

Form 990
Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)
Do not enter social security numbers on this form as it may be made public
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047
2018
Open to Public Inspection

A For the 2019 calendar year, or tax year beginning 01-01-2018, and ending 12-31-2018

- B Check if applicable
Address change
Name change
Initial return
Final 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 EAST MAIN STREET
Room/suite
City or town, state or province, country, and ZIP or foreign postal code ONALASKA, WI 54650
F Name and address of principal officer MARY KAY WOLF 1855 MAIN ST ONALASKA, WI 54650

D Employer identification number 39-0848188
E Telephone number (608) 796-1400
G Gross receipts \$ 2,382,023
H(a) Is this a group return for subordinates? No
H(b) Are all subordinates included? No
H(c) Group exemption number

- I Tax-exempt status 501(c)(3)
J Website WWW GRUW ORG
K Form of organization Corporation

L Year of formation 1954
M State of legal domicile WI

Part I Summary

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 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 3
4 Number of independent voting members of the governing body 4
5 Total number of individuals employed in calendar year 2018 11
6 Total number of volunteers (estimate if necessary) 481
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

Table with columns: Revenue, Expenses, Net Assets or Fund Balances, Prior Year, Current Year. Rows include Contributions and grants, Program service revenue, Investment income, Other revenue, Total revenue, Grants and similar amounts paid, Benefits paid to or for members, Salaries, other compensation, employee benefits, Professional fundraising fees, Total fundraising expenses, Other expenses, Total expenses, Revenue less expenses, Total assets, Total liabilities, Net assets or fund balances.

Part II Signature Block

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

Sign Here
Signature of officer: *****
Date: 2019-06-01
MARY KAY WOLF EXECUTIVE DIRECTOR
Type or print name and title

Paid Preparer Use Only
Print/Type preparer's name, Preparer's signature, Date 2019-07-03, Check if self-employed, PTIN P00446288, Firm's name JOHNSON BLOCK & CO INC, Firm's EIN 39-1628949, Firm's address 122 6TH STREET NORTH LA CROSSE, WI 54601, Phone no (608) 784-1890

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission

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? Yes No

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

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

If "Yes," describe these changes on Schedule O

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code) (Expenses \$ 1,535,338 including grants of \$ 1,515,714) (Revenue \$ 116,076)
See Additional Data

4b (Code) (Expenses \$ 195,145 including grants of \$) (Revenue \$)
See Additional Data

4c (Code) (Expenses \$ 178,554 including grants of \$) (Revenue \$)
See Additional Data

(Code) (Expenses \$ 108,175 including grants of \$) (Revenue \$)
BETTER TOGETHER IN LA CROSSE COUNTY - IS AN 8-YEAR PROJECT FUNDED BY THE HEALTHIER WISCONSIN PARTNERSHIP PROJECT OF THE ADVANCING A HEALTHIER WISCONSIN ENDOWMENT AT THE MEDICAL COLLEGE OF WISCONSIN LA CROSSE COUNTY IS ONE OF 10 COMMUNITIES IN THE STATE OF WISCONSIN WHO RECEIVED FUNDING TO WORK ON IMPROVING BEHAVIORAL HEALTH AMONG ITS YOUTH THE BETTER TOGETHER PROJECT SEEKS TO REDUCE THE NUMBER OF YOUTH, AGES 12-18, WHO ARE AT RISK FOR DEPRESSION TO ACHIEVE THIS GOAL, THEY HAVE IDENTIFIED FOUR STRATEGIES WHICH CAN BE FOUND AT WWW.BETTERTOGETHERLACROSSE.ORG 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 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 INTERVENTION SERVICES, LETTER CARRIERS FOOD DRIVE, AND HOLIDAY FOOD PROGRAMS

4d Other program services (Describe in Schedule O)
(Expenses \$ 108,175 including grants of \$) (Revenue \$)

4e Total program service expenses ▶ 2,017,212

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 1 through 22 regarding organizational requirements, such as political activities, lobbying, and financial reporting.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 23 through 38 regarding compensation, bond issues, escrow accounts, excess benefit transactions, and controlled entities.

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V []

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 1a, 1b, and 1c regarding Form 1096, Forms W-2G, and backup withholding rules.

<p>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</p>	2a	11		
<p>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)</p>			2b	Yes
<p>3a Did the organization have unrelated business gross income of \$1,000 or more during the year?</p>			3a	No
<p>b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O</p>			3b	
<p>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)?</p>			4a	No
<p>b If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)</p>				
<p>5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?</p>			5a	No
<p>b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?</p>			5b	No
<p>c If "Yes," to line 5a or 5b, did the organization file Form 8886-T?</p>			5c	
<p>6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?</p>			6a	No
<p>b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?</p>			6b	
7 Organizations that may receive deductible contributions under section 170(c).				
<p>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?</p>			7a	No
<p>b If "Yes," did the organization notify the donor of the value of the goods or services provided?</p>			7b	
<p>c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?</p>			7c	No
<p>d If "Yes," indicate the number of Forms 8282 filed during the year</p>	7d			
<p>e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?</p>			7e	No
<p>f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?</p>			7f	No
<p>g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?</p>			7g	No
<p>h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?</p>			7h	No
8 Sponsoring organizations maintaining donor advised funds.				
<p>Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?</p>			8	
<p>9a Did the sponsoring organization make any taxable distributions under section 4966?</p>			9a	
<p>b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?</p>			9b	
10 Section 501(c)(7) organizations. Enter				
<p>a Initiation fees and capital contributions included on Part VIII, line 12</p>	10a			
<p>b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities</p>	10b			
11 Section 501(c)(12) organizations. Enter				
<p>a Gross income from members or shareholders</p>	11a			
<p>b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)</p>	11b			
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?				
<p>b If "Yes," enter the amount of tax-exempt interest received or accrued during the year</p>	12b			
13 Section 501(c)(29) qualified nonprofit health insurance issuers.				
<p>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</p>			13a	
<p>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</p>	13b			
<p>c Enter the amount of reserves on hand</p>	13c			
<p>14a Did the organization receive any payments for indoor tanning services during the tax year?</p>			14a	No
<p>b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O</p>			14b	
<p>15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N</p>			15	No
<p>16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O</p>			16	No

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



Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year (23); 1b Enter the number of voting members included in line 1a, above, who are independent (23); 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? (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? (No); 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? (No); 5 Did the organization become aware during the year of a significant diversion of the organization's assets? (No); 6 Did the organization have members or stockholders? (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? (No); 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? (No); 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8a The governing body? (Yes); 8b Each committee with authority to act on behalf of the governing body? (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 (No).

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates? (No); 10b 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?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? (Yes); 11b Describe in Schedule O the process, if any, used by the organization to review this Form 990; 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 (Yes); 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? (Yes); 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done (Yes); 13 Did the organization have a written whistleblower policy? (Yes); 14 Did the organization have a written document retention and destruction policy? (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? 15a The organization's CEO, Executive Director, or top management official (Yes); 15b Other officers or key employees of the organization (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? (No); 16b 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?

Section C. Disclosure

Table with 2 columns: Question, Answer. Rows include: 17 List the States with which a copy of this Form 990 is required to be filed (WI, MN); 18 Section 6104 requires an organization to make its Form 1023 (or 1024-A 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: [X] Own website, [] Another's website, [X] Upon request, [] Other (explain in Schedule O); 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 during the tax year; 20 State the name, address, and telephone number of the person who possesses the organization's books and records: 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 or note to any line in this Part VII

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

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's **current** key employees, if any See instructions for definition of "key employee "
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 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 organization compensated any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(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) DONNA BOSSMAN DIRECTOR	1 00	X						0	0	0
(2) KATIE DRURY PAST CHAIR	1 00	X		X				0	0	0
(3) JULIE DEML DIRECTOR	1 00	X						0	0	0
(4) CHERYL DUTTON DIRECTOR	1 00	X						0	0	0
(5) ERIC ERICKSON BOARD CHAIR	1 00	X		X				0	0	0
(6) ANDREW FJERSTAD BOARD MEMBER	1 00	X						0	0	0
(7) BRAD GOETZ VICE CHAIR	1 00	X		X				0	0	0
(8) CATE HOLLOWITSCH DIRECTOR	1 00	X						0	0	0
(9) TARA JOHNSON TREASURER	1 00	X		X				0	0	0
(10) NEIL KAMROWSKI DIRECTOR	1 00	X						0	0	0
(11) MIKE KLAUKE DIRECTOR	1 00	X						0	0	0
(12) SHANNON KLUG DIRECTOR	1 00	X						0	0	0
(13) ROSE ANN LAURETO DIRECTOR	1 00	X						0	0	0
(14) ALEX LUECK DIRECTOR	1 00	X						0	0	0
(15) RANDY NELSON DIRECTOR	1 00	X						0	0	0
(16) MIKE NOMLAND DIRECTOR	1 00	X						0	0	0
(17) ROB PALMBERG 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 (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(18) MARK PLATT DIRECTOR	1 00	X						0	0	0
(19) KARI REYBURN DIRECTOR	1 00	X						0	0	0
(20) JEN ROMBALSKI DIRECTOR	1 00	X						0	0	0
(21) WENDELL SNODGRASS DIRECTOR	1 00	X						0	0	0
(22) ROGER THORNTON DIRECTOR	1 00	X						0	0	0
(23) MARGARITA VAN NULAND DIRECTOR	1 00	X						0	0	0
(24) MARY KAY WOLF EXECUTIVE DI	40 00			X				84,837	0	14,718
(25) LORIE FREDRICKSON FINANCE DIRE	25 00			X				29,779	0	2,316

1b Sub-Total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)							114,616			17,034

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

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a 12,209			
	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 2,223,395			
	g Noncash contributions included in lines 1a - 1f \$ _____				
	h Total. Add lines 1a-1f		2,235,604		

Program Service Revenue			Business Code			
	2a BETTER TOGETHER REIMBURSEMENT			82,988	82,988	
	b COMPASS NOW			27,375	27,375	
	c OTHER INCOME			3,750	3,750	
	d SERVICE FEES			1,043	1,043	
	e FEMA ADMIN FEES			920	920	
	f All other program service revenue					
	g Total. Add lines 2a-2f			116,076		

Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			4,814		4,814
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
	6a Gross rents	(i) Real	(ii) Personal			
		25,529				
	b Less rental expenses	3,775				
	c Rental income or (loss)	21,754				
	d Net rental income or (loss)			21,754		21,754
	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			2,378,248	116,076	26,568	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.				
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.	1,515,714	1,515,714		
2 Grants and other assistance to domestic individuals. See Part IV, line 22.				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16.				
4 Benefits paid to or for members.				
5 Compensation of current officers, directors, trustees, and key employees.	114,613	40,898	44,089	29,626
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.	306,675	192,992	8,253	105,430
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions).	12,497	3,603	2,999	5,895
9 Other employee benefits.	43,187	24,114	4,827	14,246
10 Payroll taxes.	33,469	18,582	4,158	10,729
11 Fees for services (non-employees):				
a Management.				
b Legal.				
c Accounting.	6,141		6,141	
d Lobbying.				
e Professional fundraising services. See Part IV, line 17.				
f Investment management fees.				
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).				
12 Advertising and promotion.				
13 Office expenses.	9,767	4,844	1,168	3,755
14 Information technology.				
15 Royalties.				
16 Occupancy.	45,816	21,440	5,770	18,606
17 Travel.	6,379	2,185	992	3,202
18 Payments of travel or entertainment expenses for any federal, state, or local public officials.				
19 Conferences, conventions, and meetings.	5,306	1,816	826	2,664
20 Interest.				
21 Payments to affiliates.	24,634	11,746	3,051	9,837
22 Depreciation, depletion, and amortization.	18,215	8,377	2,329	7,509
23 Insurance.	5,342	1,941	1,892	1,509
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O):				
a GREAT RIVERS HUB	93,863	93,863		
b SPARKS EARLY CHILDHOOD	35,050	35,050		
c CAMPAIGN EXPENSE	19,743			19,743
d BETTER TOGETHER	15,354	15,354		
e All other expenses	39,854	24,693	7,700	7,461
25 Total functional expenses. Add lines 1 through 24e.	2,351,619	2,017,212	94,195	240,212
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	26	1	26
	2 Savings and temporary cash investments	1,840,367	2	1,728,536
	3 Pledges and grants receivable, net	1,355,242	3	1,431,035
	4 Accounts receivable, net	10,339	4	10,625
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	11,158	9	17,100
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	716,606		
	b Less accumulated depreciation	302,590		
		417,037	10c	414,016
	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		15		
16 Total assets. Add lines 1 through 15 (must equal line 34)	3,634,169	16	3,601,338	
Liabilities	17 Accounts payable and accrued expenses	17,386	17	18,641
	18 Grants payable	1,506,289	18	1,446,574
	19 Deferred revenue	1,000	19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability Complete Part IV of Schedule D		21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24) Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25	1,524,675	26	1,465,215
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	1,470,050	27	1,459,847
	28 Temporarily restricted net assets	639,444	28	676,276
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	2,109,494	33	2,136,123	
34 Total liabilities and net assets/fund balances	3,634,169	34	3,601,338	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,378,248
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,351,619
3	Revenue less expenses Subtract line 2 from line 1	3	26,629
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	2,109,494
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	2,136,123

Part XII Financial Statements and Reporting

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

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

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

Additional Data

Software ID:

Software Version:

EIN: 39-0848188

Name: GREAT RIVERS UNITED WAY INC

Form 990 (2018)

Form 990, Part III, Line 4a:

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 74 LOCAL PROGRAMS AT 26 LOCAL PARTNER AGENCIES THE PROGRAMS MUST ADDRESS IDENTIFIED COMMUNITY NEEDS, TRACK PROGRAM OUTCOMES AND ACHIEVE POSITIVE RESULTS IN THE FOLLOWING IMPACT AREAS EDUCATION, FINANCIAL STABILITY, HEALTH AND COMMUNITY BASICS

Form 990, Part III, Line 4b:

GREAT RIVERS HUB - IS A SYSTEM TO BRIDGE THE GAP BETWEEN HEALTH CARE DELIVERY AND THE SOCIAL SERVICE SECTOR FOR COST SAVINGS, IMPROVED POPULATION HEALTH OUTCOMES AND INCREASED CLIENT EXPERIENCE AND ENGAGEMENT THE HUB MODEL IS FOCUSED ON RISK REDUCTION THROUGH OUTCOME-BASED PATHWAYS THERE ARE 20 IDENTIFIED PATHWAYS THAT REVOLVE AROUND HEALTHCARE AND SOCIAL DETERMINANTS OF HEALTH EACH PATHWAY HAS A DEFINED OUTCOME BASED ON CLINICAL BEST PRACTICE AND EVIDENCE BASED MODELS THE HUB UTILIZES COMMUNITY CARE COORDINATORS THROUGH CONTRACTS WITH COMMUNITY AGENCIES TO COMPLETE PATHWAYS FOR AN IDENTIFIED AT-RISK POPULATION

Form 990, Part III, Line 4c:

COMMUNITY BUILDING PROGRAM - COMMUNITY PROBLEM SOLVING EFFORTS INCLUDE, BUT NOT LIMITED TO, UNITED WAY STAFF INVOLVEMENT AND RESOURCES FOR LA CROSSE COUNTY FAMILY POLICY BOARD, LA CROSSE COUNTY PREVENTION NETWORK, LA CROSSE COUNTY HOUSING COMMISSION, LA CROSSE COLLABORATIVE TO END HOMELESSNESS, REBUILDING FOR LEARNING COMMUNITY RETREAT, HEALTH SCIENCE CONSORTIUM - POPULATION HEALTH COMMITTEE, ALLIANCE TO HEAL, LA CROSSE MENTAL HEALTH COALITION, MONROE COUNTY MENTAL HEALTH COALITION, MONROE COUNTY WORKFORCE ALLIANCE, MONROE COUNTY SAFE COMMUNITY COALITION, LA CROSSE AREA FAMILY COLLABORATIVE, BETTER TOGETHER, RESILIENCE TRAUMA INFORMED CARE FRAMEWORK, LA CROSSE COUNTY DENTAL PAIN PROTOCOL INITIATIVE, 2-1-1 ADVISORY COMMITTEE, CREATING A HEALTHIER MULTICULTURAL COMMUNITY PROJECT, 2020 WAKING UP WHITE REGIONAL LEARNING COLLABORATIVE, SCHOOL DISTRICT OF ONALASKA EQUITY COMMITTEE AND LA CROSSE COUNTY VOLUNTEERS ACTIVE IN DISASTER (VOAD) BORN LEARNING TRAILS ARE AN OUTDOOR LITERACY TOOL FOR PRE-SCHOOL AGE CHILDREN AND THEIR CARE GIVER THIS PROGRAM CONSISTS OF COORDINATING THE INSTALLATION AND MAINTENANCE OF THE TRAILS CURRENTLY IN SPARTA, ONALASKA, LA CROSSE AND TOMAH READ TO SUCCESS IS A ONE-ON-ONE TUTORING PROGRAM FOR 3RD GRADERS THAT AIMS TO PUT KIDS ON A ROAD TO SUCCESS PARTICIPATING SCHOOLS INCLUDE SPARTA, TOMAH AND LA CROSSE SCHOOL DISTRICTS GREAT RIVERS UNITED WAY FACILITATES THE SPARKS EARLY CHILDHOOD COLLABORATIVE GOALS AND STRATEGIES WERE PUT IN PLACE TO ENSURE THAT LA CROSSE COUNTY FAMILIES AND CHILDREN ARE LEARNING AND THRIVING NOW, AND INTO THE FUTURE BY WORKING TOGETHER, MEASURING SHARED OUTCOMES, AND STRIVING FOR RESILIENT FAMILIES AND CHILDREN, LA CROSSE COUNTY CAN PROVIDE CHILDREN THE BEST CHANCE AT BEING SUCCESSFUL THROUGHOUT THEIR LIVES SPARKS MATERIALS AND EVENTS ENCOURAGE CAREGIVERS (AND ALL COMMUNITY MEMBERS) TO INTERACT WITH CHILDREN EVERYWHERE THEY GO, TRUE TO THE SPARKS TAGLINE EVERY MOMENT IS A LEARNING MOMENT UNITED WAY PUBLISHED THE COMPASS NOW HEALTH AND HUMAN SERVICES ASSET AND NEEDS ASSESSMENT WITH THE SUPPORT OF LOCAL PARTNERS IN 2018 VIEW THE REPORT AT COMPASSNOW.ORG 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 A SIX COUNTY AREA (HOUSTON (MN), BUFFALO, LA CROSSE, MONROE, TREMPLEAU AND VERNON (WI)) THE COMPASS REPORT PROVIDES VALUABLE INFORMATION AND PRESENTS THE RESULTS OF DATA COLLECTED THROUGH A COMMUNITY SURVEY, FOCUS GROUPS, AN EXTENSIVE REVIEW OF SOCIO-ECONOMIC INDICATORS, AND AN INVENTORY OF COMMUNITY RESOURCES THE PURPOSE OF THE COMPASS REPORT IS TO SERVE AS A REFERENCE TOOL AND FOUNDATION FOR ACTION PLANS THAT SOLVE PROBLEMS LONG TERM

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
 Attach to Form 990 or Form 990-EZ.
 Go to www.irs.gov/Form990 for the latest information.

2018

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

The organization is not a private foundation because it is (For lines 1 through 12, check only one box)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ))
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II)
- 8 A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)
- 9 An agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture See instructions Enter the name, city, and state of the college or university _____
- 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)
- 11 An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization
 - f Enter the number of supported organizations _____
 - g Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

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

(Complete only if you checked the box on line 5, 7, 8, or 9 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

	Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant.")	2,008,681	2,053,357	2,040,605	2,534,690	2,235,604	10,872,937
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3	2,008,681	2,053,357	2,040,605	2,534,690	2,235,604	10,872,937
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)						2,927,900
6	Public support. Subtract line 5 from line 4						7,945,037

Section B. Total Support

	Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7	Amounts from line 4	2,008,681	2,053,357	2,040,605	2,534,690	2,235,604	10,872,937
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	33,801	33,794	34,169	31,135	30,343	163,242
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						11,036,179
12	Gross receipts from related activities, etc. (see instructions)					12	275,291

13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

14	Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f))	14	71.990 %
15	Public support percentage for 2017 Schedule A, Part II, line 14	15	71.460 %

16a 33 1/3% support test—2018. 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—2017. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

17a 10%-facts-and-circumstances test—2018. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

b 10%-facts-and-circumstances test—2017. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

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

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►		(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ►

Section C. Computation of Public Support Percentage

15	Public support percentage for 2018 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2017 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for 2018 (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from 2017 Schedule A, Part III, line 17	18	

19a 33 1/3% support tests—2018. 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—2017. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ►

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ►

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.		
	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).		
	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.		
	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.		
	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.		
	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.		
	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.		
	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.		
	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).		
	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
	5b		
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?		
	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .		
	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .		
	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .		
	9b		
c	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .		
	9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.		
	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)		
	10b		

Part IV Supporting Organizations (continued)

		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		
a	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
b	A family member of a person described in (a) above?		
c	A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI</i>		

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		

Section D. All Type III Supporting Organizations

		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

Section E. Type III Functionally-Integrated Supporting Organizations

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

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

- Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1	
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI)		
2	Acquisition indebtedness applicable to non-exempt use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	
Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)		

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI) See instructions	
7 Total annual distributions. Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
9 Distributable amount for 2018 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1 Distributable amount for 2018 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2018 (reasonable cause required-- explain in Part VI) See instructions			
3 Excess distributions carryover, if any, to 2018			
a From 2013.			
b From 2014.			
c From 2015.			
d From 2016.			
e From 2017.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2018 distributable amount			
i Carryover from 2013 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2018 from Section D, line 7			
\$			
a Applied to underdistributions of prior years			
b Applied to 2018 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2018, if any Subtract lines 3g and 4a from line 2 If the amount is greater than zero, explain in Part VI See instructions			
6 Remaining underdistributions for 2018 Subtract lines 3h and 4b from line 1 If the amount is greater than zero, explain in Part VI See instructions			
7 Excess distributions carryover to 2019. Add lines 3j and 4c			
8 Breakdown of line 7			
a Excess from 2014.			
b Excess from 2015.			
c Excess from 2016.			
d Excess from 2017.			
e Excess from 2018.			

Additional Data

Software ID:

Software Version:

EIN: 39-0848188

Name: GREAT RIVERS UNITED WAY INC

Part VI **Supplemental Information.** Provide the explanations required by Part II, line 10, Part II, line 17a or 17b, Part III, line 12, Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c, Part IV, Section B, lines 1 and 2, Part IV, Section C, line 1, Part IV, Section D, lines 2 and 3, Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b, Part V, line 1, Part V, Section B, line 1e, Part V Section D, lines 5, 6, and 8, and Part V, Section E, lines 2, 5, and 6 Also complete this part for any additional information (See instructions)

Facts And Circumstances Test

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements
▶ Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047
2018
Open to Public Inspection

Name of the organization
GREAT RIVERS UNITED WAY INC

Employer identification number
39-0848188

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

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

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

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

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

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

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

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

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

	Held at the End of the Year	
a Total number of conservation easements	2a	
b Total acreage restricted by conservation easements	2b	
c Number of conservation easements on a certified historic structure included in (a)	2c	
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d	

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

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

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

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

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

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

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

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.
Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items

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

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

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

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

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

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

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

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

Part IV Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b** If "Yes," explain the arrangement in Part XIII and complete the following table
- | | Amount |
|--|--------|
| c Beginning balance | |
| d Additions during the year | |
| e Distributions during the year | |
| f Ending balance | |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? . . . Yes No
- b** If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII

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

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

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as
- a** Board designated or quasi-endowment ▶
 - b** Permanent endowment ▶
 - c** Temporarily restricted endowment ▶
- The percentages on lines 2a, 2b, and 2c should equal 100%
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by
- | | | |
|--|-----|----|
| (i) unrelated organizations | Yes | No |
| (ii) related organizations | | |
| b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? | | |
- 4** Describe in Part XIII the intended uses of the organization's endowment funds

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		172,200		172,200
b Buildings		457,182	232,835	224,347
c Leasehold improvements				
d Equipment		87,224	69,755	17,469
e Other				
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) . . . ▶				414,016

Part VII Investments—Other Securities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other _____		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)		

Part VIII Investments—Program Related. Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)		

Part IX Other Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 15)	

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

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

2. Liability for uncertain tax positions In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII

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

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements		1	2,343,525
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12			
a	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII)	2d		
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	2,343,525
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII)	4b	34,723	
c	Add lines 4a and 4b		4c	34,723
5	Total revenue Add lines 3 and 4c . (This must equal Form 990, Part I, line 12)		5	2,378,248

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements		1	2,316,896
2	Amounts included on line 1 but not on Form 990, Part IX, line 25			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII)	2d	-34,723	
e	Add lines 2a through 2d		2e	-34,723
3	Subtract line 2e from line 1		3	2,351,619
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII)	4b		
c	Add lines 4a and 4b		4c	
5	Total expenses Add lines 3 and 4c . (This must equal Form 990, Part I, line 18)		5	2,351,619

Part XIII Supplemental Information

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

Return Reference	Explanation
See Additional Data Table	

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

Software ID:

Software Version:

EIN: 39-0848188

Name: GREAT RIVERS UNITED WAY INC

Supplemental Information

Return Reference	Explanation
SCHEDULE D, PAGE 3, PART X	THE ORGANIZATION IS EXEMPT FROM FEDERAL INCOME TAX UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE. IN ADDITION, THE ORGANIZATION HAS BEEN CLASSIFIED AS AN ORGANIZATION THAT IS NOT A PRIVATE FOUNDATION UNDER SECTION 509(A)(2). IN ACCORDANCE WITH PROFESSIONAL STANDARDS, THE ORGANIZATION FOLLOWS THE STATUTORY REQUIREMENTS FOR THEIR INCOME TAX ACCOUNTING AND GENERALLY AVOIDS RISKS ASSOCIATED WITH POTENTIALLY PROBLEMATIC TAX POSITIONS THAT MAY BE CHALLENGED UPON EXAMINATION. MANAGEMENT BELIEVES ANY LIABILITY RESULTING FROM TAXING AUTHORITIES IMPOSING ADDITIONAL INCOME TAXES FROM ACTIVITIES DEEMED TO BE UNRELATED TO THE ORGANIZATION'S TAX-EXEMPT STATUS WOULD NOT HAVE A MATERIAL EFFECT ON THE ACCOMPANYING FINANCIAL STATEMENTS.

Supplemental Information

Return Reference	Explanation
SCHEDULE D, PAGE 4, PART XI, LINE 4B	RENTAL EXPENSES -3,775 BAD DEBT RECOVERIES 28,069 DONOR AGENCY DESIGNATIONS 10,429

Supplemental Information

Return Reference	Explanation
SCHEDULE D, PAGE 4, PART XII, LINE 2D	RENTAL EXPENSES 3,775 BAD DEBT RECOVERIES -28,069 DONOR AGENCY DESIGNATIONS -10,429

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

Schedule I (Form 990)

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

OMB No 1545-0047

2018

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Attach to Form 990.

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

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

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000 Part II can be duplicated if additional space is needed

Table with 8 columns: (a) Name and address of organization or government, (b) EIN, (c) IRC section (if applicable), (d) Amount of cash grant, (e) Amount of non-cash assistance, (f) Method of valuation (book, FMV, appraisal, other), (g) Description of noncash assistance, (h) Purpose of grant or assistance. Rows 1-12.

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

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22

Part III can be duplicated if additional space is needed

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

Return Reference	Explanation
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

Additional Data

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

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AMERICAN RED CROSS OF SOUTHWEST WI 2927 LOSEY BLVD SOUTH LA CROSSE, WI 54601	53-0196605	3	56,430				A RESTRICTED GRANT M
BIG BROTHERS BIG SISTERS OF THE SEV 313 4TH STREET LA CROSSE, WI 54601	39-1762460	3	55,564				A RESTRICTED GRANT M

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BLUFF COUNTRY FAMILY RESOURCES PO BOX 294 HOKAH, MN 55941	41-1502808	3	27,155				A RESTRICTED GRANT M
BOY SCOUTS OF AMERICA - GATEWAY ARE 2600 QUARRY ROAD LA CROSSE, WI 54601	39-0806175	3	39,422				A RESTRICTED GRANT M

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BOYS & GIRLS CLUB OF SPARTA 1000 EAST MONTGOMERY SPARTA, WI 54656	39-1798177	3	26,992				A RESTRICTED GRANT M
BOYS & GIRLS CLUB OF GREATER LA CR 1331 CLINTON STREET LA CROSSE, WI 54601	39-6084791	3	129,859				A RESTRICTED GRANT M

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BOYS & GIRLS CLUBS OF WEST CENTRAL 105 WEST MILWAUKEE ST TOMAH, WI 54660	39-1962065	3	52,238				A RESTRICTED GRANT M
COULEE COUNCIL ON ADDICTIONS 933 FERRY STREET LA CROSSE, WI 54601	39-1129125	3	47,047				A RESTRICTED GRANT M

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COULEE REGION YWCA 3219 COMMERCE STREET LA CROSSE, WI 54603	39-0810543	3	82,124				A RESTRICTED GRANT M
COULEECAP INC 201 MELBY STREET SUITE A WESTBY, WI 54667	39-1077614	3	93,033				A RESTRICTED GRANT M

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ESSENTIAL HEALTH CLINIC 1201 CALEDONIA STREET LA CROSSE, WI 54603	39-1166634	3	60,940				A RESTRICTED GRANT M
FAMILIES FIRST OF MONROE COUNTY 1118 WEST VETERANS STREET TOMAH, WI 54660	39-1862568	3	43,313				A RESTRICTED GRANT M

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FAMILY & CHILDREN'S CENTER 1707 MAIN STREET LA CROSSE, WI 54601	39-0821863	3	186,330				A RESTRICTED GRANT M
FAMILY SERVICE ASSOCIATION (CREDIT 505 KING STREET SUITE 212 LA CROSSE, WI 54601	39-0808501	3	9,300				A RESTRICTED GRANT M

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GIRL SCOUTS OF WI - BADGERLAND COUN 2710 SKI LANE MADISON, WI 53713	39-0806331	3	39,561				A RESTRICTED GRANT M
GREAT RIVERS 2-1-1 PO BOX 426 ONALASKA, WI 546500426	39-1606449	3	71,965				A RESTRICTED GRANT M

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HUNGER TASK FORCE OF LA CROSSE 1240 CLINTON STREET LA CROSSE, WI 54603	39-1947827	3	28,501				A RESTRICTED GRANT M
INDEPENDENT LIVING RESOURCES 4439 MORMON COULEE RD LA CROSSE, WI 54601	39-1762026	3	63,108				A RESTRICTED GRANT M

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LA CRESCENT AREA HEALTHY COMMUNITY 703 SOUTH 11TH STREET LA CRESCENT, MN 55947	20-2665775	3	18,513				A RESTRICTED GRANT M
MOBILE MEALS OF LA CROSSE 2600 QUARRY ROAD LA CROSSE, WI 54601	39-1187523	3	10,074				A RESTRICTED GRANT M

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NEW HORIZONS SHELTER PO BOX 2031 LA CROSSE, WI 546022031	39-1737699	3	104,911				A RESTRICTED GRANT M
PARENTING PLACE 1500 GREEN BAY STREET LA CROSSE, WI 54601	39-1676842	3	34,502				A RESTRICTED GRANT M

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SALVATION ARMY 223 NORTH 8TH STREET LA CROSSE, WI 54601	36-2167910	3	112,192				A RESTRICTED GRANT M
SCENIC BLUFF HEALTH CENTER 238 FRONT STREET CASHTON, WI 54619	39-1760445	3	26,730				A RESTRICTED GRANT M

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WAFER 403 CAUSEWAY BLVD LA CROSSE, WI 54603	39-1552632	3	72,811				A RESTRICTED GRANT M
WESTERN DAIRYLAND ECONOMIC OPPOR 23122 WHITEHALL ROAD INDEPENDENCE, WI 54747	39-1076993	3	14,850				A RESTRICTED GRANT M

SCHEDULE O
(Form 990 or 990-EZ)**Supplemental Information to Form 990 or 990-EZ**

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No 1545-0047

2018**Open to Public Inspection**

Department of the Treasury

Name of the organization
GREAT RIVERS UNITED WAY INC

Employer identification number

39-0848188

990 Schedule O, Supplemental Information

Return Reference	Explanation
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

990 Schedule O, Supplemental Information

Return Reference	Explanation
<p>FORM 990, PAGE 2, PART III, LINE 4C</p>	<p>COMMUNITY BUILDING PROGRAM - COMMUNITY PROBLEM SOLVING EFFORTS INCLUDE, BUT NOT LIMITED TO , UNITED WAY STAFF INVOLVEMENT AND RESOURCES FOR LA CROSSE COUNTY FAMILY POLICY BOARD, LA CROSSE COUNTY PREVENTION NETWORK, LA CROSSE COUNTY HOUSING COMMISSION, LA CROSSE COLLABORATIVE TO END HOMELESSNESS, REBUILDING FOR LEARNING COMMUNITY RETREAT, HEALTH SCIENCE CONSORTIUM - POPULATION HEALTH COMMITTEE, ALLIANCE TO HEAL, LA CROSSE MENTAL HEALTH COALITION, MONROE COUNTY MENTAL HEALTH COALITION, MONROE COUNTY WORKFORCE ALLIANCE, MONROE COUNTY SAFE COMMUNITY COALITION, LA CROSSE AREA FAMILY COLLABORATIVE, BETTER TOGETHER, RESILIENCE TRAUMA INFORMED CARE FRAMEWORK, LA CROSSE COUNTY DENTAL PAIN PROTOCOL INITIATIVE, 2-1-1 ADVISORY COMMITTEE, CREATING A HEALTHIER MULTICULTURAL COMMUNITY PROJECT, 2020 WAKING UP WHITE REGIONAL LEARNING COLLABORATIVE, SCHOOL DISTRICT OF ONALASKA EQUITY COMMITTEE AND LA CROSSE COUNTY VOLUNTEERS ACTIVE IN DISASTER (VOAD) BORN LEARNING TRAILS ARE AN OUTDOOR LITERACY TOOL FOR PRE-SCHOOL AGE CHILDREN AND THEIR CARE GIVER THIS PROGRAM CONSISTS OF COORDINATING THE INSTALLATION AND MAINTENANCE OF THE TRAILS CURRENTLY IN SPARTA, ONALASKA, LA CROSSE AND TOMAH READ TO SUCCESS IS A ONE-ON-ONE TUTORING PROGRAM FOR 3RD GRADERS THAT AIMS TO PUT KIDS ON A ROAD TO SUCCESS PARTICIPATING SCHOOLS INCLUDE SPARTA, TOMAH AND LA CROSSE SCHOOL DISTRICTS GREAT RIVERS UNITED WAY FACILITATES THE SPARKS EARLY CHILDHOOD COLLABORATIVE GOALS AND STRATEGIES WERE PUT IN PLACE TO ENSURE THAT LA CROSSE COUNTY FAMILIES AND CHILDREN ARE LEARNING AND THRIVING NOW, AND INTO THE FUTURE BY WORKING TOGETHER, MEASURING SHARED OUTCOMES, AND STRIVING FOR RESILIENT FAMILIES AND CHILDREN. LA CROSSE COUNTY CAN PROVIDE CHILDREN THE BEST CHANCE AT BEING SUCCESSFUL THROUGHOUT THEIR LIVES SPARKS MATERIALS AND EVENTS ENCOURAGE CAREGIVERS (AND ALL COMMUNITY MEMBERS) TO INTERACT WITH CHILDREN EVERYWHERE THEY GO, TRUE TO THE SPARKS TAGLINE EVERY MOMENT IS A LEARNING MOMENT UNITED WAY PUBLISHED THE COMPASS NOW HEALTH AND HUMAN SERVICES ASSET AND NEEDS ASSESSMENT WITH THE SUPPORT OF LOCAL PARTNERS IN 2018 VIEW THE REPORT AT COMPASSNOW.ORG 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 A SIX COUNTY AREA (HOUSTON (MN), BUFFALO, LA CROSSE, MONROE, TREMPLEALEU AND VERNON (WI)) THE COMPASS REPORT PROVIDES VALUABLE INFORMATION AND PRESENTS THE RESULTS OF DATA COLLECTED THROUGH A COMMUNITY SURVEY, FOCUS GROUPS, AN EXTENSIVE REVIEW OF SOCIO-ECONOMIC INDICATORS, AND AN INVENTORY OF COMMUNITY RESOURCES THE PURPOSE OF THE COMPASS REPORT IS TO SERVE AS A REFERENCE TOOL AND FOUNDATION FOR ACTION PLANS THAT SOLVE PROBLEMS LONG TERM</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 2, PART III, LINE 4D	<p>BETTER TOGETHER IN LA CROSSE COUNTY - IS AN 8-YEAR PROJECT FUNDED BY THE HEALTHIER WISCONSIN PARTNERSHIP PROJECT OF THE ADVANCING A HEALTHIER WISCONSIN ENDOWMENT AT THE MEDICAL COLLEGE OF WISCONSIN LA CROSSE COUNTY IS ONE OF 10 COMMUNITIES IN THE STATE OF WISCONSIN WHO RECEIVED FUNDING TO WORK ON IMPROVING BEHAVIORAL HEALTH AMONG ITS YOUTH THE BETTER TOGETHER PROJECT SEEKS TO REDUCE THE NUMBER OF YOUTH, AGES 12-18, WHO ARE AT RISK FOR DEPRESSION TO ACHIEVE THIS GOAL, THEY HAVE IDENTIFIED FOUR STRATEGIES WHICH CAN BE FOUND AT WWW BETTERTOGETHERLACROSSE.ORG</p> <p>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</p> <p>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 INTERVENTION SERVICES, LETTER CARRIERS FOOD DRIVE, AND HOLIDAY FOOD PROGRAMS</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 2	KLAUKE INVESTMENTS & INS SERVICES MIKE KLAUKE FIN ADVISOR BOARD MEMBER BUSINESS OWNER & BOARD MEMBER

990 Schedule O, Supplemental Information

Return Reference	Explanation
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

990 Schedule O, Supplemental Information

Return Reference	Explanation
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 EXECUTIVE DIRECTOR AND BOARD CHAIR ARE FAMILIAR WITH ALL DISCLOSED CONFLICTS AND MONITOR THEM DURING MEETINGS

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 15A	EXECUTIVE DIRECTOR 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 VOTED ON BY THE ENTIRE BOARD OF DIRECTORS BOARD MEMBERS THAT VOTE ARE WITHOUT CONFLICT AND THE DECISIONS ARE DOCUMENTED

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 15B	OTHER EMPLOYEES WAGES ARE REVIEWED ANNUALLY BY THE EXECUTIVE DIRECTOR A PERCENTAGE OF INCREASE IS DETERMINED AND INCLUDED IN THE BUDGET WHICH IS APPROVED BY THE ENTIRE BOARD OF DIRECTORS BOARD MEMBERS THAT VOTE ARE WITHOUT CONFLICT AND THE DECISIONS ARE DOCUMENTED

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 19	AUDITED FINANCIAL STATEMENTS AND THE ORGANIZATIONS ANNUAL REPORT ARE POSTED ON THE WEBSITE ALL OTHER DOCUMENTS ARE AVAILABLE UPON REQUEST

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XI, LINE 9	RENTAL EXPENSES 3,775 BAD DEBT RECOVERIES -28,069 DONOR AGENCY DESIGNATIONS -10,429 RENTAL EXPENSES -3,775 BAD DEBT RECOVERIES 28,069 DONOR AGENCY DESIGNATIONS 10,429