

**Schedule D**  
(Form 990)

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

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

▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

**2009**

Open to Public  
Inspection

Name of the organization

**GREAT RIVERS UNITED WAY INC**

Employer identification number

**39-0848188**

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year .....		
2 Aggregate contributions to (during year) .....		
3 Aggregate grants from (during year) .....		
4 Aggregate value at end of year .....		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? .....		<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.

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

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or pleasure)	<input type="checkbox"/> Preservation of an historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	
- Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.
 

	Held at the End of the Tax Year
a Total number of conservation easements .....	2a
b Total acreage restricted by conservation easements .....	2b
c Number of conservation easements on a certified historic structure included in (a) .....	2c
d Number of conservation easements included in (c) acquired after 8/17/06 .....	2d
- Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ \_\_\_\_\_
- Number of states where property subject to conservation easement is located ▶ \_\_\_\_\_
- Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? .....
- Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ \_\_\_\_\_
- Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ \_\_\_\_\_
- 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)? .....
- 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.

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

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

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

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

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

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

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No
- b If "Yes," explain the arrangement in Part XIV and complete the following table:
- |                                 | Amount |
|---------------------------------|--------|
| 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 Investments - Land, Buildings, and Equipment.** See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land	172,200.			172,200.
b Buildings	398,953.		109,663.	289,290.
c Leasehold improvements				
d Equipment	51,758.		34,972.	16,786.
e Other				
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				<b>478,276.</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
Financial derivatives .....		
Closely-held equity interests .....		
Other .....		
<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
<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
<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
Federal income taxes	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 25.) ▶	

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

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

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

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

**Part XIV Supplemental Information**

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

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

BAD DEBT RECOVERIES: 3308.

DONOR DESIGNATIONS: 31366.

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

BAD DEBT RECOVERIES: 3308.

DONOR DESIGNATIONS: 31366.

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

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

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

▶ Attach to Form 990.

OMB No. 1545-0047

**2009**

Open to Public  
Inspection

Name of the organization

**GREAT RIVERS UNITED WAY INC**

Employer identification number  
**39-0848188**

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

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

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BIG BROTHERS BIG SISTERS OF THE SEVEN RIVERS REGION - 1707 MAIN STREET, SUITE 438 - LA CROSSE, WI 54601	39-1762460		53,113.	0.			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		56,743.	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		105,804.	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		38,079.	0.			A RESTRICTED GRANT MADE TO AN AGENCY IN SUPPORT OF THE COSTS ASSOCIATED WITH A SPECIFIC
COULBE CHILDREN'S CENTER 2935 EAST AVE. SOUTH LA CROSSE, WI 54601	39-1054503		47,502.	0.			A RESTRICTED GRANT MADE TO AN AGENCY IN SUPPORT OF THE COSTS ASSOCIATED WITH A SPECIFIC
COULBE COUNCIL ON ADDICTIONS 921 WEST AVE. SOUTH LA CROSSE, WI 54601	39-1129125		50,825.	0.			A RESTRICTED GRANT MADE TO AN AGENCY IN SUPPORT OF THE COSTS ASSOCIATED WITH A SPECIFIC

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

**3** Enter total number of other organizations

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

SEE PART IV FOR COLUMN (H) DESCRIPTIONS

Schedule I (Form 990) 2009

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

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

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

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

**SCHEDULE I-1**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

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

OMB No. 1545-0047

**2009**

**Open to Public**  
**Inspection**

Name of the organization

**GREAT RIVERS UNITED WAY INC**

Employer identification number

**39-0848188**

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

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

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

Schedule I-1 (Form 990) 2009

Name of the organization

**GREAT RIVERS UNITED WAY INC**

Employer identification number  
**39-0848188**

Part I Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HUNGER TASK FORCE OF LA CROSSE 403 CAUSEWAY BLVD. LA CROSSE, WI 54603	39-1947827		16,723.	0.			A RESTRICTED GRANT MADE TO AN AGENCY IN SUPPORT OF THE COSTS ASSOCIATED WITH A SPECIFIC
INDEPENDENT LIVING RESOURCES 4439 MORMON COULEE RD LA CROSSE, WI 54601	39-1762026		40,441.	0.			A RESTRICTED GRANT MADE TO AN AGENCY IN SUPPORT OF THE COSTS ASSOCIATED WITH A SPECIFIC
LA CRESCENT AREA HEALTHY COMMUNITY PARTNERSHIP - 109 S. WALNUT, SUITE B - LA CRESCENT, MN 55947	20-2665775		10,000.	0.			A RESTRICTED GRANT MADE TO AN AGENCY IN SUPPORT OF THE COSTS ASSOCIATED WITH A SPECIFIC
LA CROSSE AREA FAMILY YMCA 1140 MAIN STREET LA CROSSE, WI 54601	39-0806172		63,439.	0.			A RESTRICTED GRANT MADE TO AN AGENCY IN SUPPORT OF THE COSTS ASSOCIATED WITH A SPECIFIC
LEARNING TOGETHER FAMILY LITERACY P.O. BOX 400 HOLMEN, WI 54636	39-19335714		7,283.	0.			A RESTRICTED GRANT MADE TO AN AGENCY IN SUPPORT OF THE COSTS ASSOCIATED WITH A SPECIFIC
MOBILE MEALS OF LA CROSSE 2600 QUARRY ROAD LA CROSSE, WI 54601	39-1187523		10,457.	0.			A RESTRICTED GRANT MADE TO AN AGENCY IN SUPPORT OF THE COSTS ASSOCIATED WITH A SPECIFIC
NEW HORIZONS SHELTER P.O. BOX 2031 LA CROSSE, WI 54602-2031	39-1737699		69,123.	0.			A RESTRICTED GRANT MADE TO AN AGENCY IN SUPPORT OF THE COSTS ASSOCIATED WITH A SPECIFIC
OPTIONS CLINIC 1201 CALEDONIA STREET LA CROSSE, WI 54603	39-1166634		64,832.	0.			A RESTRICTED GRANT MADE TO AN AGENCY IN SUPPORT OF THE COSTS ASSOCIATED WITH A SPECIFIC

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Schedule I-1 (Form 990) 2009

Name of the organization

**GREAT RIVERS UNITED WAY INC**

Employer identification number  
**39-0848188**

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

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

Part IV Supplemental Information

PROPOSED RESULTS FOR EACH PROGRAM.

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

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

PART II, LINE 1, COLUMN (H):

NAME OF ORGANIZATION OR GOVERNMENT:

BIG BROTHERS BIG SISTERS OF THE SEVEN RIVERS REGION

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

NAME OF ORGANIZATION OR GOVERNMENT:

BOY SCOUTS OF AMERICA - GATEWAY AREA COUNCIL

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

**Part IV** Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT:

BOYS &amp; GIRLS CLUBS OF GREATER LA CROSSE

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

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

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

NAME OF ORGANIZATION OR GOVERNMENT: COULEE CHILDREN'S CENTER

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

NAME OF ORGANIZATION OR GOVERNMENT: COULEE COUNCIL ON ADDICTIONS

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

NAME OF ORGANIZATION OR GOVERNMENT: COULEECAP, INC.

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

NAME OF ORGANIZATION OR GOVERNMENT:

DOMESTIC VIOLENCE INTERVENTION PROJECT

**Part IV** Supplemental Information

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

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

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

NAME OF ORGANIZATION OR GOVERNMENT: FAMILY RESOURCES

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

NAME OF ORGANIZATION OR GOVERNMENT:

FAMILY SERVICE ASSOCIATION (CREDIT COUNSELING)

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

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

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

NAME OF ORGANIZATION OR GOVERNMENT:

GIRL SCOUTS OF WI - BADGERLAND COUNCIL

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

**Part IV** Supplemental Information

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

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

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

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

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

NAME OF ORGANIZATION OR GOVERNMENT: INDEPENDENT LIVING RESOURCES

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

NAME OF ORGANIZATION OR GOVERNMENT:

LA CRESCENT AREA HEALTHY COMMUNITY PARTNERSHIP

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

NAME OF ORGANIZATION OR GOVERNMENT: LA CROSSE AREA FAMILY YMCA

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

**Part IV** Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT: LEARNING TOGETHER FAMILY LITERACY

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

NAME OF ORGANIZATION OR GOVERNMENT: MOBILE MEALS OF LA CROSSE

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

NAME OF ORGANIZATION OR GOVERNMENT: NEW HORIZONS SHELTER

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

NAME OF ORGANIZATION OR GOVERNMENT: OPTIONS CLINIC

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

NAME OF ORGANIZATION OR GOVERNMENT: SALVATION ARMY

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

NAME OF ORGANIZATION OR GOVERNMENT: WEST AVENUE FOOD EMERGENY RESOURCE

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

**Part IV** Supplemental Information

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

NAME OF ORGANIZATION OR GOVERNMENT: YWCA OF THE COULEE REGION

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

NAME OF ORGANIZATION OR GOVERNMENT:

BOYS & GIRLS CLUBS OF GREATER LA CROSSE

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

NAME OF ORGANIZATION OR GOVERNMENT: COULEECAP

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

NAME OF ORGANIZATION OR GOVERNMENT:

AMERICAN RED CROSS-SCENIC BLUFFS CHAPTER

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

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



**SCHEDULE O**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990**

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

OMB No. 1545-0047

**2009**

Open to Public  
Inspection

Name of the organization

GREAT RIVERS UNITED WAY INC

Employer identification number

39-0848188

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

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

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

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

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

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

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

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

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

FORM 990, PART VI, SECTION B, LINE 11: A COPY OF THE 990 WILL BE

DISTRIBUTED TO THE BOARD OF DIRECTORS IN MAY, IT WILL BE REVIEWED AND VOTED

**SCHEDULE O**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990**

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

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39-0848188

ON AT THE BOARD MEETING.

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

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

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

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

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

**SCHEDULE O**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990**

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

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GREAT RIVERS UNITED WAY INC

Employer identification number

39-0848188

CONFLICT OF INTEREST POLICY IS ALSO AVAILABLE UPON REQUEST.

PART XI, LINE 2C

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

# Application for Extension of Time To File an Exempt Organization Return

▶ File a separate application for each return.

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

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

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

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

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

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

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

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

**LORIE FREDRICKSON**

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

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

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

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

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