

**SCHEDULE A**  
(Form 990 or 990-EZ)

**Public Charity Status and Public Support**

OMB No. 1545-0047

**2010**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

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

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

Name of the organization <b>GREAT RIVERS UNITED WAY INC</b>	Employer identification number <b>39-0848188</b>
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**Part I Reason for Public Charity Status** (All organizations must complete this part.) See instructions.

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

- 1  A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
- 2  A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.)
- 3  A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
- 4  A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: \_\_\_\_\_
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)
- 6  A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 8  A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 9  An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)
- 10  An organization organized and operated exclusively to test for public safety. See section 509(a)(4).
- 11  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h.
  - a  Type I      b  Type II      c  Type III - Functionally integrated      d  Type III - Other
- e  By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
 

	Yes	No
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? .....	11g(i)	
(ii) A family member of a person described in (i) above? .....	11g(ii)	
(iii) A 35% controlled entity of a person described in (i) or (ii) above? .....	11g(iii)	
- h Provide the following information about the supported organization(s).

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

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	1945125.	1898177.	1780473.	1796845.	2084190.	9504810.
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 <b>Total.</b> Add lines 1 through 3 .....	1945125.	1898177.	1780473.	1796845.	2084190.	9504810.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) .....						444,729.
6 <b>Public support.</b> Subtract line 5 from line 4.						9060081.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7 Amounts from line 4 .....	1945125.	1898177.	1780473.	1796845.	2084190.	9504810.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources ...	80,066.	76,683.	57,536.	42,643.	40,171.	297,099.
9 Net income from unrelated business activities, whether or not the business is regularly carried on ...						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) .....						
11 <b>Total support.</b> Add lines 7 through 10						9801909.
12 Gross receipts from related activities, etc. (see instructions) .....					12	54,247.

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

**Section C. Computation of Public Support Percentage**

14 Public support percentage for 2010 (line 6, column (f) divided by line 11, column (f)) .....	14	92.43 %
15 Public support percentage from 2009 Schedule A, Part II, line 14 .....	15	93.02 %

16a **33 1/3% support test - 2010.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶

b **33 1/3% support test - 2009.** If the organization did not check 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 - 2010.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶

b **10% -facts-and-circumstances test - 2009.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶

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

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose .....						
3 Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
5 The value of services or facilities furnished by a governmental unit to the organization without charge .....						
6 Total. Add lines 1 through 5 .....						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons .....						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year .....						
c Add lines 7a and 7b .....						
8 Public support (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9 Amounts from line 6 .....						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .....						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
c Add lines 10a and 10b .....						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on .....						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) .....						
13 Total support (Add lines 9, 10c, 11, and 12.)						

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

**Section C. Computation of Public Support Percentage**

15 Public support percentage for 2010 (line 8, column (f) divided by line 13, column (f)) .....	15	%
16 Public support percentage from 2009 Schedule A, Part III, line 15 .....	16	%

**Section D. Computation of Investment Income Percentage**

17 Investment income percentage for 2010 (line 10c, column (f) divided by line 13, column (f)) .....	17	%
18 Investment income percentage from 2009 Schedule A, Part III, line 17 .....	18	%

19a 33 1/3% support tests - 2010. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2009. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

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

# Schedule of Contributors

▶ Attach to Form 990, 990-EZ, or 990-PF.

OMB No. 1545-0047

# 2010

Name of the organization <b>GREAT RIVERS UNITED WAY INC</b>	Employer identification number <b>39-0848188</b>
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Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

### General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

### Special Rules

For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, aggregate contributions of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year. ..... ▶ \$ \_\_\_\_\_

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

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2010)

**SCHEDULE D**  
(Form 990)

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

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

OMB No. 1545-0047

**2010**

Open to Public Inspection

Name of the organization

**GREAT RIVERS UNITED WAY INC**

Employer identification number

**39-0848188**

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year .....		
2 Aggregate contributions to (during year) .....		
3 Aggregate grants from (during year) .....		
4 Aggregate value at end of year .....		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> 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? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No

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

- 1 Purpose(s) of conservation easements held by the organization (check all that apply).
- 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 Tax Year |
|--|---------------------------------|
| a Total number of conservation easements .....   | 2a                              |
| b Total acreage restricted by conservation easements .....   | 2b                              |
| c Number of conservation easements on a certified historic structure included in (a) .....   | 2c                              |
| d Number of conservation easements included in (c) acquired after 8/17/06, 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, and enforcing conservation easements during the year ▶ \_\_\_\_\_
- 7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ \_\_\_\_\_
- 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? .....
- Yes       No
- 9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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

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

- 1a If the organization elected, as permitted under SFAS 116 (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 XIV, 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) Revenues included in Form 990, Part VIII, line 1 .....
- ▶ \$ \_\_\_\_\_
- (ii) Assets included in Form 990, Part X .....
- ▶ \$ \_\_\_\_\_
- 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:
- a Revenues included in Form 990, Part VIII, line 1 .....
- ▶ \$ \_\_\_\_\_
- b Assets included in Form 990, Part X .....
- ▶ \$ \_\_\_\_\_

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

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

- a  Public exhibition
- b  Scholarly research
- c  Preservation for future generations
- d  Loan or exchange programs
- e  Other \_\_\_\_\_

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

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

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

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

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

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

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

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

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

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

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

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

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

	Yes	No
(i) unrelated organizations	3a(i)	
(ii) related organizations	3a(ii)	
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b	

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

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

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land	172,200.			172,200.
b Buildings	405,967.		123,554.	282,413.
c Leasehold improvements				
d Equipment	56,780.		41,704.	15,076.
e Other				
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				<b>469,689.</b>

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

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

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

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
<b>Total.</b> (Col (b) must equal Form 990, Part X, col (B) line 13.) ▶		

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

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 15.) ▶	

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

1. (a) Description of liability	(b) Amount
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 25.) ▶	

2. FIN 48 (ASC 740) Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740).

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

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

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

1	Total revenue, gains, and other support per audited financial statements	1	2,064,963.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV.)	2d	
e	Add lines 2a through 2d	2e	0.
3	Subtract line 2e from line 1	3	2,064,963.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV.)	4b	63,695.
c	Add lines 4a and 4b	4c	63,695.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	2,128,658.

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

1	Total expenses and losses per audited financial statements	1	2,057,426.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV.)	2d	
e	Add lines 2a through 2d	2e	0.
3	Subtract line 2e from line 1	3	2,057,426.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV.)	4b	63,695.
c	Add lines 4a and 4b	4c	63,695.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	2,121,121.

**Part XIV Supplemental Information**

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

**PART X, LINE 2: NO UNCERTAIN TAX POSITIONS UNDER FIN 48 ARE NOTED AT**

12/31/10.

**PART XII, LINE 4B - OTHER ADJUSTMENTS:**

BAD DEBT RECOVERIES	22,184.
DONOR DESIGNATIONS	41,511.
TOTAL TO SCHEDULE D, PART XII, LINE 4B	63,695.



**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

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

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

OMB No. 1545-0047

**2010**

Open to Public  
Inspection

Name of the organization

**GREAT RIVERS UNITED WAY INC**

Employer identification number  
**39-0848188**

**Part I General Information on Grants and Assistance**

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  Yes  No

Yes  No

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

**Part II Grants and Other Assistance to Governments and Organizations in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II can be duplicated if additional space is needed. ▶

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AMERICAN RED CROSS - SCENIC BLUFFS CHAPTER - 2927 LOSEY BLVD. SOUTH - LA CROSSE, WI 54601	53-0196605	501(C)(3)	53,710.	0.			A RESTRICTED GRANT MADE TO AN AGENCY IN SUPPORT OF THE COSTS ASSOCIATED WITH A SPECIFIC
BIG BROTHERS BIG SISTERS OF THE SEVEN RIVERS REGION - 1707 MAIN STREET, SUITE 438 - LA CROSSE, WI 54601	39-1762460	501(C)(3)	53,421.	0.			A RESTRICTED GRANT MADE TO AN AGENCY IN SUPPORT OF THE COSTS ASSOCIATED WITH A SPECIFIC
BOY SCOUTS OF AMERICA - GATEWAY AREA COUNCIL - 2600 QUARRY ROAD - LA CROSSE, WI 54601	39-0806175	501(C)(3)	53,497.	0.			A RESTRICTED GRANT MADE TO AN AGENCY IN SUPPORT OF THE COSTS ASSOCIATED WITH A SPECIFIC
BOYS & GIRLS CLUBS OF GREATER LA CROSSE - P.O. BOX 91 - LA CROSSE, WI 54602-0091	39-6084791	501(C)(3)	109,715.	0.			A RESTRICTED GRANT MADE TO AN AGENCY IN SUPPORT OF THE COSTS ASSOCIATED WITH A SPECIFIC
BOYS & GIRLS CLUBS OF WEST CENTRAL WI - 105 WEST MILWAUKEE ST. - TOMAH, WI 54660	39-1962065	501(C)(3)	40,425.	0.			A RESTRICTED GRANT MADE TO AN AGENCY IN SUPPORT OF THE COSTS ASSOCIATED WITH A SPECIFIC
BOYS & GIRLS CLUB OF SPARTA 1000 EAST MONTGOMERY SPARTA, WI 54656	39-2798177	501(C)(3)	14,999.	0.			A RESTRICTED GRANT MADE TO AN AGENCY IN SUPPORT OF THE COSTS ASSOCIATED WITH A SPECIFIC

3 Enter total number of section 501(c)(3) and government organizations **35.**

2 Enter total number of other organizations **0.**

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

Schedule I (Form 990) (2010)

**SEE PART IV FOR COLUMN (H) DESCRIPTIONS**

**GREAT RIVERS UNITED WAY INC**

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COULEE CHILDREN'S CENTER 2935 EAST AVE. SOUTH LA CROSSE, WI 54601	39-1054503	501(C)(3)	47,736.	0.			A RESTRICTED GRANT MADE TO AN AGENCY IN SUPPORT OF THE COSTS ASSOCIATED WITH A SPECIFIC
COULEE COUNCIL ON ADDICTIONS 921 WEST AVE. SOUTH LA CROSSE, WI 54601	39-1129125	501(C)(3)	49,789.	0.			A RESTRICTED GRANT MADE TO AN AGENCY IN SUPPORT OF THE COSTS ASSOCIATED WITH A SPECIFIC
COULECAP, INC. 201 MELBY STREET, SUITE A WESTBY, WI 54667	39-1077614	501(C)(3)	50,158.	0.			A RESTRICTED GRANT MADE TO AN AGENCY IN SUPPORT OF THE COSTS ASSOCIATED WITH A SPECIFIC
COULEE REGION YMCA 3219 COMMERCE STREET LA CROSSE, WI 54603	39-0810543	501(C)(3)	70,135.	0.			A RESTRICTED GRANT MADE TO AN AGENCY IN SUPPORT OF THE COSTS ASSOCIATED WITH A SPECIFIC
FAMILY SERVICE ASSOCIATION (CREDIT COUNSELING) - 311 MAIN STREET, SUITE A - LA CROSSE, WI 54601	39-0808501	501(C)(3)	14,955.	0.			A RESTRICTED GRANT MADE TO AN AGENCY IN SUPPORT OF THE COSTS ASSOCIATED WITH A SPECIFIC
DOMESTIC VIOLENCE INTERVENTION PROJECT - 205 5TH AVE. SOUTH, SUITE 325 - LA CROSSE, WI 54601	39-1588578	501(C)(3)	9,234.	0.			A RESTRICTED GRANT MADE TO AN AGENCY IN SUPPORT OF THE COSTS ASSOCIATED WITH A SPECIFIC
FAMILY & CHILDREN'S CENTER 1707 MAIN STREET LA CROSSE, WI 54601	39-0821863	501(C)(3)	149,530.	0.			A RESTRICTED GRANT MADE TO AN AGENCY IN SUPPORT OF THE COSTS ASSOCIATED WITH A SPECIFIC
FAMILY RESOURCES 1500 GREEN BAY STREET LA CROSSE, WI 54601	39-1676842	501(C)(3)	30,756.	0.			A RESTRICTED GRANT MADE TO AN AGENCY IN SUPPORT OF THE COSTS ASSOCIATED WITH A SPECIFIC
LA CROSSE AREA FAMILY YMCA 1140 MAIN STREET LA CROSSE, WI 54601	39-0806172	501(C)(3)	15,738.	0.			A RESTRICTED GRANT MADE TO AN AGENCY IN SUPPORT OF THE COSTS ASSOCIATED WITH A SPECIFIC

Schedule I (Form 990)

**GREAT RIVERS UNITED WAY INC**

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GREAT RIVERS 2-1-1 P.O. BOX 426 ONALASKA, WI 54650-0426	39-1606449	501(C)(3)	43,485.	0.			A RESTRICTED GRANT MADE TO AN AGENCY IN SUPPORT OF THE COSTS ASSOCIATED WITH A SPECIFIC
GIRL SCOUTS OF WI - BADGERLAND COUNCIL - 2710 SKI LANE - MADISON, WI 53713	39-0806331	501(C)(3)	67,879.	0.			A RESTRICTED GRANT MADE TO AN AGENCY IN SUPPORT OF THE COSTS ASSOCIATED WITH A SPECIFIC
HOUSTON COUNTY WOMEN'S RESOURCES P.O. BOX 294 HOKAH, MN 55941	41-1502808	501(C)(3)	27,160.	0.			A RESTRICTED GRANT MADE TO AN AGENCY IN SUPPORT OF THE COSTS ASSOCIATED WITH A SPECIFIC
HUNGER TASK FORCE OF LA CROSSE 403 CAUSEWAY BLVD. LA CROSSE, WI 54603	39-1947827	501(C)(3)	19,938.	0.			A RESTRICTED GRANT MADE TO AN AGENCY IN SUPPORT OF THE COSTS ASSOCIATED WITH A SPECIFIC
INDEPENDENT LIVING RESOURCES 4439 MORMON COULEE RD LA CROSSE, WI 54601	39-1762026	501(C)(3)	40,245.	0.			A RESTRICTED GRANT MADE TO AN AGENCY IN SUPPORT OF THE COSTS ASSOCIATED WITH A SPECIFIC
LA CRESCENT AREA HEALTHY COMMUNITY PARTNERSHIP - 109 S. WALNUT, SUITE B - LA CRESCENT, MN 55947	20-2665775	501(C)(3)	10,000.	0.			A RESTRICTED GRANT MADE TO AN AGENCY IN SUPPORT OF THE COSTS ASSOCIATED WITH A SPECIFIC
LEARNING TOGETHER FAMILY LITERACY P.O. BOX 400 HOLMEN, WI 54636	39-1935714	501(C)(3)	8,149.	0.			A RESTRICTED GRANT MADE TO AN AGENCY IN SUPPORT OF THE COSTS ASSOCIATED WITH A SPECIFIC
MOBILE MEALS OF LA CROSSE 2600 QUARRY ROAD LA CROSSE, WI 54601	39-1187523	501(C)(3)	10,175.	0.			A RESTRICTED GRANT MADE TO AN AGENCY IN SUPPORT OF THE COSTS ASSOCIATED WITH A SPECIFIC
NEW HORIZONS SHELTER P.O. BOX 2031 LA CROSSE, WI 54602-2031	39-1737699	501(C)(3)	77,253.	0.			A RESTRICTED GRANT MADE TO AN AGENCY IN SUPPORT OF THE COSTS ASSOCIATED WITH A SPECIFIC

**GREAT RIVERS UNITED WAY INC**

Part II	Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance	
OPTIONS CLINIC 1201 CALEDONIA STREET LA CROSSE, WI 54603	39-1156634	501(C)(3)	63,473.	0.			A RESTRICTED GRANT MADE TO AN AGENCY IN SUPPORT OF THE COSTS ASSOCIATED WITH A SPECIFIC	
SALVATION ARMY 223 NORTH 8TH STREET LA CROSSE, WI 54601	39-0806889	501(C)(3)	96,118.	0.			A RESTRICTED GRANT MADE TO AN AGENCY IN SUPPORT OF THE COSTS ASSOCIATED WITH A SPECIFIC	
WEST AVENUE FOOD EMERGENCY RESOURCE - 403 CAUSEWAY BLVD. - LA CROSSE, WI 54603	39-1552632	501(C)(3)	31,499.	0.			A RESTRICTED GRANT MADE TO AN AGENCY IN SUPPORT OF THE COSTS ASSOCIATED WITH A SPECIFIC	
HUNGER TASK FORCE OF LA CROSSE #1 403 CAUSEWAY BLVD. LA CROSSE, WI 54603	39-1947827	501(C)(3)	5,000.	0.			A RESTRICTED VENTURE GRANT MADE TO AN AGENCY.	
LA CROSSE COUNTY VETERAN'S MENTORING PROGRAM - 400 4TH STREET NORTH - LA CROSSE, WI 54601	39-6005709	115(1)	6,000.	0.			A RESTRICTED VENTURE GRANT MADE TO AN AGENCY.	
CAMP WINNEBAGO 19708 CAMP WINNEBAGO RD CALEDONIA, MN 55921	41-0955818	501(C)(3)	9,003.	0.			A RESTRICTED VENTURE GRANT MADE TO AN AGENCY.	
CAPABLE CANINES OF WISCONSIN P.O. BOX 34 ONALASKA, WI 54650	39-1549987	501(C)(3)	6,000.	0.			A RESTRICTED VENTURE GRANT MADE TO AN AGENCY.	
HUNGER TASK FORCE OF LA CROSSE #2 403 CAUSEWAY BLVD. LA CROSSE, WI 54603	39-1947827	501(C)(3)	5,000.	0.			A RESTRICTED VENTURE GRANT MADE TO AN AGENCY. AN UNRESTRICTED GRANT MADE TO AN AGENCY AT THE DIRECTION OF THE DONOR(S) IN SUPPORT OF ITS GENERAL	
BOYS & GIRLS CLUBS OF GREATER LA CROSSE - P.O. BOX 91 - LA CROSSE, WI 54602-0091 LHA	39-6084791	501(C)(3)	5,000.	0.			AN UNRESTRICTED GRANT MADE TO AN AGENCY AT THE DIRECTION OF THE DONOR(S) IN SUPPORT OF ITS GENERAL	

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FAMILY & CHILDREN'S CENTER 1707 MAIN STREET LA CROSSE, WI 54601	39-0821863	501(C)(3)	11,132.	0.			AN UNRESTRICTED GRANT MADE TO AN AGENCY AT THE DIRECTION OF THE DONOR(S) IN SUPPORT OF ITS GENERAL
GREAT RIVERS 2-1-1 P.O. BOX 426 ONALASKA, WI 54650-0426	39-1606449	501(C)(3)	20,000.	0.			A RESTRICTED GRANT MADE TO AN AGENCY IN SUPPORT OF THE COSTS ASSOCIATED WITH PROVIDING 2-1-1

**Part III** Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. 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 non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance

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

SCHEDULE I, PART I, LINE 2: RESTRICTED GRANT FOR AGENCY PROGRAMS: UNDERGO EXTENSIVE PRE-SCREENING BEFORE BEING AWARDED FUNDING. SUCH SCREENING INCLUDES: AN APPLICATION PROCESS THAT INCLUDES EXPLANATION OF THE PROPOSED USE AND OUTCOME MEASUREMENTS FOR THE FUNDING; FINANCIAL REVIEW OF THE ORGANIZATION TO GAIN A LEVEL OF ASSURANCE THAT FISCAL POLICIES ARE SOUND; VERIFICATION OF COMPLIANCE WITH PATRIOT ACT PROVISIONS AND VERIFICATION OF 501(C)(3) NONPROFIT STATUS. COMMUNITY MEMBERS REVIEW THIS INFORMATION ANNUALLY. THE ORGANIZATION IS REQUIRED TO VERIFY THAT FUNDING WAS USED FOR THE PURPOSES INTENDED AND WHAT THE ACTUAL RESULTS WERE COMPARED TO THE

**Part IV** Supplemental InformationPROPOSED RESULTS FOR EACH PROGRAM.

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

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

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

AMERICAN RED CROSS - SCENIC BLUFFS CHAPTER

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

NAME OF ORGANIZATION OR GOVERNMENT:

BIG BROTHERS BIG SISTERS OF THE SEVEN RIVERS REGION

**Part IV** Supplemental Information

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

NAME OF ORGANIZATION OR GOVERNMENT:

BOY SCOUTS OF AMERICA - GATEWAY AREA COUNCIL

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

NAME OF ORGANIZATION OR GOVERNMENT:

BOYS & GIRLS CLUBS OF GREATER LA CROSSE

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

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

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

NAME OF ORGANIZATION OR GOVERNMENT: BOYS & GIRLS CLUB OF SPARTA

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

NAME OF ORGANIZATION OR GOVERNMENT: COULEE CHILDREN'S CENTER

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

Part IV Supplemental Information

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

NAME OF ORGANIZATION OR GOVERNMENT: COULEE COUNCIL ON ADDICTIONS

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

NAME OF ORGANIZATION OR GOVERNMENT: COULEECAP, INC.

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

NAME OF ORGANIZATION OR GOVERNMENT: COULEE REGION YWCA

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

NAME OF ORGANIZATION OR GOVERNMENT:

FAMILY SERVICE ASSOCIATION (CREDIT COUNSELING)

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

NAME OF ORGANIZATION OR GOVERNMENT:

DOMESTIC VIOLENCE INTERVENTION PROJECT

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

**Part IV** Supplemental Information

OPERATES.

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

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

NAME OF ORGANIZATION OR GOVERNMENT: FAMILY RESOURCES

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

NAME OF ORGANIZATION OR GOVERNMENT: LA CROSSE AREA FAMILY YMCA

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

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

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

NAME OF ORGANIZATION OR GOVERNMENT:

GIRL SCOUTS OF WI - BADGERLAND COUNCIL

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

**Part IV** Supplemental Information

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

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

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

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

NAME OF ORGANIZATION OR GOVERNMENT: INDEPENDENT LIVING RESOURCES

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

NAME OF ORGANIZATION OR GOVERNMENT:

LA CRESCENT AREA HEALTHY COMMUNITY PARTNERSHIP

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

NAME OF ORGANIZATION OR GOVERNMENT: LEARNING TOGETHER FAMILY LITERACY

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

NAME OF ORGANIZATION OR GOVERNMENT: MOBILE MEALS OF LA CROSSE

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

**Part IV** Supplemental Information

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

NAME OF ORGANIZATION OR GOVERNMENT: NEW HORIZONS SHELTER

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

NAME OF ORGANIZATION OR GOVERNMENT: OPTIONS CLINIC

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

NAME OF ORGANIZATION OR GOVERNMENT: SALVATION ARMY

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

NAME OF ORGANIZATION OR GOVERNMENT: WEST AVENUE FOOD EMERGENCY RESOURCE

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

NAME OF ORGANIZATION OR GOVERNMENT:

BOYS & GIRLS CLUBS OF GREATER LA CROSSE

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

**Part IV** Supplemental Information

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

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

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

(H) PURPOSE OF GRANT OR ASSISTANCE: A RESTRICTED GRANT MADE TO AN AGENCY IN SUPPORT OF THE COSTS ASSOCIATED WITH PROVIDING 2-1-1 SERVICE IN OUR COMMUNITY.

**SCHEDULE O**  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

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

OMB No. 1545-0047

**2010**

Open to Public  
Inspection

Name of the organization

GREAT RIVERS UNITED WAY INC

Employer identification number

39-0848188

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

BETTER LIFE FOR ALL. GREAT RIVERS UNITED WAY FOCUSES ON THE BUILDING  
BLOCKS FOR A GOOD LIFE:

-EDUCATION - HELPING CHILDREN AND YOUTH ACHIEVE THEIR POTENTIAL

-INCOME - PROMOTING FINANCIAL STABILITY AND INDEPENDENCE

-HEALTH - IMPROVING PEOPLE'S HEALTH

EVERYONE DESERVES OPPORTUNITIES TO HAVE A GOOD LIFE: A QUALITY

EDUCATION THAT LEADS TO A STABLE JOB, ENOUGH INCOME TO SUPPORT A FAMILY  
THROUGH RETIREMENT, AND GOOD HEALTH.

ADVANCING THE COMMON GOOD IS LESS ABOUT HELPING ONE PERSON AT A TIME

AND MORE ABOUT CHANGING SYSTEMS TO HELP ALL OF US. WE ARE ALL CONNECTED

AND INTERDEPENDENT. WE ALL WIN WHEN A CHILD SUCCEEDS IN SCHOOL, WHEN

FAMILIES ARE FINANCIALLY STABLE, WHEN PEOPLE ARE HEALTHY.

UNITED WAY'S GOAL IS TO CREATE LONG-LASTING CHANGES BY ADDRESSING THE

UNDERLYING CAUSES OF THESE PROBLEMS. LIVING UNITED MEANS BEING A PART

OF THE CHANGE.

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

LA CROSSE, MONROE, TREMPLEAU AND VERNON (WI)). THIS ONGOING PROGRAM

WILL FACILITATE COMMUNICATION AND HELP SUPPORT THE COMMUNITIES IN

CREATING COMMUNITY ACTION PLANS. A COMPLETE COMPASS NOW ANALYSIS WILL

BE AVAILABLE IN LATE 2011 AND WILL PROVIDE DETAILED DATA AND ASSESSMENT

RESULTS FOR EACH OF THE FIVE COUNTIES SURVEYED.

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

VOLUNTEER CENTER - THE GREAT RIVERS UNITED WAY OPERATES A VOLUNTEER

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

Schedule O (Form 990 or 990-EZ) (2010)

Name of the organization

GREAT RIVERS UNITED WAY INC

Employer identification number

39-0848188

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

EXPENSES \$ 15,833. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

FORM 990, PART VI, SECTION A, LINE 2: GREGG CLEVELAND AND LEANNE CLEVELAND HAVE A FAMILY RELATIONSHIP

FORM 990, PART VI, SECTION A, LINE 4: THE PERSONNEL POLICY HAS BEEN UPDATED TO REFLECT CURRENT POLICIES SINCE THE PRIOR FORM 990 WAS FILED:

1)EMPLOYEE EXPENSES WILL NOW BE REVIEWED AND APPROVED BY THE PRESIDENT AND THE PRESIDENT'S EXPENSES WILL BE REVIEWED AND APPROVED BY THE CHAIR OF THE BOARD OF DIRECTORS.

2)VACATION CAN NOW BE USED THE FIRST OF THE MONTH FOLLOWING 30 DAYS OF EMPLOYMENT. THE PRIOR POLICY STATED THAT VACATION COULD BE USED AFTER 6 MONTHS OF EMPLOYMENT.

3)ALL BENEFITS ARE NOW REVIEWED ANNUALLY. THE PRIOR POLICY STATED THAT BENEFITS WERE CONTINUALLY REVIEWED.

4)UNDER HEALTH INSURANCE "THE PREMIUM IS DETERMINED ANNUALLY BY THE EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS" WHILE THE PRIOR POLICY STATED "THE PREMIUM FOR THE EMPLOYEE IS PAID BY GRUW AND 50% PAID BY GRUW FOR FAMILY COVERAGE."

5)THE PRESIDENT SHOULD NOW SUBMIT WRITTEN RESIGNATION TO THE CHAIR OF THE BOARD OF DIRECTORS.

Name of the organization

GREAT RIVERS UNITED WAY INC

Employer identification number

39-0848188

6) THE PERSONNEL POLICY HAS BEEN UPDATED TO REFLECT AN ADDED EMPLOYEE ACKNOWLEDGMENT FORM TO THE END OF THE MANUAL WHICH IS REQUIRED TO BE SIGNED AFTER EMPLOYEE READS THE MANUAL.

7) CHANGED THE PREVIOUS CFO TITLE TO PRESIDENT AND THE PREVIOUS TITLE PRESIDENT TO BOARD CHAIR THROUGHOUT THE DOCUMENT.

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

FORM 990, PART VI, SECTION B, LINE 12C: ANNUALLY, ALL BOARD MEMBERS, VOLUNTEERS AND STAFF MUST LIST ANY POTENTIAL CONFLICTS OF INTEREST ON A FORM WHICH IS MAINTAINED BY UNITED WAY STAFF. NO BOARD MEMBER MAY VOTE ON ANY MATTER DIRECTLY AFFECTING THEIR LISTED CONFLICT OF INTERESTS. ABSTAINED VOTES ARE LISTED IN THE MINUTES OF EACH BOARD MEETING.

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

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

Name of the organization

GREAT RIVERS UNITED WAY INC

Employer identification number

39-0848188

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

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

PART XII, LINE 2C

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