8	9	0.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	37,326.

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

1	Total revenue, gains, and other support per audited financial statements	1	1,821,752.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV.)	2d	
e	Add lines 2a through 2d	2e	0.
3	Subtract line 2e from line 1	3	1,821,752.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV.)	4b	34,674.
c	Add lines 4a and 4b	4c	34,674.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	1,856,426.

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

1	Total expenses and losses per audited financial statements	1	1,784,426.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV.)	2d	
e	Add lines 2a through 2d	2e	0.
3	Subtract line 2e from line 1	3	1,784,426.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV.)	4b	34,674.
c	Add lines 4a and 4b	4c	34,674.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	1,819,100.

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information

PART XII, LINE 4B - OTHER ADJUSTMENTS:

BAD DEBT RECOVERIES: 3308.

DONOR DESIGNATIONS: 31366.

PART XIII, LINE 4B - OTHER ADJUSTMENTS:

BAD DEBT RECOVERIES: 3308.

DONOR DESIGNATIONS: 31366.

SCHEDULE I
(Form 990)

Department of the Treasury
Internal Revenue Service

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

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

OMB No 1545-0047

2009

Open to Public
Inspection

Name of the organization

GREAT RIVERS UNITED WAY INC

Employer identification number
39-0848188

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

☒ Yes ☐ No

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

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

1 (a) Name and address of organization or government

(b) EIN

(c) IRC section if applicable

(d) Amount of cash grant

(e) Amount of non-cash assistance

(f) Method of valuation (book, FMV, appraisal, other)

(g) Description of non-cash assistance

(h) Purpose of grant or assistance

BIG BROTHERS BIG SISTERS OF THE SEVEN RIVERS REGION - 1707 MAIN STREET, SUITE 438 - LA CROSSE, WI 54601

39-1762460

53,113.

0.

BOY SCOUTS OF AMERICA - GATEWAY AREA COUNCIL - 2600 QUARRY ROAD - LA CROSSE, WI 54601

39-0806175

56,743.

0.

BOYS & GIRLS CLUBS OF GREATER LA CROSSE - P.O. BOX 91 - LA CROSSE, WI 54602-0091

39-6084791

105,804.

0.

BOYS & GIRLS CLUBS OF WEST CENTRAL WI - 105 WEST MILWAUKEE ST. - TOMAH, WI 54660

39-1962065

38,079.

0.

COULEE CHILDREN'S CENTER 2935 EAST AVE. SOUTH LA CROSSE, WI 54601

39-1054503

47,502.

0.

COULEE COUNCIL ON ADDICTIONS 921 WEST AVE. SOUTH LA CROSSE, WI 54601

39-1129125

50,825.

0.

2 Enter total number of section 501(c)(3) and government organizations

3 Enter total number of other organizations

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

SEE PART IV FOR COLUMN (H) DESCRIPTIONS

Schedule I (Form 990) 2009

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

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

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

SCHEDULE I, PART I, LINE 2: RESTRICTED GRANT FOR AGENCY PROGRAMS: UNDERGO

EXTENSIVE PRE-SCREENING BEFORE BEING AWARDED FUNDING. SUCH SCREENING

INCLUDES: AN APPLICATION PROCESS THAT INCLUDES EXPLANATION OF THE PROPOSED

USE AND OUTCOME MEASUREMENTS FOR THE FUNDING; FINANCIAL REVIEW OF THE

ORGANIZATION TO GAIN A LEVEL OF ASSURANCE THAT FISCAL POLICIES ARE SOUND;

VERIFICATION OF COMPLIANCE WITH PATRIOT ACT PROVISIONS AND VERIFICATION OF

501(C)(3) NONPROFIT STATUS. COMMUNITY MEMBERS REVIEW THIS INFORMATION

ANNUALLY. THE ORGANIZATION IS REQUIRED TO VERIFY THAT FUNDING WAS USED FOR

THE PURPOSES INTENDED AND WHAT THE ACTUAL RESULTS WERE COMPARED TO THE

SCHEDULE I-1
(Form 990)
Department of the Treasury
Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)
► Attach to Form 990 to list additional information for
Schedule I (Form 990), Part II or Part III.

OMB No. 1545-0047
2009
Open to Public
Inspection

Name of the organization

GREAT RIVERS UNITED WAY INC

Employer identification number
39-0848188

Part I Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COULECAP, INC. 201 MELBY STREET, SUITE A WESTBY, WI 54667	39-1077614		48,783.	0.			A RESTRICTED GRANT MADE TO AN AGENCY IN SUPPORT OF THE COSTS ASSOCIATED WITH A SPECIFIC
DOMESTIC VIOLENCE INTERVENTION PROJECT - 205 5TH AVE. SOUTH, SUITE 325 - LA CROSSE, WI 54601	39-1588578		12,654.	0.			A RESTRICTED GRANT MADE TO AN AGENCY IN SUPPORT OF THE COSTS ASSOCIATED WITH A SPECIFIC
FAMILY & CHILDREN'S CENTER 1707 MAIN STREET LA CROSSE, WI 54601	39-0821863		152,778.	0.			A RESTRICTED GRANT MADE TO AN AGENCY IN SUPPORT OF THE COSTS ASSOCIATED WITH A SPECIFIC
FAMILY RESOURCES 1500 GREEN BAY STREET LA CROSSE, WI 54601	39-1676842		25,394.	0.			A RESTRICTED GRANT MADE TO AN AGENCY IN SUPPORT OF THE COSTS ASSOCIATED WITH A SPECIFIC
FAMILY SERVICE ASSOCIATION (CREDIT COUNSELING) - 311 MAIN STREET, SUITE A - LA CROSSE, WI 54601	39-0808501		14,748.	0.			A RESTRICTED GRANT MADE TO AN AGENCY IN SUPPORT OF THE COSTS ASSOCIATED WITH A SPECIFIC
GREAT RIVERS 2-1-1 P.O. BOX 426 ONALASKA, WI 54650-0426	39-1606449		65,042.	0.			A RESTRICTED GRANT MADE TO AN AGENCY IN SUPPORT OF THE COSTS ASSOCIATED WITH A SPECIFIC
GIRL SCOUTS OF WI - BADGERLAND COUNCIL - 2710 SKI LANE - MADISON, WI 53713	39-0806331		71,530.	0.			A RESTRICTED GRANT MADE TO AN AGENCY IN SUPPORT OF THE COSTS ASSOCIATED WITH A SPECIFIC
HOUSTON COUNTY WOMEN'S RESOURCES P.O. BOX 294 HOKAH, MN 55941	41-1502808		27,583.	0.			A RESTRICTED GRANT MADE TO AN AGENCY IN SUPPORT OF THE COSTS ASSOCIATED WITH A SPECIFIC

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I-1 (Form 990) 2009

SCHEDULE I-1
(Form 990)

Department of the Treasury
Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)
▶ Attach to Form 990 to list additional information for
Schedule I (Form 990), Part II or Part III.

OMB No. 1545-0047
2009

**Open to Public
Inspection**

Name of the organization

GREAT RIVERS UNITED WAY INC

Employer identification number
39-0848188

Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HUNGER TASK FORCE OF LA CROSSE 403 CAUSEWAY BLVD. LA CROSSE, WI 54603	39-1947827		16,723.	0.			A RESTRICTED GRANT MADE TO AN AGENCY IN SUPPORT OF THE COSTS ASSOCIATED WITH A SPECIFIC
INDEPENDENT LIVING RESOURCES 4439 MORMON COULEE RD LA CROSSE, WI 54601	39-1762026		40,441.	0.			A RESTRICTED GRANT MADE TO AN AGENCY IN SUPPORT OF THE COSTS ASSOCIATED WITH A SPECIFIC
LA CRESCENT AREA HEALTHY COMMUNITY PARTNERSHIP - 109 S. WALNUT, SUITE B - LA CRESCENT, MN 55947	20-2665775		10,000.	0.			A RESTRICTED GRANT MADE TO AN AGENCY IN SUPPORT OF THE COSTS ASSOCIATED WITH A SPECIFIC
LA CROSSE AREA FAMILY YMCA 1140 MAIN STREET LA CROSSE, WI 54601	39-0806172		63,439.	0.			A RESTRICTED GRANT MADE TO AN AGENCY IN SUPPORT OF THE COSTS ASSOCIATED WITH A SPECIFIC
LEARNING TOGETHER FAMILY LITERACY P.O. BOX 400 HOLMEN, WI 54636	39-1935714		7,283.	0.			A RESTRICTED GRANT MADE TO AN AGENCY IN SUPPORT OF THE COSTS ASSOCIATED WITH A SPECIFIC
MOBILE MEALS OF LA CROSSE 2600 QUARRY ROAD LA CROSSE, WI 54601	39-1187523		10,457.	0.			A RESTRICTED GRANT MADE TO AN AGENCY IN SUPPORT OF THE COSTS ASSOCIATED WITH A SPECIFIC
NEW HORIZONS SHELTER P.O. BOX 2031 LA CROSSE, WI 54602-2031	39-1737699		69,123.	0.			A RESTRICTED GRANT MADE TO AN AGENCY IN SUPPORT OF THE COSTS ASSOCIATED WITH A SPECIFIC
OPTIONS CLINIC 1201 CALEDONIA STREET LA CROSSE, WI 54603	39-1166634		64,832.	0.			A RESTRICTED GRANT MADE TO AN AGENCY IN SUPPORT OF THE COSTS ASSOCIATED WITH A SPECIFIC

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I-1 (Form 990) 2009

Name of the organization

GREAT RIVERS UNITED WAY INC

Employer identification number
39-0848188

Part I Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SALVATION ARMY 223 NORTH 8TH STREET LA CROSSE, WI 54601	39-0806889		83,268.	0.			A RESTRICTED GRANT MADE TO AN AGENCY IN SUPPORT OF THE COSTS ASSOCIATED WITH A SPECIFIC
WEST AVENUE FOOD EMERGENCY RESOURCE 403 CAUSEWAY BLVD. LA CROSSE, WI 54603	39-1552632		29,031.	0.			A RESTRICTED GRANT MADE TO AN AGENCY IN SUPPORT OF THE COSTS ASSOCIATED WITH A SPECIFIC
YWCA OF THE COULEE REGION 3219 COMMERCE STREET LA CROSSE, WI 54603	39-0810543		70,094.	0.			A RESTRICTED GRANT MADE TO AN AGENCY IN SUPPORT OF THE COSTS ASSOCIATED WITH A SPECIFIC
BOYS & GIRLS CLUBS OF GREATER LA CROSSE - P.O. BOX 91 - LA CROSSE, WI 54602-0091	39-6084791		7,500.	0.			AN UNRESTRICTED GRANT MADE TO AN AGENCY AT THE DIRECTION OF THE DONOR(S) IN SUPPORT OF ITS GENERAL
COULEECAP 201 MELBY STREET, SUITE A WESTBY, WI 54667	39-1077614		24,138.	0.			A RESTRICTED GRANT MADE TO AN AGENCY IN SUPPORT OF THE COSTS ASSOCIATED WITH PROVIDING WISCONSIN
AMERICAN RED CROSS-SCENIC BLUFFS CHAPTER - 2927 LOSEY BLVD. SOUTH - LA CROSSE, WI 54601	53-0196605		49,591.	0.			A RESTRICTED GRANT MADE TO AN AGENCY IN SUPPORT OF THE COSTS ASSOCIATED WITH A SPECIFIC

Part IV Supplemental InformationPROPOSED RESULTS FOR EACH PROGRAM.

UNRESTRICTED GRANT TO AN AGENCY: ORGANIZATIONS RECEIVING DONOR DESIGNATED FUNDS ARE PRE-SCREENED. SUCH SCREENING INCLUDES: FINANCIAL REVIEW OF THE ORGANIZATION TO GAIN A LEVEL OF ASSURANCE THAT FISCAL POLICIES ARE SOUND; VERIFICATION OF COMPLIANCE WITH PATRIOT ACT PROVISIONS AND VERIFICATION OF 501(C)(3) NONPROFIT STATUS.

VENTURE & FLOOD RELIEF GRANTS: ORGANIZATIONS RECEIVING GRANTS ARE PRE-SCREENED. SUCH SCREENING INCLUDES: FINANCIAL REVIEW OF THE ORGANIZATION TO GAIN A LEVEL OF ASSURANCE THAT FISCAL POLICIES ARE SOUND; VERIFICATION OF COMPLIANCE WITH PATRIOT ACT PROVISIONS AND VERIFICATION OF 501(C)(3) NONPROFIT STATUS. THESE GRANTS REQUIRE SUBMITTED RECEIPTS FOR THE INTENDED GRANT PURPOSE PRIOR TO FUNDS BEING RELEASED.

PART II, LINE 1, COLUMN (H):NAME OF ORGANIZATION OR GOVERNMENT:

BIG BROTHERS BIG SISTERS OF THE SEVEN RIVERS REGION

(H) PURPOSE OF GRANT OR ASSISTANCE: A RESTRICTED GRANT MADE TO AN AGENCY IN SUPPORT OF THE COSTS ASSOCIATED WITH A SPECIFIC PROGRAM(S) THAT IS OPERATES.

NAME OF ORGANIZATION OR GOVERNMENT:

BOY SCOUTS OF AMERICA - GATEWAY AREA COUNCIL

(H) PURPOSE OF GRANT OR ASSISTANCE: A RESTRICTED GRANT MADE TO AN AGENCY IN SUPPORT OF THE COSTS ASSOCIATED WITH A SPECIFIC PROGRAM(S) THAT IS OPERATES.

Part IV Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT:

BOYS & GIRLS CLUBS OF GREATER LA CROSSE

(H) PURPOSE OF GRANT OR ASSISTANCE: A RESTRICTED GRANT MADE TO AN AGENCY
IN SUPPORT OF THE COSTS ASSOCIATED WITH A SPECIFIC PROGRAM(S) THAT IS
OPERATES.

NAME OF ORGANIZATION OR GOVERNMENT: BOYS & GIRLS CLUBS OF WEST CENTRAL WI

(H) PURPOSE OF GRANT OR ASSISTANCE: A RESTRICTED GRANT MADE TO AN AGENCY
IN SUPPORT OF THE COSTS ASSOCIATED WITH A SPECIFIC PROGRAM(S) THAT IS
OPERATES.

NAME OF ORGANIZATION OR GOVERNMENT: COULEE CHILDREN'S CENTER

(H) PURPOSE OF GRANT OR ASSISTANCE: A RESTRICTED GRANT MADE TO AN AGENCY
IN SUPPORT OF THE COSTS ASSOCIATED WITH A SPECIFIC PROGRAM(S) THAT IS
OPERATES.

NAME OF ORGANIZATION OR GOVERNMENT: COULEE COUNCIL ON ADDICTIONS

(H) PURPOSE OF GRANT OR ASSISTANCE: A RESTRICTED GRANT MADE TO AN AGENCY
IN SUPPORT OF THE COSTS ASSOCIATED WITH A SPECIFIC PROGRAM(S) THAT IS
OPERATES.

NAME OF ORGANIZATION OR GOVERNMENT: COULEECAP, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: A RESTRICTED GRANT MADE TO AN AGENCY
IN SUPPORT OF THE COSTS ASSOCIATED WITH A SPECIFIC PROGRAM(S) THAT IS
OPERATES.

NAME OF ORGANIZATION OR GOVERNMENT:

DOMESTIC VIOLENCE INTERVENTION PROJECT

Part IV Supplemental Information

(H) PURPOSE OF GRANT OR ASSISTANCE: A RESTRICTED GRANT MADE TO AN AGENCY
IN SUPPORT OF THE COSTS ASSOCIATED WITH A SPECIFIC PROGRAM(S) THAT IS
OPERATES.

NAME OF ORGANIZATION OR GOVERNMENT: FAMILY & CHILDREN'S CENTER

(H) PURPOSE OF GRANT OR ASSISTANCE: A RESTRICTED GRANT MADE TO AN AGENCY
IN SUPPORT OF THE COSTS ASSOCIATED WITH A SPECIFIC PROGRAM(S) THAT IS
OPERATES.

NAME OF ORGANIZATION OR GOVERNMENT: FAMILY RESOURCES

(H) PURPOSE OF GRANT OR ASSISTANCE: A RESTRICTED GRANT MADE TO AN AGENCY
IN SUPPORT OF THE COSTS ASSOCIATED WITH A SPECIFIC PROGRAM(S) THAT IS
OPERATES.

NAME OF ORGANIZATION OR GOVERNMENT:

FAMILY SERVICE ASSOCIATION (CREDIT COUNSELING)

(H) PURPOSE OF GRANT OR ASSISTANCE: A RESTRICTED GRANT MADE TO AN AGENCY
IN SUPPORT OF THE COSTS ASSOCIATED WITH A SPECIFIC PROGRAM(S) THAT IS
OPERATES.

NAME OF ORGANIZATION OR GOVERNMENT: GREAT RIVERS 2-1-1

(H) PURPOSE OF GRANT OR ASSISTANCE: A RESTRICTED GRANT MADE TO AN AGENCY
IN SUPPORT OF THE COSTS ASSOCIATED WITH A SPECIFIC PROGRAM(S) THAT IS
OPERATES.

NAME OF ORGANIZATION OR GOVERNMENT:

GIRL SCOUTS OF WI - BADGERLAND COUNCIL

(H) PURPOSE OF GRANT OR ASSISTANCE: A RESTRICTED GRANT MADE TO AN AGENCY

Part IV Supplemental Information

IN SUPPORT OF THE COSTS ASSOCIATED WITH A SPECIFIC PROGRAM(S) THAT IS
OPERATES.

NAME OF ORGANIZATION OR GOVERNMENT: HOUSTON COUNTY WOMEN'S RESOURCES

(H) PURPOSE OF GRANT OR ASSISTANCE: A RESTRICTED GRANT MADE TO AN AGENCY
IN SUPPORT OF THE COSTS ASSOCIATED WITH A SPECIFIC PROGRAM(S) THAT IS
OPERATES.

NAME OF ORGANIZATION OR GOVERNMENT: HUNGER TASK FORCE OF LA CROSSE

(H) PURPOSE OF GRANT OR ASSISTANCE: A RESTRICTED GRANT MADE TO AN AGENCY
IN SUPPORT OF THE COSTS ASSOCIATED WITH A SPECIFIC PROGRAM(S) THAT IS
OPERATES.

NAME OF ORGANIZATION OR GOVERNMENT: INDEPENDENT LIVING RESOURCES

(H) PURPOSE OF GRANT OR ASSISTANCE: A RESTRICTED GRANT MADE TO AN AGENCY
IN SUPPORT OF THE COSTS ASSOCIATED WITH A SPECIFIC PROGRAM(S) THAT IS
OPERATES.

NAME OF ORGANIZATION OR GOVERNMENT:

LA CRESCENT AREA HEALTHY COMMUNITY PARTNERSHIP

(H) PURPOSE OF GRANT OR ASSISTANCE: A RESTRICTED GRANT MADE TO AN AGENCY
IN SUPPORT OF THE COSTS ASSOCIATED WITH A SPECIFIC PROGRAM(S) THAT IS
OPERATES.

NAME OF ORGANIZATION OR GOVERNMENT: LA CROSSE AREA FAMILY YMCA

(H) PURPOSE OF GRANT OR ASSISTANCE: A RESTRICTED GRANT MADE TO AN AGENCY
IN SUPPORT OF THE COSTS ASSOCIATED WITH A SPECIFIC PROGRAM(S) THAT IS
OPERATES.

Part IV Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT: LEARNING TOGETHER FAMILY LITERACY

(H) PURPOSE OF GRANT OR ASSISTANCE: A RESTRICTED GRANT MADE TO AN AGENCY
IN SUPPORT OF THE COSTS ASSOCIATED WITH A SPECIFIC PROGRAM(S) THAT IS
OPERATES.

NAME OF ORGANIZATION OR GOVERNMENT: MOBILE MEALS OF LA CROSSE

(H) PURPOSE OF GRANT OR ASSISTANCE: A RESTRICTED GRANT MADE TO AN AGENCY
IN SUPPORT OF THE COSTS ASSOCIATED WITH A SPECIFIC PROGRAM(S) THAT IS
OPERATES.

NAME OF ORGANIZATION OR GOVERNMENT: NEW HORIZONS SHELTER

(H) PURPOSE OF GRANT OR ASSISTANCE: A RESTRICTED GRANT MADE TO AN AGENCY
IN SUPPORT OF THE COSTS ASSOCIATED WITH A SPECIFIC PROGRAM(S) THAT IS
OPERATES.

NAME OF ORGANIZATION OR GOVERNMENT: OPTIONS CLINIC

(H) PURPOSE OF GRANT OR ASSISTANCE: A RESTRICTED GRANT MADE TO AN AGENCY
IN SUPPORT OF THE COSTS ASSOCIATED WITH A SPECIFIC PROGRAM(S) THAT IS
OPERATES.

NAME OF ORGANIZATION OR GOVERNMENT: SALVATION ARMY

(H) PURPOSE OF GRANT OR ASSISTANCE: A RESTRICTED GRANT MADE TO AN AGENCY
IN SUPPORT OF THE COSTS ASSOCIATED WITH A SPECIFIC PROGRAM(S) THAT IS
OPERATES.

NAME OF ORGANIZATION OR GOVERNMENT: WEST AVENUE FOOD EMERGENY RESOURCE

(H) PURPOSE OF GRANT OR ASSISTANCE: A RESTRICTED GRANT MADE TO AN AGENCY

Part IV Supplemental Information

IN SUPPORT OF THE COSTS ASSOCIATED WITH A SPECIFIC PROGRAM(S) THAT IS
OPERATES.

NAME OF ORGANIZATION OR GOVERNMENT: YWCA OF THE COULEE REGION

(H) PURPOSE OF GRANT OR ASSISTANCE: A RESTRICTED GRANT MADE TO AN AGENCY
IN SUPPORT OF THE COSTS ASSOCIATED WITH A SPECIFIC PROGRAM(S) THAT IS
OPERATES.

NAME OF ORGANIZATION OR GOVERNMENT:

BOYS & GIRLS CLUBS OF GREATER LA CROSSE

(H) PURPOSE OF GRANT OR ASSISTANCE: AN UNRESTRICTED GRANT MADE TO AN
AGENCY AT THE DIRECTION OF THE DONOR(S) IN SUPPORT OF ITS GENERAL
OPERATING COSTS.

NAME OF ORGANIZATION OR GOVERNMENT: COULEECAP

(H) PURPOSE OF GRANT OR ASSISTANCE: A RESTRICTED GRANT MADE TO AN AGENCY
IN SUPPORT OF THE COSTS ASSOCIATED WITH PROVIDING WISCONSIN FLOOD RELIEF
AND SUPPORT.

NAME OF ORGANIZATION OR GOVERNMENT:

AMERICAN RED CROSS-SCENIC BLUFFS CHAPTER

(H) PURPOSE OF GRANT OR ASSISTANCE: A RESTRICTED GRANT MADE TO AN AGENCY
IN SUPPORT OF THE COSTS ASSOCIATED WITH A SPECIFIC PROGRAM(S) THAT IS
OPERATES.

A RESTRICTED GRANT MADE TO AN AGENCY IN SUPPORT OF THE COSTS ASSOCIATED
WITH A SPECIFIC PROGRAM(S) THAT IS OPERATES.

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.
▶ See the Instructions for Form 990.

Open to Public Inspection

Employer Identification number
39-0848188

[illegible]

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on
Form 990 or to provide any additional information.
▶ Attach to Form 990.

OMB No 1545-0047

2009
Open to Public
Inspection

Name of the organization

GREAT RIVERS UNITED WAY INC

Employer identification number
39-0848188

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

RAISING AND DISTRIBUTING RESOURCES TO RESPOND TO IDENTIFIED NEEDS, AND
BY PROVIDING LEADERSHIP TO SOLVE COMMUNITY PROBLEMS.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS

COMMUNITIES IN CREATING COMMUNITY ACTION PLANS. IN 2008, A COMPLETE
COMPASS ANALYSIS WAS WRITTEN WHICH PROVIDED DETAILED DATA AND
ASSESSMENT RESULTS FOR EACH OF THE FIVE COUNTIES SURVEYED.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

VOLUNTEER CENTER - THE GREAT RIVERS UNITED WAY OPERATES A VOLUNTEER
CENTER THAT PROMOTES AND FACILITATES VOLUNTEER ACTIVITIES TO ENHANCE
THE QUALITY OF LIFE IN OUR COMMUNITY. THE VOLUNTEER CENTER PROMOTES
THE VALUE OF VOLUNTEERISM, SERVES AS A RESOURCE TO NON-PROFIT AGENCIES,
BUSINESSES AND EDUCATIONAL FACILITIES IN EFFECTIVELY UTILIZING
VOLUNTEERS AND PROVIDES VALUABLE VOLUNTEER SERVICE OPPORTUNITIES TO THE
COMMUNITY.

EXPENSES \$ 23169. INCLUDING GRANTS OF \$ 0. REVENUE \$ 3218.

FORM 990, PART VI, SECTION A, LINE 2: FAMILY RELATIONSHIP

FORM 990, PART VI, SECTION A, LINE 4: WORDING IN THE BY-LAWS HAS BEEN
UPDATED TO BRING THE BY-LAWS UP TO DATE WITH CURRENT POLICIES.

FORM 990, PART VI, SECTION B, LINE 11: A COPY OF THE 990 WILL BE
DISTRIBUTED TO THE BOARD OF DIRECTORS IN MAY, IT WILL BE REVIEWED AND VOTED

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on
Form 990 or to provide any additional information.
▶ Attach to Form 990.

OMB No 1545-0047

2009

Open to Public
Inspection

Name of the organization

GREAT RIVERS UNITED WAY INC

Employer identification number
39-0848188

ON AT THE BOARD MEETING.

FORM 990, PART VI, SECTION B, LINE 12C: ANNUALLY, ALL BOARD

MEMBERS, VOLUNTEERS AND STAFF MUST LIST ANY POTENTIAL CONFLICTS OF INTEREST
ON A FORM WHICH IS MAINTAINED BY UNITED WAY STAFF. NO BOARD MEMBER MAY
VOTE ON ANY MATTER DIRECTLY AFFECTING THEIR LISTED CONFLICT OF INTERESTS.
ABSTAINED VOTES ARE LISTED IN THE MINUTES OF EACH BOARD MEETING.

FORM 990, PART VI, SECTION B, LINE 15: EXECUTIVE DIRECTOR: AN ANNUAL
REVIEW IS COMPLETED BY MEMBERS OF THE EXECUTIVE COMMITTEE, WHO LOOK AT
COMPARABLE COMPENSATION IN THE REGION AND FOR OTHER SIMILAR SIZE UNITED
WAYS. THE PERCENTAGE OF INCREASE IS DETERMINED BY THE PRESIDENT AND
INCLUDED IN THE BUDGET WHICH IS VOTED ON BY THE ENTIRE BOARD OF DIRECTORS.
BOARD MEMBERS THAT VOTE ARE WITHOUT CONFLICT AND THE DECISIONS ARE
DOCUMENTED.

OTHER EMPLOYEES: REVIEWED ANNUALLY BY THE EXECUTIVE DIRECTOR. A PERCENTAGE
OF INCREASE IS DETERMINED AND INCLUDED IN THE BUDGET WHICH IS APPROVED BY
THE ENTIRE BOARD OF DIRECTORS. BOARD MEMBERS THAT VOTE ARE WITHOUT
CONFLICT AND THE DECISIONS ARE DOCUMENTED.

FORM 990, PART VI, SECTION C, LINE 18: THE 990 IS POSTED ON THE
ORGANIZATION'S WEBSITE AND IS AVAILABLE UPON REQUEST.

FORM 990, PART VI, SECTION C, LINE 19: THE ANNUAL REPORT, WHICH INCLUDES
THE FINANCIAL STATEMENTS, IS POSTED ON THE ORGANIZATION'S WEBSITE. THE

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on
Form 990 or to provide any additional information.
▶ Attach to Form 990.

OMB No 1545-0047

2009

Open to Public
Inspection

Name of the organization

GREAT RIVERS UNITED WAY INC

Employer identification number

39-0848188

CONFLICT OF INTEREST POLICY IS ALSO AVAILABLE UPON REQUEST.

PART XI, LINE 2C

ORGANIZATION MAINTAINS A FINANCE COMMITTEE THAT OVERSEES THE AUDIT
PROCESS. THIS PROCESS HAS REMAINED THE SAME YEAR OVER YEAR.

Application for Extension of Time To File an Exempt Organization Return

OMB No. 1545-1709

▶ File a separate application for each return.

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box ☒ **X**
 - If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).
- Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.**

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete

Part I only ☐

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Electronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile and click on e-file for Charities & Nonprofits.

Type or print	Name of Exempt Organization	Employer identification number
	GREAT RIVERS UNITED WAY INC	39-0848188
	Number, street, and room or suite no. If a P.O. box, see instructions.	
	1855 MAIN STREET	
File by the due date for filing your return See instructions	City, town or post office, state, and ZIP code. For a foreign address, see instructions.	
	ONALASKA, WI 54650	

Check type of return to be filed (file a separate application for each return):

- | | | |
|--|---|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation) | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL | <input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 990-T (trust other than above) | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF | <input type="checkbox"/> Form 1041-A | <input type="checkbox"/> Form 8870 |

LORIE FREDRICKSON

- The books are in the care of ▶ **1855 MAIN STREET - ONALASKA, WI 54650**
Telephone No. ▶ **608-796-1400** FAX No. ▶ _____
- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box ☐. If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension will cover.

- 1 I request an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time until **AUGUST 15, 2010**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
▶ ☒ calendar year **2009** or
▶ ☐ tax year beginning _____, and ending _____

- 2 If this tax year is for less than 12 months, check reason: ☐ Initial return ☐ Final return ☐ Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$
b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$
c Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$ N/A

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

LHA For Privacy Act and Paperwork Reduction Act Notice, see Instructions.

Form **8868** (Rev. 4-2009)