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Form 990

Department of the Treasury  
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except 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

2010

Open to Public Inspection

A For the 2010 calendar year, or tax year beginning 01-01-2010 and ending 12-31-2010

B Check if applicable

☐ Address change

☐ Name change

☐ Initial return

☐ Terminated

☐ Amended return

☐ Application pending

C Name of organization

GREAT RIVERS UNITED WAY INC

Doing Business As

Number and street (or P O box if mail is not delivered to street address)

1855 MAIN STREET

Room/suite

City or town, state or country, and ZIP + 4

ONALASKA, WI 54650

F Name and address of principal officer

JAMES FALVEY

1855 MAIN STREET

ONALASKA, WI 54650

H(a) Is this a group return for affiliates?

☐ Yes ☒ No

H(b) Are all affiliates included?

☐ Yes ☐ No

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

H(c) Group exemption number

I Tax-exempt status

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

J Website: WWW GREATRIVERSUNITEDWAY ORG

K Form of organization

☒ Corporation ☐ Trust ☐ Association ☐ Other

L Year of formation 1954

M State of legal domicile WI

Part I	Summary																								
Activities & Governance	<div><div>1</div><div>Briefly describe the organization’s mission or most significant activities GREAT RIVERS UNITED WAY IS WORKING TO ADVANCE THE COMMON GOOD TO CREATE OPPORTUNITIES FOR A BETTER LIFE FOR ALL GREAT RIVERS UNITED WAY FOCUSES ON THE BUILDING BLOCKS FOR A GOOD LIFE - EDUCATION - HELPING CHILDREN AND YOUTH ACHIEVE THEIR POTENTIAL-INCOME - PROMOTING FINANCIAL STABILITY AND INDEPENDENCE-HEALTH - IMPROVING PEOPLE'S HEALTHEVERYONE DESERVES OPPORTUNITIES TO HAVE A GOOD LIFE A QUALITY EDUCATION THAT LEADS TO A STABLE JOB, ENOUGH INCOME TO SUPPORT A FAMILY THROUGH RETIREMENT, AND GOOD HEALTH ADVANCING THE COMMON GOOD IS LESS ABOUT HELPING ONE PERSON AT A TIME AND MORE ABOUT CHANGING SYSTEMS TO HELP ALL OF US WE ARE ALL CONNECTED AND INTERDEPENDENT WE ALL WIN WHEN A CHILD SUCCEEDS IN SCHOOL, WHEN FAMILIES ARE FINANCIALLY STABLE, WHEN PEOPLE ARE HEALTHY UNITED WAY'S GOAL IS TO CREATE LONG-LASTING CHANGES BY ADDRESSING THE UNDERLYING CAUSES OF THESE PROBLEMS LIVING UNITED MEANS BEING A PART OF THE CHANGE</div></div>																								
	<div><div>2</div><div>Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets</div></div>																								
	<table><tr><td>3</td><td>Number of voting members of the governing body (Part VI, line 1a)</td><td>26</td></tr><tr><td>4</td><td>Number of independent voting members of the governing body (Part VI, line 1b)</td><td>26</td></tr><tr><td>5</td><td>Total number of individuals employed in calendar year 2010 (Part V, line 2a)</td><td>9</td></tr><tr><td>6</td><td>Total number of volunteers (estimate if necessary)</td><td>577</td></tr><tr><td>7a</td><td>Total unrelated business revenue from Part VIII, column (C), line 12</td><td>0</td></tr><tr><td>7b</td><td>Net unrelated business taxable income from Form 990-T, line 34</td><td>0</td></tr></table>	3	Number of voting members of the governing body (Part VI, line 1a)	26	4	Number of independent voting members of the governing body (Part VI, line 1b)	26	5	Total number of individuals employed in calendar year 2010 (Part V, line 2a)	9	6	Total number of volunteers (estimate if necessary)	577	7a	Total unrelated business revenue from Part VIII, column (C), line 12	0	7b	Net unrelated business taxable income from Form 990-T, line 34	0						
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Part II

Signature Block

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

Sign Here

Signature of officer

JAMES FALVEY PRESIDENT

2011-06-28

Date

Paid Preparer Use Only

Print/Type preparer's name

JOHN R HONADEL CPA

Preparer's signature

JOHN R HONADEL CPA

Date

2011-06-24

Check if self-employed

☐

PTIN

Firm's name

WIPFLI LLP

Firm's EIN

Firm's address

2 COPELAND AVENUE SUITE 301

LA CROSSE, WI 54603

Phone no

(608) 784-7300

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

☒ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 11282Y

Form 990 (2010)

Part III

Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III ☐ ☒

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

4a

(Code ) (Expenses \$ 1,726,322 including grants of \$ ) (Revenue \$ 4,297 )

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 29 LOCAL PARTNER AGENCIES THE AGENCIES PROGRAMS MUST ADDRESS IDENTIFIED COMMUNITY NEEDS, TRACK PROGRAM OUTCOMES AND ACHIEVE POSITIVE RESULTS IN THE FOLLOWING IMPACT AREAS EDUCATION, INCOME AND HEALTH VENTURE GRANTS WERE ALSO AWARDED TO 27 LOCAL 501(C)(3) HEALTH AND HUMAN SERVICE ORGANIZATIONS VENTURE GRANTS ARE TIME-LIMITED, NON-RENEWABLE GRANTS VENTURE GRANTS ARE INTENDED TO PROVIDE SHORT-TERM SUPPORT TO ENHANCE THE EXISTING CAPACITY OF AGENCIES OR TO ASSIST IN THE DEVELOPMENT OF NEW STRATEGIES OR PROGRAMS

4b

(Code ) (Expenses \$ 67,967 including grants of \$ ) (Revenue \$ )

COMMUNITY BUILDING PROGRAM - COMMUNITY PROBLEM SOLVING EFFORT WHICH INCLUDES, BUT NOT LIMITED TO, UNITED WAY STAFF INVOLVEMENT AND RESOURCES FOR HEALTHY COMMUNITY PARTNERSHIPS, FAMILY POLICY GOVERNING BOARD, PREVENTION NETWORK, LA CROSSE COUNTY HOUSING COMMISSION, POVERTY TASK FORCE, FAMILY & CHILDREN'S MANAGEMENT COUNCIL, TRI-CAMPUS COMMUNITY AND LA CROSSE AREA CHAMBER OF COMMERCE YOUTH LEADERSHIP UNITED WAY BEGAN THE PROCESS OF CONDUCTING A COMPASS NOW HEALTH AND HUMAN SERVICES ASSET AND NEEDS ASSESSMENT WITH LOCAL PARTNERS THIS EFFORT HELPS IDENTIFY 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 (MN), LA CROSSE, MONROE, TREMPPEALEAU AND VERNON (WI)) THIS ONGOING PROGRAM WILL FACILITATE COMMUNICATION AND HELP SUPPORT THE COMMUNITIES IN CREATING COMMUNITY ACTION PLANS A COMPLETE COMPASS NOW ANALYSIS WILL BE AVAILABLE IN LATE 2011 AND WILL PROVIDE DETAILED DATA AND ASSESSMENT RESULTS FOR EACH OF THE FIVE COUNTIES SURVEYED

4c

(Code ) (Expenses \$ 32,857 including grants of \$ ) (Revenue \$ )

LABOR RELATIONS PROGRAM - IS A COMMUNITY SERVICES PROGRAM FOCUSED ON IMPROVING HEALTH AND WELFARE SERVICES THAT ARE PROVIDED TO THE WORKING COMMUNITY BY SUPPORTING PROJECTS THAT INCLUDE, BUT NOT LIMITED TO ADVOCACY AND INTERVENTION SERVICES, SERVICES TO THE UNEMPLOYED AND DISLOCATED WORKERS, LETTER CARRIERS FOOD DRIVE, AND HOLIDAY PROGRAMS THAT SUPPORT LOWER INCOME COMMUNITY MEMBERS

4d

Other program services (Describe in Schedule O ) **See also Additional Data for Description**

(Expenses \$ 15,833 including grants of \$ ) (Revenue \$ )
















4e

**Total program service expenses** \$ 1,842,979

Form 990 (2010)

Part IV

Checklist of Required Schedules

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A.</i> 	1	Yes
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instruction)? 	2	Yes
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I.</i>	3	No
4	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II.</i>	4	No
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III.</i>	5	
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? <i>If "Yes," complete Schedule D, Part I.</i> 	6	No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? <i>If "Yes," complete Schedule D, Part II.</i> 	7	No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III.</i> 	8	No
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? <i>If "Yes," complete Schedule D, Part IV.</i> 	9	No
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V.</i> 	10	No
11	If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI.</i> 	11a	Yes
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII.</i> 	11b	No
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII.</i> 	11c	No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX.</i> 	11d	No
e	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X.</i> 	11e	No
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X.</i> 	11f	No
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII.</i> 	12a	Yes
b	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional.</i> 	12b	No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E.</i>	13	No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? <i>If "Yes," complete Schedule F, Parts I and IV.</i>	14b	No
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 U S ? <i>If "Yes," complete Schedule F, Parts II and IV.</i>	15	No
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 U S ? <i>If "Yes," complete Schedule F, Parts III and IV.</i>	16	No
17	Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I (see instructions).</i>	17	No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II.</i>	18	No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III.</i>	19	No
20a	Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H.</i>	20a	No
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? <b>Note.</b> Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions).	20b	

Part IV

Checklist of Required Schedules (continued)

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? <i>If "Yes," complete Schedule I, Parts I and II</i> . . . . .	21	Yes	
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? <i>If "Yes," complete Schedule I, Parts I and III</i> . . . . .	22		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> . . . . .	23		No
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b–24d and complete Schedule K. If "No," go to line 25</i> . . . . .	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . .	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . .	24d		
25a	<b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> . . . . .	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i> . . . . .	25b		No
26	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? <i>If "Yes," complete Schedule L, Part II</i> . . . . .	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i> . . . . .	27		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	28b		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> . . . . .	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> . . . . .	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> . . . . .	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> . . . . .	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> . . . . .	33		No
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i> . . . . .	34		No
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? . . . . .	35		No
a	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> . . . . .	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O . . . . .	38	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance			
Check if Schedule O contains a response to any question in this Part V <input type="checkbox"/>			
		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.	1a	10
b	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	Yes
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	9
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Yes
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	No
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	No
b	If "Yes," enter the name of the foreign country: See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	No
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?	6a	No
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	No
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	No
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	No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	No
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 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?			
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			
14b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.			
14b			

Part VI

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

Section A. Governing Body and Management			Yes	No
<b>1a</b>	Enter the number of voting members of the governing body at the end of the tax year . . . . .	<b>1a</b> 26		
<b>b</b>	Enter the number of voting members included in line 1a, above, who are independent . . . . .	<b>1b</b> 26		
<b>2</b>	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? . . . . .	<b>2</b>	Yes	
<b>3</b>	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? . . . . .	<b>3</b>		No
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? . . . . .	<b>4</b>	Yes	
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization’s assets? . . . . .	<b>5</b>		No
<b>6</b>	Does the organization have members or stockholders? . . . . .	<b>6</b>		No
<b>7a</b>	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? . . . . .	<b>7a</b>		No
<b>b</b>	Are any decisions of the governing body subject to approval by members, stockholders, or other persons? . . . . .	<b>7b</b>		No
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following . . . . .			
<b>a</b>	The governing body? . . . . .	<b>8a</b>	Yes	
<b>b</b>	Each committee with authority to act on behalf of the governing body? . . . . .	<b>8b</b>	Yes	
<b>9</b>	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 . . . . .	<b>9</b>		No

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			Yes	No
<b>10a</b>	Does the organization have local chapters, branches, or affiliates? . . . . .	<b>10a</b>		No
<b>b</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? . . . . .	<b>10b</b>		
<b>11a</b>	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form? . . . . .	<b>11a</b>	Yes	
<b>b</b>	Describe in Schedule O the process, if any, used by the organization to review this Form 990 . . . . .			
<b>12a</b>	Does the organization have a written conflict of interest policy? <i>If “No,” go to line 13</i> . . . . .	<b>12a</b>	Yes	
<b>b</b>	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? . . . . .	<b>12b</b>	Yes	
<b>c</b>	Does the organization regularly and consistently monitor and enforce compliance with the policy? If “Yes,” describe in Schedule O how this is done . . . . .	<b>12c</b>	Yes	
<b>13</b>	Does the organization have a written whistleblower policy? . . . . .	<b>13</b>	Yes	
<b>14</b>	Does the organization have a written document retention and destruction policy? . . . . .	<b>14</b>	Yes	
<b>15</b>	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? . . . . .			
<b>a</b>	The organization’s CEO, Executive Director, or top management official . . . . .	<b>15a</b>	Yes	
<b>b</b>	Other officers or key employees of the organization . . . . . If “Yes” to line 15a or 15b, describe the process in Schedule O (See instructions )	<b>15b</b>	Yes	
<b>16a</b>	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? . . . . .	<b>16a</b>		No
<b>b</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? . . . . .	<b>16b</b>		

Section C. Disclosure	
<b>17</b>	List the States with which a copy of this Form 990 is required to be filed <b>WI</b> , MN
<b>18</b>	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you make these available. Check all that apply. <input checked="" type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request
<b>19</b>	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. See Additional Data Table.
<b>20</b>	State the name, physical address, and telephone number of the person who possesses the books and records of the organization <b>LORIE FREDRICKSON</b> 1855 MAIN STREET ONALASKA, WI 54650 (608) 796-1400

Part VII

Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response to any question 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, and **current** key employees 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 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 neither the organization nor any related organization compensated any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(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			
(1) JULIE BARTELS 2010-2011 DIRECTOR		X						0	0	0
(2) KERSTIN BOUDREAU 2010-2011 DIRECTOR		X						0	0	0
(3) SUSAN BREYER RESIGNED 2010 DIRECTOR		X						0	0	0
(4) CHIEF GREGG CLEVELAND 2010-2011 DIRECTOR		X						0	0	0
(5) LEANNE CLEVELAND 2010-2011 DIRECTOR		X						0	0	0
(6) TODD EBER 2010-2011 DIRECTOR		X						0	0	0
(7) JAY ELLINGSON 2010-2011 DIRECTOR		X						0	0	0
(8) WADE HACKBARTH 2010-2011 DIRECTOR		X						0	0	0
(9) SARAH HAVENS 2010-2011 VICE CHAIR		X		X				0	0	0
(10) SUE HORNE 2010-2011 DIRECTOR		X						0	0	0
(11) JERRY HUBER RESIGNED 2010 DIRECTOR		X						0	0	0
(12) JEFF JENSEN 2010-2011 TREASURER		X		X				0	0	0
(13) JERRY KEMBER 2010-2011 DIRECTOR		X						0	0	0
(14) PAT KERRIGAN 2010-2011 DIRECTOR		X						0	0	0
(15) PAULA KNUDSON 2010-2011 DIRECTOR		X						0	0	0
(16) RICK MICKSCHL 2010-2011 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 (describe hours for related organizations in Schedule O)	(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			
(17) PATTIE NIMOCKS 2010-2011 DIRECTOR		X						0	0	0
(18) BILL O'DRISCOLL 2010-2011 DIRECTOR		X						0	0	0
(19) SUSAN RING 2010-2011 DIRECTOR		X						0	0	0
(20) DR BRENDA ROONEY 2010-2011 DIRECTOR		X						0	0	0
(21) KATE SHILLIN RESIGNED 2010 DIRECTOR		X						0	0	0
(22) BRENT SMITH 2010-2011 DIRECTOR		X						0	0	0
(23) KEVIN STRANGMAN 2010-2011 DIRECTOR		X						0	0	0
(24) BRAD STURM 2010-2011 PAST CHAIR		X		X				0	0	0
(25) KIM VALIQUETTE 2010-2011 DIRECTOR		X						0	0	0
(26) SAM VAN RIPER 2010-2011 DIRECTOR		X						0	0	0
(27) DALE WALTER 2010-2011 BOARD CHAIR		X		X				0	0	0
(28) BOB KELEMAN 2010-2011 DIRECTOR		X						0	0	0
(29) LAURIE TWETEN 2010-2011 DIRECTOR		X						0	0	0
(30) LORIE FREDRICKSON FINANCE DIRECTOR	22 00			X				21,719	0	3,358
(31) ROSE MARY BOESEN 3172010 FORMER EXECUTIVE DIRECTOR	40 00			X				79,483	0	6,866
(32) JAMES FALVEY PRESIDENT	40 00			X				558	0	0
<b>1b Sub-Total</b> . . . . . ▶										
<b>c Total from continuation sheets to Part VII, Section A</b> . . . . . ▶										
<b>d Total (add lines 1b and 1c)</b> . . . . . ▶								101,760	0	10,224

**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
<b>3</b>	Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> . . . . .		No
<b>4</b>	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> . . . . .		No
<b>5</b>	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> . . . . .		No

Section B. Independent Contractors

**1** Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization

(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

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	1a	Federated campaigns . . .	1a	5,141					
	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	2,079,049					
	g	Noncash contributions included in lines 1a-1f \$							
	h	Total. Add lines 1a-1f . . . . .		2,084,190					
	Program Service Revenue			Business Code					
2a		PROGRAM SERVICE REVENUE	624200	3,038	3,038				
b		OTHER INCOME	624200	1,259	1,259				
c									
d									
e									
f		All other program service revenue							
g		Total. Add lines 2a-2f . . . . .		4,297					
Other Revenue	3	Investment income (including dividends, interest and other similar amounts) . . . . .		12,544			12,544		
	4	Income from investment of tax-exempt bond proceeds . . .							
	5	Royalties . . . . .							
	6a	Gross Rents	(i) Real	(ii) Personal	27,627			27,627	
		b	Less rental expenses						
		c	Rental income or (loss)	27,627					
		d	Net rental income or (loss) . . . . .						
	7a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other					
		b	Less cost or other basis and sales expenses						
		c	Gain or (loss)						
		d	Net gain or (loss) . . . . .						
	8a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18 . . . . .	a						
		b	Less direct expenses . . . . .	b					
		c	Net income or (loss) from fundraising events . . .						
	9a	Gross income from gaming activities See Part IV, line 19 . . .	a						
		b	Less direct expenses . . . . .	b					
		c	Net income or (loss) from gaming activities . . .						
	10a	Gross sales of inventory, less returns and allowances . . . . .	a						
		b	Less cost of goods sold . . . . .	b					
		c	Net income or (loss) from sales of inventory . . .						
	Miscellaneous Revenue		Business Code						
	11a								
		b							
c									
d		All other revenue . . . . .							
e		Total. Add lines 11a-11d . . . . .							
12	Total revenue. See Instructions . . . . .		2,128,658	4,297	0	40,171			

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	1,652,711	1,652,711		
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 . . . . .	111,984	75,677	26,638	9,669
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	155,336	51,401	4,591	99,344
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions) . . . . .	10,816	1,942	338	8,536
9	Other employee benefits . . . . .	28,438	6,794	2,245	19,399
10	Payroll taxes . . . . .	19,131	9,004	2,076	8,051
a	Fees for services (non-employees)				
	Management . . . . .				
b	Legal . . . . .				
c	Accounting . . . . .	5,880		5,880	
d	Lobbying . . . . .				
e	Professional fundraising services See Part IV, line 17 . . . . .				
f	Investment management fees . . . . .				
g	Other . . . . .				
12	Advertising and promotion . . . . .				
13	Office expenses . . . . .	35,403	13,908	3,762	17,733
14	Information technology . . . . .				
15	Royalties . . . . .				
16	Occupancy . . . . .	11,009	4,325	1,170	5,514
17	Travel . . . . .	9,257	3,637	984	4,636
18	Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .				
19	Conferences, conventions, and meetings . . . . .	2,125	835	226	1,064
20	Interest . . . . .				
21	Payments to affiliates . . . . .	18,564	7,294	1,973	9,297
22	Depreciation, depletion, and amortization . . . . .	20,621	8,102	2,192	10,327
23	Insurance . . . . .	3,299	798	1,485	1,016
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O )				
a	EMPLOYEE SEARCH	11,918		11,918	
b	CAMPAIGN EXPENSE	11,091			11,091
c	VOLUNTEER CENTER	3,022	3,022		
d	UNITED WAY OF WISCONSIN	2,784	1,094	296	1,394
e	REAL ESTATE TAXES	1,867	734	198	935
f	All other expenses	5,865	1,701	2,195	1,969
25	Total functional expenses. Add lines 1 through 24f	2,121,121	1,842,979	68,167	209,975
26	Joint costs. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) 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)		(B)
					Beginning of year		End of year
Assets	1	Cash—non-interest-bearing . . . . .			26	1	26
	2	Savings and temporary cash investments . . . . .			1,179,063	2	1,330,432
	3	Pledges and grants receivable, net . . . . .			1,377,357	3	1,494,689
	4	Accounts receivable, net . . . . .			3,140	4	71
	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)), persons described in section 4958(c)(3)(B), and contributing employers, and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Schedule L . . . . .				6	
	7	Notes and loans receivable, net . . . . .				7	
	8	Inventories for sale or use . . . . .				8	
	9	Prepaid expenses and deferred charges . . . . .			10,756	9	12,272
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D.	10a	634,947			
	b	Less: accumulated depreciation . . . . .	10b	165,258	478,276	10c	469,689
	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) . . . . .			3,050,045	16	3,308,606	
Liabilities	17	Accounts payable and accrued expenses . . . . .			14,012	17	11,478
	18	Grants payable . . . . .			1,369,709	18	1,623,267
	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 . . . . .			1,383,721	26	1,634,745
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 . . . . .			1,256,833	27	1,103,620
	28	Temporarily restricted net assets . . . . .			409,491	28	570,241
	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 . . . . .			1,666,324	33	1,673,861
34	Total liabilities and net assets/fund balances . . . . .			3,050,045	34	3,308,606	

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,128,658
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,121,121
3	Revenue less expenses Subtract line 2 from line 1	3	7,537
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,666,324
5	Other changes in net assets or fund balances (explain in Schedule O)	5	
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	1,673,861

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII

		Yes	No
1	Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> 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?		No
b	Were the organization's financial statements audited by an independent accountant?	Yes	
c	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	Yes	
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 separate basis, consolidated basis, or both <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separated 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?		No
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		

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury  
Internal Revenue Service

Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047

2010

Open to Public  
Inspection

Name of the organization GREAT RIVERS UNITED WAY INC	Employer identification number 39-0848188
---	--

Part I

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

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

- 1

☐

A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2

☐

A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E )
- 3

☐

A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4

☐

A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state
- 5

☐

An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II )
- 6

☐

A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7

☒

An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)** (Complete Part II )
- 8

☐

A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II )
- 9

☐

An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III )
- 10

☐

An organization organized and operated exclusively to test for public safety See**section 509(a)(4).**
- 11

☐

An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h

a

☐

Type I

b

☐

Type II

c

☐

Type III - Functionally integrated

d

☐

Type III - Other
- e

☐

By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)
- f

☐

If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box
- g

☐

Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?  
(i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization?  
(ii) a family member of a person described in (i) above?  
(iii) a 35% controlled entity of a person described in (i) or (ii) above?
- h

☐

Provide the following information about the supported organization(s)

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

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

Part II

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

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

Section A. Public Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	1,945,125	1,898,177	1,780,473	1,796,845	2,084,190	9,504,810
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	1,945,125	1,898,177	1,780,473	1,796,845	2,084,190	9,504,810
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)						444,729
6 Public Support. Subtract line 5 from line 4						9,060,081

Section B. Total Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7 Amounts from line 4	1,945,125	1,898,177	1,780,473	1,796,845	2,084,190	9,504,810
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	80,066	76,683	57,536	42,643	40,171	297,099
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)						9,801,909
12 Gross receipts from related activities, etc (See instructions )					12	54,247
13 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here ▶						

Section C. Computation of Public Support Percentage		
14 Public Support Percentage for 2010 (line 6 column (f) divided by line 11 column (f))	14	92 430 %
15 Public Support Percentage for 2009 Schedule A, Part II, line 14	15	93 020 %
16a 33 1/3% support test—2010. 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—2009. If the organization did not check the 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—2010. If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ▶		
b 10%-facts-and-circumstances test—2009. If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ▶		
18 Private Foundation If the organization did not check a box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions ▶		

Part III

Support Schedule for Organizations Described in Section 509(a)(2)  
(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support						
Calendar year (or fiscal year beginning in) 	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(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) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(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 <b>stop here</b> 						

Section C. Computation of Public Support Percentage		
15 Public Support Percentage for 2010 (line 8 column (f) divided by line 13 column (f))	15	
16 Public support percentage from 2009 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage		
17 Investment income percentage for 2010 (line 10c column (f) divided by line 13 column (f))	17	
18 Investment income percentage from 2009 Schedule A, Part III, line 17	18	
19a 33 1/3% support tests—2010. 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 <b>stop here</b> . The organization qualifies as a publicly supported organization 		
b 33 1/3% support tests—2009. 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 <b>stop here</b> . The organization qualifies as a publicly supported organization 		
20 Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions 		



Part IV

**Supplemental Information.** Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Additional Data

Software ID:

Software Version:

EIN: 39-0848188

Name: GREAT RIVERS UNITED WAY INC

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

(A) Name and Title	(B) Average hours per week	(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			
JULIE BARTELS 2010-2011 DIRECTOR		X						0	0	0
KERSTIN BOUDREAU 2010-2011 DIRECTOR		X						0	0	0
SUSAN BREYER RESIGNED 2010 DIRECTOR		X						0	0	0
CHIEF GREGG CLEVELAND 2010-2011 DIRECTOR		X						0	0	0
LEANNE CLEVELAND 2010-2011 DIRECTOR		X						0	0	0
TODD EBER 2010-2011 DIRECTOR		X						0	0	0
JAY ELLINGSON 2010-2011 DIRECTOR		X						0	0	0
WADE HACKBARTH 2010-2011 DIRECTOR		X						0	0	0
SARAH HAVENS 2010-2011 VICE CHAIR		X		X				0	0	0
SUE HORNE 2010-2011 DIRECTOR		X						0	0	0
JERRY HUBER RESIGNED 2010 DIRECTOR		X						0	0	0
JEFF JENSEN 2010-2011 TREASURER		X		X				0	0	0
JERRY KEMBER 2010-2011 DIRECTOR		X						0	0	0
PAT KERRIGAN 2010-2011 DIRECTOR		X						0	0	0
PAULA KNUDSON 2010-2011 DIRECTOR		X						0	0	0
RICK MICKSCHL 2010-2011 DIRECTOR		X						0	0	0
PATTIE NIMOCKS 2010-2011 DIRECTOR		X						0	0	0
BILL O'DRISCOLL 2010-2011 DIRECTOR		X						0	0	0
SUSAN RING 2010-2011 DIRECTOR		X						0	0	0
DR BRENDA ROONEY 2010-2011 DIRECTOR		X						0	0	0
KATE SHILLIN RESIGNED 2010 DIRECTOR		X						0	0	0
BRENT SMITH 2010-2011 DIRECTOR		X						0	0	0
KEVIN STRANGMAN 2010-2011 DIRECTOR		X						0	0	0
BRAD STURM 2010-2011 PAST CHAIR		X		X				0	0	0
KIM VALIQUETTE 2010-2011 DIRECTOR		X						0	0	0

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

(A) Name and Title	(B) Average hours per week	(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			
SAM VAN RIPER 2010-2011 DIRECTOR		X						0	0	0
DALE WALTER 2010-2011 BOARD CHAIR		X		X				0	0	0
BOB KELEMAN 2010-2011 DIRECTOR		X						0	0	0
LAURIE TWETEN 2010-2011 DIRECTOR		X						0	0	0
LORIE FREDRICKSON FINANCE DIRECTOR	22 00			X				21,719	0	3,358
ROSE MARY BOESEN 3172010 FORMER EXECUTIVE DIRECTOR	40 00			X				79,483	0	6,866
JAMES FALVEY PRESIDENT	40 00			X				558	0	0

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

4d. Other program services			
(Code	) (Expenses \$	15,833	including grants of \$ (Revenue \$ )
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			

SCHEDULE D  
(Form 990)

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

2010

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

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? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may 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 <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>	

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) <div><input type="checkbox"/> Preservation of land for public use (e g , recreation or pleasure) <input type="checkbox"/> Preservation of an historically importantly land area</div> <div><input type="checkbox"/> Protection of natural habitat <input type="checkbox"/> Preservation of a certified historic structure</div> <div><input type="checkbox"/> Preservation of open space</div>
2	Complete lines 2a–2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year
a	Total number of conservation easements
b	Total acreage restricted by conservation easements
c	Number of conservation easements on a certified historic structure included in (a)
d	Number of conservation easements included in (c) acquired after 8/17/06
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable 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? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>
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 170(h)(4)(B)(ii)? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>
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 <div>▶ \$ _____</div>
	(ii) Assets included in Form 990, Part X <div>▶ \$ _____</div>
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 <div>▶ \$ _____</div>
b	Assets included in Form 990, Part X <div>▶ \$ _____</div>

Part III

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

3

Using the organization's 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 the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a

Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

☐ Yes

☐ No

b

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

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

	Amount
1c	
1d	
1e	
1f	

2a

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

☐ Yes

☐ No

b

If "Yes," explain the arrangement in Part 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	Investment earnings or 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 . . . . .

b

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

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

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 . . . . .	405,967		123,554	282,413
c Leasehold improvements . . . . .				
d Equipment . . . . .	56,780		41,704	15,076
e Other . . . . .				
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).) ▶				469,689



Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements		
1	Total revenue (Form 990, Part VIII, column (A), line 12)	12,128,658
2	Total expenses (Form 990, Part IX, column (A), line 25)	2,121,121
3	Excess or (deficit) for the year Subtract line 2 from line 1	7,537
4	Net unrealized gains (losses) on investments	
5	Donated services and use of facilities	
6	Investment expenses	
7	Prior period adjustments	
8	Other (Describe in Part XIV)	
9	Total adjustments (net) Add lines 4 - 8	0
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	7,537

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return		
1	Total revenue, gains, and other support per audited financial statements . . . . .	12,064,963
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	2,064,963
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) . . . . .4b63,695	
c	Add lines 4a and 4b . . . . .4c	63,695
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12 ) . . . . .5	2,128,658

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return		
1	Total expenses and losses per audited financial statements . . . . .	12,057,426
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	2,057,426
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) . . . . .4b63,695	
c	Add lines 4a and 4b . . . . .4c	63,695
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18 ) . . . . .5	2,121,121

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, 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.

Identifier	Return Reference	Explanation
DESCRIPTION OF UNCERTAIN TAX POSITIONS UNDER FIN 48	PART X	NO UNCERTAIN TAX POSITIONS UNDER FIN 48 ARE NOTED AT 12/31/10
PART XII, LINE 4B - OTHER ADJUSTMENTS		BAD DEBT RECOVERIES 22,184 DONOR DESIGNATIONS 41,511
PART XIII, LINE 4B - OTHER ADJUSTMENTS		BAD DEBT RECOVERIES 22,184 DONOR DESIGNATIONS 41,511



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," to Form 990, Part IV, line 21 or 22.  
▶ Attach to Form 990

OMB No 1545-0047

2010

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. Part II can be duplicated if additional space is needed. 

☒

1 (a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
See Additional Data Table							

2

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

35

3

Enter total number of other organizations

0

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 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.

Identifier	Return Reference	Explanation
PROCEDURE FOR MONITORING GRANTS IN THE U S	PART I, LINE 2	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 PROPOSED 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 GRANTS ORGANIZATIONS RECEIVING GRANTS ARE PRE-SCREENED SUCH SCREENING INCLUDES VERIFICATION OF COMPLIANCE WITH PATRIOT ACT PROVISIONS AND VERIFICATION OF 501(C)(3) NONPROFIT STATUS VENTURE GRANTS ARE TIME-LIMITED, NON-RENEWABLE GRANTS VENTURE GRANTS ARE INTENDED TO PROVIDE SHORT-TERM SUPPORT TO ENHANCE THE EXISTING CAPACITY OF AGENCIES OR TO ASSIST IN THE DEVELOPMENT OF NEW STRATEGIES OR PROGRAMS THE GRANT PROPOSALS ARE REVIEWED BY A COMMITTEE OF VOLUNTEERS WHO PROVIDE A RECOMMENDATION TO THE BOARD OF DIRECTORS OF HOW THE MONEY SHOULD BE SPENT THESE GRANTS REQUIRE SUBMITTED RECEIPTS FOR THE INTENDED GRANT PURPOSE PRIOR TO FUNDS BEING RELEASED

Software ID:

Software Version:

EIN: 39-0848188

Name: GREAT RIVERS UNITED WAY INC

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AMERICAN RED CROSS - SCENIC BLUFFS CHAPTER 2927 LOSEY BLVD SOUTH LA CROSSE,WI 54601	53-0196605	501(C)(3)	53,710				A RESTRICTED GRANT MADE TO AN AGENCY IN SUPPORT OF THE COSTS ASSOCIATED WITH A SPECIFIC PROGRAM(S) THAT IT OPERATES
BIG BROTHERS BIG SISTERS OF THE SEVEN RIVERS REGION1707 MAIN STREET SUITE 438 LA CROSSE,WI 54601	39-1762460	501(C)(3)	53,421				A RESTRICTED GRANT MADE TO AN AGENCY IN SUPPORT OF THE COSTS ASSOCIATED WITH A SPECIFIC PROGRAM(S) THAT IT OPERATES
BOY SCOUTS OF AMERICA - GATEWAY AREA COUNCIL2600 QUARRY ROAD LA CROSSE,WI 54601	39-0806175	501(C)(3)	53,497				A RESTRICTED GRANT MADE TO AN AGENCY IN SUPPORT OF THE COSTS ASSOCIATED WITH A SPECIFIC PROGRAM(S) THAT IT OPERATES
BOYS & GIRLS CLUBS OF GREATER LA CROSSEPO BOX 91 LA CROSSE,WI 546020091	39-6084791	501(C)(3)	109,715				A RESTRICTED GRANT MADE TO AN AGENCY IN SUPPORT OF THE COSTS ASSOCIATED WITH A SPECIFIC PROGRAM(S) THAT IT OPERATES
BOYS & GIRLS CLUBS OF WEST CENTRAL WI105 WEST MILWAUKEE ST TOMAH,WI 54660	39-1962065	501(C)(3)	40,425				A RESTRICTED GRANT MADE TO AN AGENCY IN SUPPORT OF THE COSTS ASSOCIATED WITH A SPECIFIC PROGRAM(S) THAT IT OPERATES
BOYS & GIRLS CLUB OF SPARTA1000 EAST MONTGOMERY SPARTA,WI 54656	39-1798177	501(C)(3)	14,999				A RESTRICTED GRANT MADE TO AN AGENCY IN SUPPORT OF THE COSTS ASSOCIATED WITH A SPECIFIC PROGRAM(S) THAT IT OPERATES
COULEE CHILDREN'S CENTER2935 EAST AVE SOUTH LA CROSSE,WI 54601	39-1054503	501(C)(3)	47,736				A RESTRICTED GRANT MADE TO AN AGENCY IN SUPPORT OF THE COSTS ASSOCIATED WITH A SPECIFIC PROGRAM(S) THAT IT OPERATES
COULEE COUNCIL ON ADDICTIONS921 WEST AVE SOUTH LA CROSSE,WI 54601	39-1129125	501(C)(3)	49,789				A RESTRICTED GRANT MADE TO AN AGENCY IN SUPPORT OF THE COSTS ASSOCIATED WITH A SPECIFIC PROGRAM(S) THAT IT OPERATES
COULEECAP INC201 MELBY STREET SUITE A WESTBY,WI 54667	39-1077614	501(C)(3)	50,158				A RESTRICTED GRANT MADE TO AN AGENCY IN SUPPORT OF THE COSTS ASSOCIATED WITH A SPECIFIC PROGRAM(S) THAT IT OPERATES
COULEE REGION YWCA 3219 COMMERCE STREET LA CROSSE,WI 54603	39-0810543	501(C)(3)	70,135				A RESTRICTED GRANT MADE TO AN AGENCY IN SUPPORT OF THE COSTS ASSOCIATED WITH A SPECIFIC PROGRAM(S) THAT IT OPERATES
FAMILY SERVICE ASSOCIATION (CREDIT COUNSELING)311 MAIN STREET SUITE A LA CROSSE,WI 54601	39-0808501	501(C)(3)	14,955				A RESTRICTED GRANT MADE TO AN AGENCY IN SUPPORT OF THE COSTS ASSOCIATED WITH A SPECIFIC PROGRAM(S) THAT IT OPERATES
DOMESTIC VIOLENCE INTERVENTION PROJECT 205 5TH AVE SOUTH SUITE 325 LA CROSSE,WI 54601	39-1588578	501(C)(3)	9,234				A RESTRICTED GRANT MADE TO AN AGENCY IN SUPPORT OF THE COSTS ASSOCIATED WITH A SPECIFIC PROGRAM(S) THAT IT OPERATES

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

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FAMILY & CHILDREN'S CENTER1707 MAIN STREET LA CROSSE,WI 54601	39-0821863	501(C)(3)	149,530				A RESTRICTED GRANT MADE TO AN AGENCY IN SUPPORT OF THE COSTS ASSOCIATED WITH A SPECIFIC PROGRAM(S) THAT IT OPERATES
FAMILY RESOURCES1500 GREEN BAY STREET LA CROSSE,WI 54601	39-1676842	501(C)(3)	30,756				A RESTRICTED GRANT MADE TO AN AGENCY IN SUPPORT OF THE COSTS ASSOCIATED WITH A SPECIFIC PROGRAM(S) THAT IT OPERATES
LA CROSSE AREA FAMILY YMCA1140 MAIN STREET LA CROSSE,WI 54601	39-0806172	501(C)(3)	15,738				A RESTRICTED GRANT MADE TO AN AGENCY IN SUPPORT OF THE COSTS ASSOCIATED WITH A SPECIFIC PROGRAM(S) THAT IT OPERATES
GREAT RIVERS 2-1-1PO BOX 426 ONALASKA,WI 546500426	39-1606449	501(C)(3)	43,485				A RESTRICTED GRANT MADE TO AN AGENCY IN SUPPORT OF THE COSTS ASSOCIATED WITH A SPECIFIC PROGRAM(S) THAT IT OPERATES
GIRL SCOUTS OF WI - BADGERLAND COUNCIL 2710 SKI LANE MADISON,WI 53713	39-0806331	501(C)(3)	67,879				A RESTRICTED GRANT MADE TO AN AGENCY IN SUPPORT OF THE COSTS ASSOCIATED WITH A SPECIFIC PROGRAM(S) THAT IT OPERATES
HOUSTON COUNTY WOMEN'S RESOURCESPO BOX 294 HOKAH,MN 55941	41-1502808	501(C)(3)	27,160				A RESTRICTED GRANT MADE TO AN AGENCY IN SUPPORT OF THE COSTS ASSOCIATED WITH A SPECIFIC PROGRAM(S) THAT IT OPERATES
HUNGER TASK FORCE OF LA CROSSE403 CAUSEWAY BLVD LA CROSSE,WI 54603	39-1947827	501(C)(3)	19,938				A RESTRICTED GRANT MADE TO AN AGENCY IN SUPPORT OF THE COSTS ASSOCIATED WITH A SPECIFIC PROGRAM(S) THAT IT OPERATES
INDEPENDENT LIVING RESOURCES4439 MORMON COULEE RD LA CROSSE,WI 54601	39-1762026	501(C)(3)	40,245				A RESTRICTED GRANT MADE TO AN AGENCY IN SUPPORT OF THE COSTS ASSOCIATED WITH A SPECIFIC PROGRAM(S) THAT IT OPERATES
LA CRESCENT AREA HEALTHY COMMUNITY PARTNERSHIP109 S WALNUT SUITE B LA CRESCENT,MN 55947	20-2665775	501(C)(3)	10,000				A RESTRICTED GRANT MADE TO AN AGENCY IN SUPPORT OF THE COSTS ASSOCIATED WITH A SPECIFIC PROGRAM(S) THAT IT OPERATES
LEARNING TOGETHER FAMILY LITERACYPO BOX 400 HOLMEN,WI 54636	39-1935714	501(C)(3)	8,149				A RESTRICTED GRANT MADE TO AN AGENCY IN SUPPORT OF THE COSTS ASSOCIATED WITH A SPECIFIC PROGRAM(S) THAT IT OPERATES
MOBILE MEALS OF LA CROSSE2600 QUARRY ROAD LA CROSSE,WI 54601	39-1187523	501(C)(3)	10,175				A RESTRICTED GRANT MADE TO AN AGENCY IN SUPPORT OF THE COSTS ASSOCIATED WITH A SPECIFIC PROGRAM(S) THAT IT OPERATES
NEW HORIZONS SHELTER PO BOX 2031 LA CROSSE,WI 546022031	39-1737699	501(C)(3)	77,253				A RESTRICTED GRANT MADE TO AN AGENCY IN SUPPORT OF THE COSTS ASSOCIATED WITH A SPECIFIC PROGRAM(S) THAT IT OPERATES

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
OPTIONS CLINIC1201 CALEDONIA STREET LA CROSSE,WI 54603	39-1166634	501(C)(3)	63,473				A RESTRICTED GRANT MADE TO AN AGENCY IN SUPPORT OF THE COSTS ASSOCIATED WITH A SPECIFIC PROGRAM(S) THAT IT OPERATES
SALVATION ARMY223 NORTH 8TH STREET LA CROSSE,WI 54601	39-0806889	501(C)(3)	96,118				A RESTRICTED GRANT MADE TO AN AGENCY IN SUPPORT OF THE COSTS ASSOCIATED WITH A SPECIFIC PROGRAM(S) THAT IT OPERATES
WEST AVENUE FOOD EMERGENCY RESOURCE 403 CAUSEWAY BLVD LA CROSSE,WI 54603	39-1552632	501(C)(3)	31,499				A RESTRICTED GRANT MADE TO AN AGENCY IN SUPPORT OF THE COSTS ASSOCIATED WITH A SPECIFIC PROGRAM(S) THAT IT OPERATES
HUNGER TASK FORCE OF LA CROSSE #1403 CAUSEWAY BLVD LA CROSSE,WI 54603	39-1947827	501(C)(3)	5,000				A RESTRICTED VENTURE GRANT MADE TO AN AGENCY
LA CROSSE COUNTY VETERAN'S MENTORING PROGRAM400 4TH STREET NORTH LA CROSSE,WI 54601	39-6005709	115(1)	6,000				A RESTRICTED VENTURE GRANT MADE TO AN AGENCY
CAMP WINNEBAGO19708 CAMP WINNEBAGO RD CALEDONIA,MN 55921	41-0955818	501(C)(3)	9,003				A RESTRICTED VENTURE GRANT MADE TO AN AGENCY
CAPABLE CANINES OF WISCONSINPO BOX 34 ONALASKA,WI 54650	39-1549987	501(C)(3)	6,000				A RESTRICTED VENTURE GRANT MADE TO AN AGENCY
HUNGER TASK FORCE OF LA CROSSE #2403 CAUSEWAY BLVD LA CROSSE,WI 54603	39-1947827	501(C)(3)	5,000				A RESTRICTED VENTURE GRANT MADE TO AN AGENCY
BOYS & GIRLS CLUBS OF GREATER LA CROSSEPO BOX 91 LA CROSSE,WI 546020091	39-6084791	501(C)(3)	5,000				AN UNRESTRICTED GRANT MADE TO AN AGENCY AT THE DIRECTION OF THE DONOR(S) IN SUPPORT OF ITS GENERAL OPERATING COSTS
FAMILY & CHILDREN'S CENTER1707 MAIN STREET LA CROSSE,WI 54601	39-0821863	501(C)(3)	11,132				AN UNRESTRICTED GRANT MADE TO AN AGENCY AT THE DIRECTION OF THE DONOR(S) IN SUPPORT OF ITS GENERAL OPERATING COSTS
GREAT RIVERS 2-1-1PO BOX 426 ONALASKA,WI 546500426	39-1606449	501(C)(3)	20,000				A RESTRICTED GRANT MADE TO AN AGENCY IN SUPPORT OF THE COSTS ASSOCIATED WITH PROVIDING 2-1-1 SERVICE IN OUR COMMUNITY

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

2010

Open to Public  
Inspection

<b>Name of the organization</b> GREAT RIVERS UNITED WAY INC	<b>Employer identification number</b> 39-0848188
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Identifier	Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 2		GREGG CLEVELAND AND LEANNE CLEVELAND HAVE A FAMILY RELATIONSHIP

Identifier	Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 4		THE PERSONNEL POLICY HAS BEEN UPDATED TO REFLECT CURRENT POLICIES SINCE THE PRIOR FORM 990 WAS FILED 1)EMPLOYEE EXPENSES WILL NOW BE REVIEWED AND APPROVED BY THE PRESIDENT AND THE PRESIDENT'S EXPENSES WILL BE REVIEWED AND APPROVED BY THE CHAIR OF THE BOARD OF DIRECTORS 2) VACATION CAN NOW BE USED THE FIRST OF THE MONTH FOLLOWING 30 DAYS OF EMPLOYMENT THE PRIOR POLICY STATED THAT VACATION COULD BE USED AFTER 6 MONTHS OF EMPLOYMENT 3)ALL BENEFITS ARE NOW REVIEWED ANNUALLY THE PRIOR POLICY STATED THAT BENEFITS WERE CONTINUALLY REVIEWED 4) UNDER HEALTH INSURANCE "THE PREMIUM IS DETERMINED ANNUALLY BY THE EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS" WHILE THE PRIOR POLICY STATED "THE PREMIUM FOR THE EMPLOYEE IS PAID BY GRUW AND 50% PAID BY GRUW FOR FAMILY COVERAGE " 5)THE PRESIDENT SHOULD NOW SUBMIT WRITTEN RESIGNATION TO THE CHAIR OF THE BOARD OF DIRECTORS 6)THE PERSONNEL POLICY HAS BEEN UPDATED TO REFLECT AN ADDED EMPLOYEE ACKNOWLEDGMENT FORM TO THE END OF THE MANUAL WHICH IS REQUIRED TO BE SIGNED AFTER EMPLOYEE READS THE MANUAL 7)CHANGED THE PREVIOUS CFO TITLE TO PRESIDENT AND THE PREVIOUS TITLE PRESIDENT TO BOARD CHAIR THROUGHOUT THE DOCUMENT

Identifier	Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11		A COPY OF THE 990 WILL BE DISTRIBUTED TO THE BOARD OF DIRECTORS IN JUNE, IT WILL BE REVIEWED AND VOTED ON AT THE BOARD MEETING



Identifier	Return Reference	Explanation
	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.

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 15	PRESIDENT A WAGE 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 EXECUTIVE COMMITTEE 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 WAGES ARE REVIEWED ANNUALLY BY THE PRESIDENT 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

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION C, LINE 18	THE 990 IS POSTED ON THE ORGANIZATION'S WEBSITE AND IS AVAILABLE UPON REQUEST

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION C, LINE 19	THE ANNUAL REPORT, WHICH INCLUDES THE FINANCIAL STATEMENTS, IS POSTED ON THE ORGANIZATION'S WEBSITE THE CONFLICT OF INTEREST POLICY IS ALSO AVAILABLE UPON REQUEST

Identifier	Return Reference	Explanation
	PART XII, LINE 2C	ORGANIZATION MAINTAINS A FINANCE COMMITTEE THAT OVERSEES THE AUDIT PROCESS THIS PROCESS HAS REMAINED THE SAME YEAR OVER YEAR