







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
		2011
		Open to Public Inspection

A For the 2011 calendar year, or tax year beginning 01-01-2011 and ending 12-31-2011		
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	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) Room/suite 1855 EAST MAIN STREET City or town, state or country, and ZIP + 4 ONALASKA, WI 54650	D Employer identification number 39-0848188
		E Telephone number (608) 796-1400
		G Gross receipts \$ 2,160,062
	F Name and address of principal officer JAMES FALVEY	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) <input type="checkbox"/> 501(c) () ◀ (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 UNITE PEOPLE AND RESOURCES TO IMPROVE LIVES AND STRENGTHEN OUR COMMUNITIES. OUR VISION IS THAT ALL INDIVIDUALS AND FAMILIES IN OUR COMMUNITIES WILL ACHIEVE THEIR FULL POTENTIAL THROUGH EDUCATION, INCOME STABILITY AND HEALTHY LIVES
	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)
	4 Number of independent voting members of the governing body (Part VI, line 1b)
	5 Total number of individuals employed in calendar year 2011 (Part V, line 2a)
Revenue	6 Total number of volunteers (estimate if necessary)
	7a Total unrelated business revenue from Part VIII, column (C), line 12
	b Net unrelated business taxable income from Form 990-T, line 34
Expenses	8 Contributions and grants (Part VIII, line 1h)
	9 Program service revenue (Part VIII, line 2g)
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)
	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)
	14 Benefits paid to or for members (Part IX, column (A), line 4)
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)
Net Assets or Fund Balances	16a Professional fundraising fees (Part IX, column (A), line 11e)
	b Total fundraising expenses (Part IX, column (D), line 25) ▶242,410
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)
	18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)
	19 Revenue less expenses. Subtract line 18 from line 12
	20 Total assets (Part X, line 16)
	21 Total liabilities (Part X, line 26)
	22 Net assets or fund balances. Subtract line 21 from line 20

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		*****	2012-08-15	
		Signature of officer	Date	
Paid Preparer's Use Only		JAMES FALVEY, PRESIDENT		
		Type or print name and title		
Paid Preparer's Use Only	Preparer's signature 	SCOTT TURNBULL	Date 2012-07-06	Check if self-employed <input type="checkbox"/>
	Firm's name (or yours if self-employed), address, and ZIP + 4	FRANKE & TURNBULL CPA'S 505 KING ST STE 105 LA CROSSE, WI 54601	Preparer's taxpayer identification number (see instructions)	
			EIN ▶ Phone no ▶ (608) 784-1890	
May the IRS discuss this return with the preparer shown above? (see instructions) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				

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 UNITE PEOPLE AND RESOURCES TO IMPROVE LIVES AND STRENGTHEN OUR COMMUNITIES OUR VISION IS THAT ALL INDIVIDUALS AND FAMILIES IN OUR COMMUNITIES WILL ACHIEVE THEIR FULL POTENTIAL THROUGH EDUCATION, INCOME STABILITY AND HEALTHY LIVES

2

Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

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?

If “Yes,” describe these changes on Schedule O

4

Describe the organization’s program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations 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 \$ 1,612,392 including grants of \$ 1,568,995) (Revenue \$ 52,592)

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 EDUCATION, INCOME AND HEALTH VENTURE GRANTS WERE ALSO AWARDED TO 34 LOCAL 501(C)(3) HEALTH AND HUMAN SERVICE ORGANIZATIONS IN LA CROSSE, MONROE, TREMPPEALEAU, & VERNON COUNTIES IN WISCONSIN AND HOUSTON COUNTY IN MINNESOTA BY ADVISORY COUNCILS IN EACH COUNTY 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 \$ 143,526 including grants of \$) (Revenue \$)

COMMUNITY BUILDING PROGRAM - COMMUNITY PROBLEM SOLVING EFFORTS INCLUDE, BUT NOT LIMITED TO, UNITED WAY STAFF INVOLVEMENT AND RESOURCES FOR HEALTHY COMMUNITY PARTNERSHIPS, MAYO CLINIC HEALTH SYSTEM LEADERS 100, LA CROSSE COUNTY FAMILY POLICY BOARD, FAMILY POLICY BOARD EXECUTIVE COMMITTEE, PREVENTION NETWORK, LA CROSSE COUNTY HOUSING COMMISSION, POVERTY TASK FORCE, FAMILY & CHILDREN'S MANAGEMENT COUNCIL, ROTARY WORKS FOUNDATION, REBUILDING FOR LEARNING COMMUNITY RETREAT, VITERBO ADVISORY BOARD AND CHANCELLOR'S COMMUNITY COUNCIL (UNIVERSITY OF WI - LA CROSSE) 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 IS AVAILABLE AT GRUW ORG OR COMPASSSNOW ORG AND PROVIDES DETAILED DATA AND ASSESSMENT RESULTS FOR EACH OF THE FIVE COUNTIES SURVEYED

4c

(Code) (Expenses \$ 30,106 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 THIS PROGRAM SUPPORTS PROJECTS THAT INCLUDE, BUT NOT LIMITED TO ADVOCACY AND INTERVENTION SERVICES, SERVICES TO THE UNEMPLOYED, DISLOCATED WORKER RE-EMPLOYMENT SERVICES, LETTER CARRIERS FOOD DRIVE, AND HOLIDAY FOOD PROGRAMS

(Code) (Expenses \$ 8,431 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 THE VOLUNTEER CENTER CAN BE ACCESSED AT OUR WEBSITE, GRUW ORG ALL OTHER SERVICES/PROGRAMS

4d

Other program services (Describe in Schedule O)

(Expenses \$ 8,431 including grants of \$) (Revenue \$)

4e

Total program service expenses \$ 1,794,455

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.	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I.		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II.		No
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III.		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I.		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II.		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III.		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? If "Yes," complete Schedule D, Part IV.		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V.		No
11	If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.		No
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.		No
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.		No
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.		No
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII.	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional.		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E.		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Part I.		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.? If "Yes," complete Schedule F, Part II and IV.		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.? If "Yes," complete Schedule F, Part III and IV.		No
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I.		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II.		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III.		No
20a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H.		No
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? Note. All Form 990 filers that operated one or more hospitals must attach audited financial statements.		

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 questions 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	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? <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 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
35a	Is any related organization a controlled entity of the filing organization within the meaning of section 512(b)(13)?	35a		No
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b		No
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance					
Check if Schedule O contains a response 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	11		
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, <i>Transmittal of Wage and Tax Statements</i> filed for the calendar year ending with or within the year covered by this return	2a	8		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).	2b	Yes		
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 or securities account)?	4a			No
b	If "Yes," enter the name of the foreign country <input type="text"/> 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?	12a			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				
a	Is the organization licensed to issue qualified health plans in more than one state? Note. All 501(c)(29) organizations must list in Schedule O each state in which they are licensed to issue qualified health plans, the amount of reserves required by each state, and the amount of reserves the organization allocated to each state.	13a			
b	Enter the aggregate 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 aggregate amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a			No
b	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
1a	Enter the number of voting members of the governing body at the end of the tax year	1a26		
b	Enter the number of voting members included in line 1a, above, who are independent	1b26		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	Yes	
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?	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	Yes	
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		No
6	Did the organization have members or stockholders?	6		No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
a	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
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	9		No

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

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

Section C. Disclosure

17	List the States with which a copy of this Form 990 is required to be filedWI , MN
18	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 made these available. Check all that apply. <input checked="" type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table.
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization. LORIE FREDRICKSON 1855 EAST 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, or 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 organizations compensated any current or former officer, director, or trustee

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) JULIE BARTELS DIRECTOR	1 00	X						0	0	0
(2) KERSTIN BOUDREAU DIRECTOR	1 00	X						0	0	0
(3) CHIEF GREGG CLEVELAND DIRECTOR	1 00	X						0	0	0
(4) LEANNE CLEVELAND DIRECTOR	1 00	X						0	0	0
(5) TODD EBER DIRECTOR	1 00	X						0	0	0
(6) JAY ELLINGSON DIRECTOR	1 00	X						0	0	0
(7) WADE HACKBARTH DIRECTOR	1 00	X						0	0	0
(8) SARAH HAVENS CHAIR	1 00	X		X				0	0	0
(9) MEGAN DRAGERT DIRECTOR	1 00	X						0	0	0
(10) JEFF JENSEN TREASURER	1 00	X		X				0	0	0
(11) JERRY KEMBER DIRECTOR	1 00	X						0	0	0
(12) DR ALAN FLEISCHMANN DIRECTOR	1 00	X						0	0	0
(13) BOB KELEMEN DIRECTOR	1 00	X						0	0	0
(14) RICK MICKSCHL DIRECTOR	1 00	X						0	0	0
(15) PATTIE NIMOCKS DIRECTOR	1 00	X						0	0	0
(16) BILL O'DRISCOLL DIRECTOR	1 00	X						0	0	0
(17) SHAWN SACKMAN DIRECTOR	1 00	X						0	0	0

Part VII

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(18) DR BRENDA ROONEY DIRECTOR	1 00	X						0	0	0
(19) BRENT SMITH DIRECTOR	1 00	X						0	0	0
(20) KEVIN STRANGMAN DIRECTOR	1 00	X						0	0	0
(21) JON TRAPP VICE CHAIR	1 00	X		X				0	0	0
(22) KIM VALIQUETTE DIRECTOR	1 00	X						0	0	0
(23) SAM VAN RIPER DIRECTOR	1 00	X						0	0	0
(24) DALE WALTER PAST CHAIR	1 00	X		X				0	0	0
(25) BRIAN WIESER DIRECTOR	1 00	X						0	0	0
(26) LAURIE TWETEN	1 00	X						0	0	0
(27) JAMES FALVEY PRESIDENT	40 00			X				78,175	0	12,317
(28) LORIE FREDRICKSON FINANCE DIRE	23 00			X				22,478	0	2,802
1b Sub-Total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								100,653		15,119

2

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

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

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

2

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

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	6,227				
	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	2,062,395				
	g	Noncash contributions included in lines 1a-1f \$ _____						
	h	Total. Add lines 1a-1f						2,068,622
Program Service Revenue			Business Code					
	2a	COMPASS NOW		46,076	46,076			
	b	SERVICE FEES		6,267	6,267			
	c	OTHER INCOME		249	249			
	d							
	e							
	f	All other program service revenue						
	g	Total. Add lines 2a-2f			52,592			
Other Revenue	3	Investment income (including dividends, interest and other similar amounts)		8,945			8,945	
	4	Income from investment of tax-exempt bond proceeds . . .						
	5	Royalties						
	6a	(i) Real		(ii) Personal	7,211			7,211
		29,903						
		22,692						
		7,211						
	b	Less rental expenses						
	c	Rental income or (loss)						
	d	Net rental income or (loss)						
	7a	(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			2,137,370	52,592		16,156	

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)

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States See Part IV, line 21	1,568,995	1,568,995		
2	Grants and other assistance to individuals in the United States See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	97,950	34,235	45,996	17,719
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	173,140	57,597	6,099	109,444
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	12,914	5,254	1,700	5,960
9	Other employee benefits	51,780	15,076	6,498	30,206
10	Payroll taxes	20,167	6,832	3,875	9,460
11	Fees for services (non-employees)				
a	Management				
b	Legal				
c	Accounting	20,583	6,600	13,983	
d	Lobbying				
e	Professional fundraising See Part IV, line 17				
f	Investment management fees				
g	Other				
12	Advertising and promotion				
13	Office expenses	28,281	10,966	3,707	13,608
14	Information technology				
15	Royalties				
16	Occupancy	4,657	1,803	612	2,242
17	Travel	14,381	5,577	1,885	6,919
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	2,380	925	310	1,145
20	Interest				
21	Payments to affiliates	21,272	8,249	2,788	10,235
22	Depreciation, depletion, and amortization	23,432	9,087	3,072	11,273
23	Insurance	3,466	853	1,557	1,056
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	COMPASS EXPENSE	51,883	51,883		
b	CAMPAIGN EXPENSE	14,458			14,458
c	TELEPHONE	7,806	3,027	1,023	3,756
d	MEMBERSHIP DUES	4,972	1,927	652	2,393
e					
f	All other expenses	11,422	5,569	3,317	2,536
25	Total functional expenses. Add lines 1 through 24f	2,133,939	1,794,455	97,074	242,410
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	
	2	Savings and temporary cash investments				1,330,432	2	1,390,049
	3	Pledges and grants receivable, net				1,494,689	3	1,472,386
	4	Accounts receivable, net				71	4	2,874
	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				12,272	9	15,670
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	667,724				
	b	Less: accumulated depreciation	10b	188,690		469,689	10c	479,034
	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)				3,308,606	16	3,361,440
Liabilities	17	Accounts payable and accrued expenses				11,478	17	61,143
	18	Grants payable				1,623,267	18	1,563,202
	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 (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D					25	
	26	Total liabilities. Add lines 17 through 25				1,634,745	26	1,624,345
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				1,103,620	27	1,219,694
	28	Temporarily restricted net assets				570,241	28	517,401
	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				1,673,861	33	1,737,095
	34	Total liabilities and net assets/fund balances				3,308,606	34	3,361,440

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	2,137,370
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,133,939
3	Revenue less expenses Subtract line 2 from line 1	3	3,431
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,673,861
5	Other changes in net assets or fund balances (explain in Schedule O)	5	59,803
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	1,737,095

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 type="checkbox"/> Separate basis <input checked="" 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

2011

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 **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 Se**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 IRC 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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	1,898,177	1,780,473	1,796,845	2,084,190	2,068,622	9,628,307
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	1,898,177	1,780,473	1,796,845	2,084,190	2,068,622	9,628,307
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						9,183,578

Section B. Total Support						
Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7 Amounts from line 4	1,898,177	1,780,473	1,796,845	2,084,190	2,068,622	9,628,307
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	76,683	57,536	42,643	40,171	38,848	255,881
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income (Explain in Part IV) Do not include gain or loss from the sale of capital assets						
11 Total support (Add lines 7 through 10)						9,884,188
12 Gross receipts from related activities, etc (See instructions)					12	52,592
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 2011 (line 6 column (f) divided by line 11 column (f))	14	92 910 %
15	Public Support Percentage for 2010 Schedule A, Part II, line 14	15	92 430 %
16a	33 1/3% support test—2011. 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—2010. 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—2011. 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—2010. 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 IIIPart III

Support Schedule for Organizations Described in IRC 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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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 501(c)(3) organization, check this box and stop here						

Section C. Computation of Public Support Percentage		
15 Public Support Percentage for 2011 (line 8 column (f) divided by line 13 column (f))	15	
16 Public support percentage from 2010 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage		
17 Investment income percentage for 2011 (line 10c column (f) divided by line 13 column (f))	17	
18 Investment income percentage from 2010 Schedule A, Part III, line 17	18	
19a 33 1/3% support tests—2011. 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—2010. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization		
20 Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions		

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

Facts And Circumstances Test

Explanation

Additional Data

Software ID:
Software Version:
EIN: 39-0848188
Name: GREAT RIVERS UNITED WAY INC

Form 990, Special Condition Description:

Special Condition Description

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

4d. Other program services
(Code) (Expenses \$ 8,431 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 THE VOLUNTEER CENTER CAN BE ACCESSED AT OUR WEBSITE, GRUW.ORG ALL OTHER SERVICES/PROGRAMS

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

OMB No 1545-0047

2011

Open to Public Inspection

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

Attach to Form 990. See separate instructions.

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 checked="" 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 checked="" 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)

☐ Preservation of land for public use (e g , recreation or pleasure)

☐ Preservation of an historically importantly land area

☐ Protection of natural habitat

☐ Preservation of a certified historic structure

☐ Preservation of open space

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

	Held at the End of the 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?

☐ 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 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

▶ \$ _____

For Privacy Act and Paperwork Reduction Act Notice, see the Intructions for Form 990

Cat No 52283D

Schedule D (Form 990) 2011

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

d

☐ Loan or exchange programs

b

☐ Scholarly research

e

☐ Other

c

☐ Preservation for future generations

4

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

	Amount
1c	
1d	
1e	
1f	

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

2a

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

☐ 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)		No
3a(ii)		No
3b		No

4

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

Part VI

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

Description of property	(a) Cost or other basis (investment)	(b)Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		172,200		172,200
b Buildings		414,388	188,690	225,698
c Leasehold improvements				
d Equipment				
e Other				
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).) ▶				397,898

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)	12,137,370
2	Total expenses (Form 990, Part IX, column (A), line 25)	2,133,939
3	Excess or (deficit) for the year Subtract line 2 from line 1	3,431
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	
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	3,431

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return		
1	Total revenue, gains, and other support per audited financial statements	12,086,641
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12	
a	Net unrealized gains on investments2a	
b	Donated services and use of facilities2b	
c	Recoveries of prior year grants2c	
d	Other (Describe in Part XIV)2d	
e	Add lines 2a through 2d2e	
3	Subtract line 2e from line 13	2,086,641
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 7b4a	
b	Other (Describe in Part XIV)4b50,729	
c	Add lines 4a and 4b4c	50,729
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)5	2,137,370

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return		
1	Total expenses and losses per audited financial statements	12,083,210
2	Amounts included on line 1 but not on Form 990, Part IX, line 25	
a	Donated services and use of facilities2a	
b	Prior year adjustments2b	
c	Other losses2c	
d	Other (Describe in Part XIV)2d-50,729	
e	Add lines 2a through 2d2e	-50,729
3	Subtract line 2e from line 13	2,133,939
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 7b4a	
b	Other (Describe in Part XIV)4b	
c	Add lines 4a and 4b4c	
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)5	2,133,939

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
RECONCILIATION OF CHANGES - OTHER	SCHEDULE D, PAGE 4, PART XI, LINE 8	DONOR AGENCY DESIGNATIONS -62,670 BAD DEBT RECOVERIES -10,751 RENTAL EXPENSES 22,692 DONOR AGENCY DESIGNATIONS 62,670 BAD DEBT RECOVERIES 10,751 RENTAL EXPENSES -22,692
REVENUE AMOUNTS INCLUDED ON RETURN - OTHER	SCHEDULE D, PAGE 4, PART XII, LINE 4B	DONOR AGENCY DESIGNATIONS 62,670 BAD DEBT RECOVERIES 10,751 RENTAL EXPENSES -22,692
EXPENSE AMOUNTS INCLUDED IN FINANCIALS - OTHER	SCHEDULE D, PAGE 4, PART XIII, LINE 2D	DONOR AGENCY DESIGNATIONS -62,670 BAD DEBT RECOVERIES -10,751 RENTAL EXPENSES 22,692

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

2011

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 ▶ ☐

(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 listed in the line 1 table ▶

36

3

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

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
PROCEDURES FOR MONITORING THE USE OF GRANT FUNDS INSIDE THE UNITED STATES	SCHEDULE I, PAGE 1, PART I, LINE 2	RESTRICTED GRANT FOR AN AGENCY PROGRAM(S) 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 ADVISORY COUNCILS IN EACH COUNTY AND THEY 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) 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
AMERICAN RED CROSS SCENIC BLUFFS CHAPTER2927 LOSEY BLVD SOUTH LA CROSSE,WI 54601	53-0196605	501	56,499				RESTRICTED GRANT
BIG BROTHERS BIG SISTERS OF THE SEVEN RIVERS REGION 1707 MAIN STREET LA CROSSE,WI 54601	39-1762460	501	55,028				RESTRICTED GRANT
BOY SCOUTS OF AMERICA GATEWAY AREA COUNCIL2600 QUARRY ROAD LA CROSSE,WI 54601	39-0806175	501	52,931				RESTRICTED GRANT
BOYS & GIRLS CLUBS OF GREATER LA CROSSEPO BOX 91 LA CROSSE,WI 54602	39-6084791	501	117,822				RESTRICTED GRANT
BOYS & GIRLS CLUB OF WEST CENTRAL WI105 WEST MILWAUKEE ST TOMAH,WI 54660	39-1962065	501	42,900				RESTRICTED GRANT
BOYS & GIRLS CLUB OF SPARTA1000 EAST MONTGOMERY SPARTA,WI 54656	39-1798177	501	23,751				RESTRICTED GRANT
COULEE CHILDREN'S CENTER 2935 EAST AVE SOUTH LA CROSSE,WI 54601	39-1054503	501	49,526				RESTRICTED GRANT
COULEE COUNCIL ON ADDICTIONS921 WEST AVE SOUTH LA CROSSE,WI 54601	39-1129125	501	51,189				RESTRICTED GRANT
COULEECAP INC201 MELBY STREET WESTBY,WI 54667	39-1077614	501	54,999				RESTRICTED GRANT
COULEE REGION YWCA3219 COMMERCE STREET LA CROSSE,WI 54603	39-0810543	501	79,269				RESTRICTED GRANT
FAMILY SERVICE ASSOCIATION (CREDIT COUNSELING)311 MAIN STREET LA CROSSE,WI 54601	39-0808501	501	15,000				RESTRICTED GRANT
FAMILY & CHILDREN'S CENTER 1707 MAIN STREET LA CROSSE,WI 54601	39-0821863	501	151,431				RESTRICTED GRANT
FAMILY RESOURCES 1500 GREEN BAY STREET LA CROSSE,WI 54601	39-1676842	501	33,943				RESTRICTED GRANT
GREAT RIVERS 2-1-1 PO BOX 426 ONALASKA,WI 54650	39-1606449	501	44,178				RESTRICTED GRANT
GIRL SCOUTS OF WI BADGERLAND COUNCI2710 SKI LANE MADISON,WI 53713	39-0806331	501	68,176				RESTRICTED GRANT
BLUFF COUNTRY FAMILY RESOURCES PO BOX 294 HOKAH,MN 55941	41-1502808	501	24,433				RESTRICTED GRANT
HUNGER TASK FORCE OF LA CROSSE403 CAUSEWAY BLVD LA CROSSE,WI 54603	39-1947827	501	23,325				RESTRICTED GRANT
INDEPENDENT LIVING RESOURCES 4439 MORMON COULEE RD LA CROSSE,WI 54601	39-1762026	501	58,457				RESTRICTED GRANT
LA CRESCENT AREA HEALTHY COMMUNITY PARTNERSHIP109 S WALNUT LA CRESCENT,MN 55947	20-2665775	501	10,374				RESTRICTED GRANT
LEARNING TOGETHER FAMILY LITERACYPO BOX 400 HOLMEN,WI 54636	39-1935714	501	9,605				RESTRICTED GRANT

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
MOBILE MEALS OF LA CROSSE 2600 QUARRY ROAD LA CROSSE, WI 54601	39-1187523	501	10,175				RESTRICTED GRANT
NEW HORIZONS SHELTERPO BOX 2031 LA CROSSE, WI 54602	39-1737699	501	83,172				RESTRICTED GRANT
OPTIONS CLINIC 1201 CALEDONIA ST LA CROSSE, WI 54603	39-1166634	501	64,232				RESTRICTED GRANT
SALVATION ARMY 223 NORTH 8TH STREET LA CROSSE, WI 54601	39-0806889	501	107,931				RESTRICTED GRANT
WEST AVENUE FOOD EMERGENCY RESOURCE403 CAUSEWAY BLVD LA CROSSE, WI 54603	39-1552632	501	34,251				RESTRICTED GRANT
FRIENDS OF THE HOUSTON CTY PUBLIC LIBRARY202 EAST CEDAR HOUSTON, MN 55921	41-2000399	501	5,300				REST VENTURE GRANT
HOUSTON COUNTY EARLY CHILDHOOD INITIATIVE703 SOUTH 11TH LA CRESCENT, MN 55947	36-3454285	501	6,260				REST VENTURE GRANT
MONROE COUNTY SHELTERCARE INC PO BOX 374 SPARTA, WI 54656	23-7319589	501	6,000				REST VENTURE GRANT
COULEE COUNCIL ON ADDICTIONS 921 WEST AVE SOUTH LA CROSSE, WI 54601	39-1129125	501	7,472				REST VENTURE GRANT
FAMILY & CHILDREN'S CENTER1707 MAIN STREET LA CROSSE, WI 54601	39-0821863	501	22,809				UNRESTRICTED GRANT
OPERATION HOMEFRONT-WISCONSIN16 NORTH CARROLL STREET MADISON, WI 53703	20-2740541	501	14,476				UNRESTRICTED GRANT
NATIONAL MULTIPLE SCLEROSIS SOCIETY OF WISCONSIN 1120 JAMES DRIVE HARTLAND, WI 53029	39-1139220	501	16,400				UNRESTRICTED GRANT
GUNDERSEN LUTHERAN MEDICAL FOUNDD 1836 SOUTH AVENUE LA CROSSE, WI 54601	39-1249705	501	23,682				UNRESTRICTED GRANT
BOY SCOUTS OF AMERICA GATEWAY AREA COUNCIL2600 QUARRY RD LA CROSSE, WI 54601	39-0806175	501	8,630				UNRESTRICTED GRANT
WI VOL ORGS ACTIVE IN DISASTER750 WINDSOR STREET SUN PRAIRIE, WI 53590	26-1253687	501	10,595				UNRESTRICTED GRANT
GREAT RIVERS 2-1-1PO BOX 426 ONALASKA, WI 54650	39-1606449	501	20,000				RESTRICTED GRANT

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

2011

Open to Public Inspection

Name of the organization
GREAT RIVERS UNITED WAY INC

Employer identification number
39-0848188

Identifier	Return Reference	Explanation
ORGANIZATION'S MISSION	FORM 990 - ORGANIZATION'S MISSION	OUR MISSION IS TO UNITE PEOPLE AND RESOURCES TO IMPROVE LIVES AND STRENGTHEN OUR COMMUNITIES OUR VISION IS THAT ALL INDIVIDUALS AND FAMILIES IN OUR COMMUNITIES WILL ACHIEVE THEIR FULL POTENTIAL THROUGH EDUCATION, INCOME STABILITY AND HEALTHY LIVES
FIRST ACCOMPLISHMENT DESCRIPTION	FORM 990, PAGE 2, PART III, LINE 4A	STRATEGIES OR PROGRAMS
SECOND ACCOMPLISHMENT DESCRIPTION	FORM 990, PAGE 2, PART III, LINE 4B	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, TREMPLEALEAU AND VERNON (WI)) THIS ONGOING PROGRAM WILL FACILITATE COMMUNICATION AND HELP SUPPORT THE COMMUNITIES IN CREATING COMMUNITY ACTION PLANS A COMPLETE COMPASS NOW ANALYSIS IS AVAILABLE AT GRUW.ORG OR COMPASSSNOW.ORG AND PROVIDES DETAILED DATA AND ASSESSMENT RESULTS FOR EACH OF THE FIVE COUNTIES SURVEYED
ALL OTHER ACCOMPLISHMENT DESCRIPTION	FORM 990, PAGE 2, PART III, LINE 4D	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 THE VOLUNTEER CENTER CAN BE ACCESSED AT OUR WEBSITE, GRUW.ORG ALL OTHER SERVICES/PROGRAMS
RELATED PARTY INFORMATION AMONG OFFICERS	FORM 990, PAGE 6, PART VI, LINE 2	GREGG CLEVELAND LEANNE CLEVELAND FAMILY ARMITAGE INSURANCE BOARD CHAIR UNITED WAY HEALTH INS AGENT
SIGNIFICANT CHANGES TO ORGANIZATIONAL DOCUMENTS	FORM 990, PAGE 6, PART VI, LINE 4	ADDED A VIOLENCE FREE WORKPLACE POLICY AND WORK PLACE HARASSMENT POLICY
ORGANIZATION'S PROCESS USED TO REVIEW FORM 990	FORM 990, PAGE 6, PART VI, LINE 11B	A COPY OF THE FORM 990 WILL BE DISTRIBUTED TO THE BOARD OF DIRECTORS IN JUNE THE FORM 990 WILL BE REVIEWED AND VOTED ON AT THE JUNE BOARD MEETING
ENFORCEMENT OF CONFLICTS POLICY	FORM 990, PAGE 6, PART VI, 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
COMPENSATION PROCESS FOR TOP OFFICIAL	FORM 990, PAGE 6, PART VI, LINE 15A	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
COMPENSATION PROCESS FOR OFFICERS	FORM 990, PAGE 6, PART VI, LINE 15B	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
GOVERNING DOCUMENTS DISCLOSURE EXPLANATION	FORM 990, PAGE 6, PART VI, LINE 19	FINANCIAL STATEMENTS ARE INCLUDED IN ANNUAL REPORT, WHICH IS ON THE ORGANIZATION'S WEBSITE ALL OTHER DOCUMENTS AVAILABLE UPON REQUEST
OTHER CHANGES IN NET ASSETS EXPLANATION	FORM 990, PART XI, LINE 5	NET ASSETS WERE RESTATED TO REFLECT A CORRECTION OF THE RECOGNITION OF RESTRICTED FUNDS UNSPENT AT DECEMBER 31, 2010 THE EFFECT OF THE CORRECTION WAS TO INCREASE TEMPORARILY RESTRICTED NET ASSETS AND REDUCE BEQUEST GRANTS PAYABLE BY 59,803