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#### CHANGE OF ACCOUNTING PERIOD

OMB No 1545-1150

Department of the Treasury

Short Form
Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$1,000,000 and total assets less than \$2,500,000 at the end of the year may use this form

Open to Public

B Const.   Section 50   Construct or text year to tax year to tax year beginning   JAN 1, 2009   and ending   JUN 30, 2009			nue Service	<b>▶</b> Th	ne organ	ization ma	y have t	o use a c	opy of	this return	to satist	fy state re	porting req	uirem	ents.		Inspection
B continued   D Employer Identification number	A	For th	e poss ca	lendar year,	or tax y	ear begin	ning	JAN	1.	2009		and end	ling JU	N 3	0,	2009	)
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Section 501(c)(3) organizations and 947(4)(1) nonexampt charitable trusts must attach a completed Schedule A (Form 990 or 990-E2).  Website: WWW. UWBTANA. ORG    Website: WWW. UWBTANA. ORG   Solicion 501(c)(3) organizations and 947(4)(1) nonexampt charitable trusts must attach a completed Schedule A (Form 990 or 990-E2).    Website: WWW. UWBTANA. ORG   Solicion 501(c)(3) organizations and 947(4)(1) or Solicion 501(c) organization is not the cryanization in solicion 501(c)(3) organization with the organization is not trequired, but if the organization is not a section 504(c)(3) organization group organization and disgress receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.   Add times 50, 60, and 7x, to line 3 to determine gross secepts; \$15,000,000 or more, file form 990-E2.		Initial	n See	1	d street (	or P.U. box	t, if mail is	not delivi	ered to	street addres	S)	יון	Room/suite				
Section 501(p/(3) organizations and 4947(a)(1) sonezempt charitable trusts must attach a completed   Section 501(p/(3) organizations and 4947(a)(1) sonezempt charitable trusts must attach a completed   Other (section)   Other				PO BOX	444	7								(	<u>406</u>	<u>) 78</u>	32-1255
Section 50 (c)(3) organizations and 4947(k)) nonexempt charitable trusts must attach a completed Schedule At Form 990 or 990-EZ).   Other (specify)		Amer	ided tions	City or towi	n, state o	r country, a	and ZIP +	4				<u> </u>		F Gro	up Exe	mption	
Section 501(c)(3) organizations and 4947(a)(1) oncempts charidable trusts must attach a completed Schedule (A (Form 990 or 990-EZ)    Website: NWW.UWBTANA.ORG		Applic	ation	BUTTE	мт	5970	2						i		-		
Website:									10 1000		h a aam	plotod	C Accour	_			ash Y Accrual
Website: ► WWW. LWBTANA. ORG		■ 260	ינוסוו סט וועט	(3) organizatio	Cobo	94/(&)(1)!	m ggn ar	)( (  a   a    000_E7\	JIE LIUS	is musi anai	in a com	hieren	ı	-			22 7 100 100
Agriculture type: (check only one)							III 990 01	99U-EZ).							<del></del>		<del></del>
K Check													1			_	
Ladd lines 50, 60, and 70, to line 9 to determine gross receipts; d5 1,000,000 or more, the Form 990 instead of Form 990-EZ \$ 10 9, 83 4.	<u>J</u>	Organi	zation type	(check only on	<u>ıe)—— [_</u>	X 501(c)	(3)	(ınser	t no.)	4947(a)	)(1) or	527	required to	<u>attact</u>	ı Sched	tule B (Fo	rm 990, 990-EZ, or 990-PF)
Part	K	Check	▶ 🔲 if	the organizatio	n is not a	section 50	9(a)(3) si	upporting	organiz	ation and its	gross re	eceipts are	normally not	more	than \$2	25,000. /	A return is not
Part	1	еаште	d. but if the	organization ch	100ses to	file a retur	n, be sure	to file a d	omplete	e return.							
Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.)    1											m 990 ın	stead of Fo	orm 990-EZ		<b>\$</b>		109,834.
1 Contributions, gifts, grants, and similar amounts received 2 Program service revenue including government fees and contracts 3 Membershy dues and assessments 4 Investment moome 5a Gross amount from sale of assets other than inventory 5 Less: cost or other basis and sales expenses 6 Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) (attach schedule) 6 Special events and activates (complete applicable parts of Schedule G), if any amount is from gaming, check here ▶ 1  5 Less: cost or other basis and sales expenses 6 Service expenses other than fundraising expenses 6 Net income or (loss) from special events and activates (subtract line 6b from line 6a) 7 Gross sales of inventory, less returns and allowances 7 Less: cost of goods sold 7 Gross profit or (loss) from special events and activates (subtract line 6b from line 6a) 7 Gross sales of inventory, less returns and allowances 8 Dest: cost of goods sold 9 Total revenue (destrebe ▶ OTHER INCOME ) 8 1,832. 9 Total revenue, Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 9 109,834. 10 Grants and similar amounts paid (attach schedule) 11 Benefits paid to or for members 12 Salaries, other compensation, and employee benefits 13 Professional fees and other payments to independent contractors 15 Printing, publications, postage, and shipping 16 Other expenses (describe ▶ OTHER INCOME ) 19 RECEIVED 19 19 Received the payments to independent contractors 19 19 Received the payments 19 19 Received the pa			Rever	nue. Exper	ises. a	and Cha	inges i	n Net	Asset	s or Fun	d Bala	ances (	See the instri	uctions			
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## Investment income  ## Investment incoment		1 '													-		100/10/1
4 Investment income 5a Gross amount from sale of assets other than inventory b Less: cost or other basis and sales expenses c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) (attach schedule) c Special events and activities (complete applicable parts of Schedule) c Special events and activities (complete applicable parts of Schedule) c Special events and activities (complete applicable parts of Schedule) c Special events and activities (complete applicable parts of Schedule) c Special events and activities (Subtract line 5b from line 5a) t Less: direct expenses other than fundrasing expenses c Net income or (loss) from special events and activities (Subtract line 6b from line 6a) 7a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) c Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) c Gross profit or (loss) from special events and activities (Subtract line 7b from line 7a) c Gross profit or (loss) from special events and activities (Subtract line 7b from line 7a) c Gross profit or (loss) from special events and activities (Subtract line 7b from line 7a) c Gross profit or (loss) from special events and activities (Subtract line 7b from line 7a) c Gross profit or (loss) from special events and activities (Subtract line 7b from line 7a) c Gross profit or (loss) from special events and activities (Interest profit or members c 10 Gross profit or (loss) from special events and activities (Interest profit or members c 11 Septiment (Interest profit or members) c 12 Captract profit or members c 12 Captract profit or members c 13 Professional fees and other payments to independent contractive profit or members c 14 Cocupancy, rent, utilities, and maintenance c 15 Profit profit prof							nt rees an	o contrac	เร								<del></del>
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10   Grants and similar amounts paid (attach schedule)   RECEIVED   10   11   12   26,777.   12   26,777.   13   4,425.   14   0ccupancy, rent, utilities, and maintenance   15   Printing, publications, postage, and shipping   16   0ther expenses (describe ►   SEE STATEMENT 1   16   29,804.   17   Total expenses. Add lines 10 through 16   17   611,727.   18   Excess or (deficit) for the year (Subtract line 17 from line 9)   18   48,107.   19   Net assets or fund balances at beginning of year (from line 27, column (A))   (must agree with end-of-year figure reported on prior year's return)   19   180,424.   19   Net assets or fund balances at end of year. Combine lines 18 through 20   20   Other changes in net assets or fund balances (attach explanation)   20   Net assets or fund balances at end of year. Combine lines 18 through 20   21   228,531.      Part II   Balance Sheets.   If Total assets on line 25, column (B) are \$2,500,000 or more, file Form 990 instead of Form 990-EZ.   (A) Beginning of year   (B) End of year   249,490   22   253,531.   25   Total assets   249,490   22   253,531.   25   Total assets   249,490   22   253,531.   25   Total assets   249,490   22   253,531.   26   Total liabilities (describe ►   SEE STATEMENT   2   97,446   24   78,508   25   Total assets   246,531   26   103,508   27   Net assets or fund balances (line 27 of column (B) must agree with line 21)   180,424   27   228,531   228,531   228,531   23   248,531   248,53	0	7a	Gross sale	s of inventory, l	iess retur	ns and allo	wances										
10   Grants and similar amounts paid (attach schedule)   RECEIVED   10   11   12   26,777.   12   26,777.   13   4,425.   14   0ccupancy, rent, utilities, and maintenance   15   Printing, publications, postage, and shipping   16   0ther expenses (describe ►   SEE STATEMENT 1   16   29,804.   17   Total expenses. Add lines 10 through 16   17   611,727.   18   Excess or (deficit) for the year (Subtract line 17 from line 9)   18   48,107.   19   Net assets or fund balances at beginning of year (from line 27, column (A))   (must agree with end-of-year figure reported on prior year's return)   19   180,424.   19   Net assets or fund balances at end of year. Combine lines 18 through 20   20   Other changes in net assets or fund balances (attach explanation)   20   Net assets or fund balances at end of year. Combine lines 18 through 20   21   228,531.      Part II   Balance Sheets.   If Total assets on line 25, column (B) are \$2,500,000 or more, file Form 990 instead of Form 990-EZ.   (A) Beginning of year   (B) End of year   249,490   22   253,531.   25   Total assets   249,490   22   253,531.   25   Total assets   249,490   22   253,531.   25   Total assets   249,490   22   253,531.   26   Total liabilities (describe ►   SEE STATEMENT   2   97,446   24   78,508   25   Total assets   246,531   26   103,508   27   Net assets or fund balances (line 27 of column (B) must agree with line 21)   180,424   27   228,531   228,531   228,531   23   248,531   248,53	Ī	b	Less: cost	of goods sold							_7b					Ì	
10   Grants and similar amounts paid (attach schedule)   RECEIVED   10   11   12   26,777.   12   26,777.   13   4,425.   14   0ccupancy, rent, utilities, and maintenance   15   Printing, publications, postage, and shipping   16   0ther expenses (describe ►   SEE STATEMENT 1   16   29,804.   17   Total expenses. Add lines 10 through 16   17   611,727.   18   Excess or (deficit) for the year (Subtract line 17 from line 9)   18   48,107.   19   Net assets or fund balances at beginning of year (from line 27, column (A))   (must agree with end-of-year figure reported on prior year's return)   19   180,424.   19   Net assets or fund balances at end of year. Combine lines 18 through 20   20   Other changes in net assets or fund balances (attach explanation)   20   Net assets or fund balances at end of year. Combine lines 18 through 20   21   228,531.      Part II   Balance Sheets.   If Total assets on line 25, column (B) are \$2,500,000 or more, file Form 990 instead of Form 990-EZ.   (A) Beginning of year   (B) End of year   249,490   22   253,531.   25   Total assets   249,490   22   253,531.   25   Total assets   249,490   22   253,531.   25   Total assets   249,490   22   253,531.   26   Total liabilities (describe ►   SEE STATEMENT   2   97,446   24   78,508   25   Total assets   246,531   26   103,508   27   Net assets or fund balances (line 27 of column (B) must agree with line 21)   180,424   27   228,531   228,531   228,531   23   248,531   248,53	<b>Z</b>	C	Gross prof	rt or (loss) from	n sales of	inventory	(Subtract	line 7b fro	m line i	7a)					7c		
10   Grants and similar amounts paid (attach schedule)   RECEIVED   10   11   12   26,777.   12   26,777.   13   4,425.   14   0ccupancy, rent, utilities, and maintenance   15   Printing, publications, postage, and shipping   16   0ther expenses (describe ►   SEE STATEMENT 1   16   29,804.   17   Total expenses. Add lines 10 through 16   17   611,727.   18   Excess or (deficit) for the year (Subtract line 17 from line 9)   18   48,107.   19   Net assets or fund balances at beginning of year (from line 27, column (A))   (must agree with end-of-year figure reported on prior year's return)   19   180,424.   19   Net assets or fund balances at end of year. Combine lines 18 through 20   20   Other changes in net assets or fund balances (attach explanation)   20   Net assets or fund balances at end of year. Combine lines 18 through 20   21   228,531.      Part II   Balance Sheets.   If Total assets on line 25, column (B) are \$2,500,000 or more, file Form 990 instead of Form 990-EZ.   (A) Beginning of year   (B) End of year   249,490   22   253,531.   25   Total assets   249,490   22   253,531.   25   Total assets   249,490   22   253,531.   25   Total assets   249,490   22   253,531.   26   Total liabilities (describe ►   SEE STATEMENT   2   97,446   24   78,508   25   Total assets   246,531   26   103,508   27   Net assets or fund balances (line 27 of column (B) must agree with line 21)   180,424   27   228,531   228,531   228,531   23   248,531   248,53		8	Other rever	nue (describe	► OT	HER I	NCOM	E						)	8		<u> 1,832.</u>
10   Grants and similar amounts paid (attach schedule)   RECEIVED   10   11   12   26,777.   12   26,777.   13   4,425.   14   0ccupancy, rent, utilities, and maintenance   15   Printing, publications, postage, and shipping   16   0ther expenses (describe ►   SEE STATEMENT 1   16   29,804.   17   Total expenses. Add lines 10 through 16   17   611,727.   18   Excess or (deficit) for the year (Subtract line 17 from line 9)   18   48,107.   19   Net assets or fund balances at beginning of year (from line 27, column (A))   (must agree with end-of-year figure reported on prior year's return)   19   180,424.   19   Net assets or fund balances at end of year. Combine lines 18 through 20   20   Other changes in net assets or fund balances (attach explanation)   20   Net assets or fund balances at end of year. Combine lines 18 through 20   21   228,531.      Part II   Balance Sheets.   If Total assets on line 25, column (B) are \$2,500,000 or more, file Form 990 instead of Form 990-EZ.   (A) Beginning of year   (B) End of year   249,490   22   253,531.   25   Total assets   249,490   22   253,531.   25   Total assets   249,490   22   253,531.   25   Total assets   249,490   22   253,531.   26   Total liabilities (describe ►   SEE STATEMENT   2   97,446   24   78,508   25   Total assets   246,531   26   103,508   27   Net assets or fund balances (line 27 of column (B) must agree with line 21)   180,424   27   228,531   228,531   228,531   23   248,531   248,53	ਹੋ	9													9		109,834.
11   Seneits paid to or for members   12   Salaries, other compensation, and employee benefits   12   26,777.   13   Professional fees and other payments to independent contractors   14   15   15   17   15   16   15   17   15   16   17   16   17   17   16   17   17	T.								- D1	ECEIV	ED				10		
12 Salaries, other compensation, and employee benefits 13 Professional fees and other payments to independent contractors 14 Occupancy, rent, utilities, and maintenance 15 Printing, publications, postage, and shipping 16 Other expenses (describe ► SEE STATEMENT 1) 16 29,804.  17 Iotal expenses. Add lines 10 through 16 17 61,727.  18 Excess or (deficit) for the year (Subtract line 17 from line 9) 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) 20 Other changes in net assets or fund balances (attach explanation) 21 Net assets or fund balances at end of year. Combine lines 18 through 20  Part II Balance Sheets. If Total assets on line 25, column (B) are \$2,500,000 or more, file Form 990 instead of Form 990-EZ.  (See the instructions for Part II.) (A) Beginning of year (B) End of year  22 Cash, savings, and investments 23 Land and buildings 24 Other assets (describe ► SEE STATEMENT 2) 97, 446. 24 78,508.  25 Total assets 346,936. 25 332,039.  26 Total liabilities (describe ► SEE STATEMENT 3) 166,512. 26 103,508.  27 Net assets or fund balances (line 27 of column (B) must agree with line 21) 180,424. 27 228,531.		1				200011 00110	uu.u,	Ì	K			701					
14   Occupancy, rent, utilities, and maintenance   15   Printing, publications, postage, and shipping   OGDEN, UT   15   721.   16   29, 804.   17   Total expenses (describe ► SEE STATEMENT 1 )   16   29, 804.   17   Total expenses. Add lines 10 through 16   17   61, 727.   18   Excess or (deficit) for the year (Subtract line 17 from line 9)   18   48, 107.   19   Net assets or fund balances at beginning of year (from line 27, column (A))   (must agree with end-of-year figure reported on prior year's return)   19   180, 424.   19   228, 531.   19   228, 531.   19   228, 531.   19   249, 490.   22   253, 531.   19   249, 490.   22   253, 531.   19   249, 490.   22   253, 531.   19   249, 490.   25   253, 531.   19   240, 424.   27   28, 508.   27   Net assets or fund balances (line 27 of column (B) must agree with line 21)   180, 424.   27   228, 531.   228, 531.   23   24   24, 24, 27   228, 531.   24   24, 27   228, 531.   25   25   25   25   25   25   25   2		1	•			ampleyes l	nanofeta	1				181				<b></b>	26 777
14   Occupancy, rent, utilities, and maintenance   15   Printing, publications, postage, and shipping   OGDEN, UT   15   721.   16   29, 804.   17   Total expenses (describe ► SEE STATEMENT 1 )   16   29, 804.   17   Total expenses. Add lines 10 through 16   17   61, 727.   18   Excess or (deficit) for the year (Subtract line 17 from line 9)   18   48, 107.   19   Net assets or fund balances at beginning of year (from line 27, column (A))   (must agree with end-of-year figure reported on prior year's return)   19   180, 424.   19   228, 531.   19   228, 531.   19   228, 531.   19   249, 490.   22   253, 531.   19   249, 490.   22   253, 531.   19   249, 490.   22   253, 531.   19   249, 490.   25   253, 531.   19   240, 424.   27   28, 508.   27   Net assets or fund balances (line 27 of column (B) must agree with line 21)   180, 424.   27   228, 531.   228, 531.   23   24   24, 24, 27   228, 531.   24   24, 27   228, 531.   25   25   25   25   25   25   25   2	Ses	1		•				14	l n	FC 21'	2009	131	•				
14 Occupancy, rent, utilines, and maintenance   15   Printing, publications, postage, and shipping   OGDEN, UT   15   721.		l					penaent c	outraction	8) D		•	75			<del></del>		4,443.
15   Printing, pointeatoris, postage, and shipping   16   16   29,804.     17   Total expenses. Add lines 10 through 16   17   61,727.     18   Excess or (deficit) for the year (Subtract line 17 from line 9)   18   48,107.     19   Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)   19   180,424.     20   Other changes in net assets or fund balances (attach explanation)   20     21   Net assets or fund balances at end of year. Combine lines 18 through 20   21   228,531.     Part     Balance Sheets.   If Total assets on line 25, column (B) are \$2,500,000 or more, file Form 990 instead of Form 990-EZ. (See the instructions for Part II.)   (A) Beginning of year   (B) End of year     22   Cash, savings, and investments   249,490.   22   253,531.     23   Land and buildings   0.23     24   Other assets (describe   SEE STATEMENT 2)   97,446.   24   78,508.     25   Total assets   346,936.   25   332,039.     26   Total liabilities (describe   SEE STATEMENT 3)   166,512.   26   103,508.     27   Net assets or fund balances (line 27 of column (B) must agree with line 21)   180,424.   27   228,531.     29   Other assets or fund balances (line 27 of column (B) must agree with line 21)   180,424.   27   228,531.     29   SEE STATEMENT 3   180,424.   27   228,531.     20   Other assets or fund balances (line 27 of column (B) must agree with line 21)   180,424.   27   228,531.     20   Other assets or fund balances (line 27 of column (B) must agree with line 21)   180,424.   27   228,531.     20   Other assets or fund balances (line 27 of column (B) must agree with line 21)   180,424.   27   228,531.     21   Other assets or fund balances (line 27 of column (B) must agree with line 21)   180,424.   27   228,531.     22   Other assets or fund balances (line 27 of column (B) must agree with line 21)   180,424.   27   228,531.     23   Other assets or fund balances (line 27 of column (B) must agree with line 21   29,800.     24	.8	14						1	<u> </u>		· UT						
17 Total expenses. Add lines 10 through 16  18 Excess or (deficit) for the year (Subtract line 17 from line 9)  19 Net assets or fund balances at beginning of year (from line 27, column (A))  (must agree with end-of-year figure reported on prior year's return)  20 Other changes in net assets or fund balances (attach explanation)  21 Net assets or fund balances at end of year. Combine lines 18 through 20  Part II Balance Sheets. If Total assets on line 25, column (B) are \$2,500,000 or more, file Form 990 instead of Form 990-EZ.  (See the instructions for Part II.)  (A) Beginning of year  (B) End of year  22 Cash, savings, and investments  24 Other assets (describe ► SEE STATEMENT 2)  25 Total assets  346,936, 25  332,039.  26 Total liabilities (describe ► SEE STATEMENT 3)  160,512, 26  103,508.  228,531.	ш	15	Printing, p	ublications, pos	stage, and	d shipping		1	€	)GDEN	4, U			_	15	ļ <u> </u>	
18   Excess or (deficit) for the year (Subtract line 17 from line 9)   18   48 , 107 .   19   18   48 , 107 .   19   18   48 , 107 .   19   18   48 , 107 .   19   18   48 , 107 .   19   180 , 424 .   1		16	Other expe	nses (describe	<b>_</b> _						SEE_	<u>S</u> TATE	EMENT	<u>1</u> )	16	<u> </u>	
18   Excess or (deficit) for the year (Subtract line 17 from line 9)   18   48,107.		17	<u>Total expe</u>	nses. Add lines	s 10 thro	ugh 16									17		
19		18					17 from lir	ne 9)							18		48,107.
Part     Balance Sheets.   If Total assets on line 25, column (B) are \$2,500,000 or more, file Form 990 instead of Form 990-EZ.    (See the instructions for Part   I.)   (A) Beginning of year   (B) End of year	ets	1			•			-	olumn (/	A))							
Part     Balance Sheets.   If Total assets on line 25, column (B) are \$2,500,000 or more, file Form 990 instead of Form 990-EZ.    (See the instructions for Part II.)   (A) Beginning of year   (B) End of year	SSI	'			_					"					19		180,424.
Part     Balance Sheets.   If Total assets on line 25, column (B) are \$2,500,000 or more, file Form 990 instead of Form 990-EZ.    (See the instructions for Part II.)   (A) Beginning of year   (B) End of year	¥	20				-				•							
Part II   Balance Sheets.   If Total assets on line 25, column (B) are \$2,500,000 or more, file Form 990 instead of Form 990-EZ.    (See the instructions for Part II.)   (A) Beginning of year   (B) End of year	ž			-			-										228 531
(See the instructions for Part II.)  22												la Farm 00	O motord of	Form (		<u></u>	220,331.
22 Cash, savings, and investments       249,490.22       253,531.         23 Land and buildings       0.23         24 Other assets (describe ►       SEE STATEMENT 2 )       97,446.24       78,508.         25 Total assets       346,936.25       332,039.         26 Total liabilities (describe ►       SEE STATEMENT 3 )       166,512.26       103,508.         27 Net assets or fund balances (line 27 of column (B) must agree with line 21)       180,424.27       228,531.	P	arτ II	Daian						3) are \$	2,500,000 or	more, ii				190-62		N End of year
23 Land and buildings 24 Other assets (describe ► SEE STATEMENT 2 ) 25 Total assets 26 Total liabilities (describe ► SEE STATEMENT 3 ) 27 Net assets or fund balances (line 27 of column (B) must agree with line 21)  28 Total size to fund balances (line 27 of column (B) must agree with line 21)  29 Other assets (describe ► SEE STATEMENT 2 ) 20 SEE STATEMENT 3 ) 21 166,512.26 103,508.				(56	se the ins	tructions it	or Part II.)	,				(A)			-+-	<u>(B</u>	
24 Other assets (describe       SEE STATEMENT 2 )       97,446.24       78,508.         25 Total assets       346,936.25       332,039.         26 Total liabilities (describe       SEE STATEMENT 3 )       166,512.26       103,508.         27 Net assets or fund balances (line 27 of column (B) must agree with line 21)       180,424.27       228,531.	22	Cas	h, savings,	and investment	ts								249,			ļ	<u> 253,531.</u>
25 Total assets 26 Total liabilities (describe ► SEE STATEMENT 3 ) 346,936. 25 332,039.  27 Net assets or fund balances (line 27 of column (B) must agree with line 21) 180,424. 27 228,531.	23	Lan	d and build	ings												ļ	
25 Total assets 26 Total liabilities (describe ► SEE STATEMENT 3 ) 346,936. 25 332,039.  27 Net assets or fund balances (line 27 of column (B) must agree with line 21) 180,424. 27 228,531.	24	Oth	er assets (d	escribe ➤				SEE	STA	TEMEN'	T 2	)	97,	<u>446</u>	. 24	<u> </u>	
26       Total liabilities (describe ►       SEE STATEMENT 3       )       166,512.26       103,508.         27       Net assets or fund balances (line 27 of column (B) must agree with line 21)       180,424.27       228,531.			=										346,	936	. 25		
27 Net assets or fund balances (line 27 of column (B) must agree with line 21) 180, 424. 27 228, 531.				(describe		•		SEE	STA	TEMEN	r 3	)					
				-	line 27 o	f column /F	3) must ac									<u> </u>	
	832	171								Instructions	for Form	n 990				For	

	n 990-EZ (200 <b>%) 9 UNITED WAY OF BUTTE AND A</b>	NACONDA		<u>81-</u>	<u>-60</u>	<u>119</u>	<u>00_</u> _	Page 2
Pá	art III. Statement of Program Service Accomplishmen	nts (See the instructions for	Part III.)			E>	penses	
	it is the organization's primary exempt purpose? SEE STATEMENT	<del></del>			│(Re	quired	for 501(c	(3)
	cribe what was achieved in carrying out the organization's exempt purposes. In a		anniha tha anniusan		and	(4) or	ganızatıòr	is and
Des	cribe what was achieved in carrying out the organization's exempt purposes. In a rided, the number of persons benefited, or other relevant information for each pr	a clear and concise manner, o	escribe the services		494	17(a)(1 others.	) trusts; o	ptional
<u></u>		ogram mie.			101	Utilici 3.	<u>.,                                    </u>	
28	SEE STATEMENT 6							
	(Grants \$ 0 . ) If this amount includes foreign of	grants, check here	•		28a		35,	866.
29								
23						İ		
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	(Grants \$ ) If this amount includes foreign of	grants, check here		لـــا	29a			
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	(Grants \$ ) If this amount includes foreign of	trants check here	<b></b>	$\overline{\Box}$	30a	Í		
04		grants, check fiero			1000			-
31	Other program services (attach schedule)		_	$\overline{}$				
	(Grants \$ ) If this amount includes foreign of	rants, check here	<u>P</u>	اا	31a			066
32	Total program service expenses (add lines 28a through 31a)	<del> </del>			32		<u> 35,</u>	<u>866.</u>
P	art IV List of Officers, Directors, Trustees, and Key E	mployees. List each one ev	ven if not compensated	(See the	ınstr	uctions f	or Part IV)	
		(h) Tale and average house	(-) (			utions	/a\ Fu	
	(a) Name and address	(b) Title and average hours per week devoted to	(c) Compensation (If not paid, enter	to e	emplo	yee	accou	pense
	(a) Namic and address	per week devoted to	-0)		ent pia leferra	ans &	other allo	
		position	-0,		pens		Other and	JWances
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	SEE STATEMENT 5		15,000.				├──	
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8321 12-1	72 7-08					Form	990-E	<b>Z</b> (2008)

	(Note the statement requirements in the instructions for all vi.)		Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	33		X
14	Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes	34		X
5	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not			
	reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T.	ì		
a	Did the organization have unrelated business gross income of \$1,000 or more or section 6033(e) notice, reporting, and proxy			
	tax requirements?	35a		X
b	If "Yes," has it filed a tax return on Form 990-T for this year?	35b	N/	<u> </u>
3	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Sch. N	36_		X
	Enter amount of political expenditures, direct or indirect, as described in the instructions.	,		
	Did the organization file Form 1120-POL for this year?	37b		X
	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made			
	in a prior year and still unpaid at the start of the period covered by this return?	38a		X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved  38b N/A			
9	Section 501(c)(7) organizations. Enter:	1		
	Initiation fees and capital contributions included on line 9			
	Gross receipts, included on line 9, for public use of club facilities  39b N/A	1		
	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:	1		
_	section 4911 ▶ 0 . ; section 4912 ▶ 0 . ; section 4955 ▶	ŀ		
b	Section 501(c)(3) and (4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or			
•	did it become aware of an excess benefit transaction from a prior year? If "Yes," complete Schedule L, Part I	40b		X
c	Enter amount of tax imposed on organization managers or disqualified persons during the year under			
•	sections 4912, 4955, and 4958			
d	Enter amount of tax on line 40c reimbursed by the organization			
	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter			
Ī	transaction? If "Yes," complete Form 8886-T	40e		X
1	List the states with which a copy of this return is filed.   NONE			
	The books are in care of ► KATHLENE MCNAMEE, EXECUTIVE DIRECTO Telephone no. ► (406)	<del>782</del> -	125	5
_	Located at ► 1880 HARRISON AVENUE, BUTTE, MT ZIP+4 ►			
ь	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		Yes	No
	account)?	42b		X
	If "Yes," enter the name of the foreign country:			
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
c	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c		X
•	If "Yes," enter the name of the foreign country.			
3	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here		•	
	and enter the amount of tax-exempt interest received or accrued during the tax year	N/A		
	and differ the amount of the oxempt interest received of additional territories.		·	
			Yes	No
,	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of			
	Form 990-EZ	44		X
,	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be	<u> </u>		
	completed instead of Form 990-EZ	45		X
_	veripinos motos vi i orm dos es		990-EZ	
		Form 9	/90-EZ	200

address, and ZIP + 4

BUTTE, MT 59703-0748

May the IRS discuss this return with the preparer shown above? See instructions

406-782-0453

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

Department of the Treasury

Internal Revenue Service

**Public Charity Status and Public Support** To be completed by all section 501(c)(3) organizations and section 4947(a)(1)

nonexempt charitable trusts.

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

OMB No 1545-0047 Open to Public Inspection

Name of the organization

Employer identification number

T	D		WAY OF BUTTE							<u>1-6011900</u>
Part I			ity Status (All organiz				i.) (see inst	tructions)		
a organ		•	because it is: (Please ch	-	_					
Ш	A church, co	nvention of churche	s, or association of chur	ches desc	nbed in se	ction 170	(b)(1)(A)(i)	•		
Ш	A school des	cribed in section 17	<b>'0(b)(1)(A)(ii).</b> (Attach Sc	hedule E)						
	A hospital or	a cooperative hospi	tal service organization (	described	ın section	170(b)(1)	( <b>A)(iii).</b> (Att	ach Sche	dule H.)	
	A medical res	earch organization	operated in conjunction	with a hos	pıtal descr	ibed in se	ction 170	(b)(1)(A)(ii	i). Enter ti	he hospital's name,
	city, and stat	ə:								
	An organizati	on operated for the	benefit of a college or un	niversity ov	wned or op	erated by	a governr	nental uni	t describe	ed in
	section 170	(b)(1)(A)(iv). (Comple	ete Part II.)							
	A federal, sta	te, or local governm	ent or governmental unr	t described	d in sectio	n 170(b)(	I)(A)(v).			
X	An organizati	on that normally rec	eives a substantial part	of its supp	ort from a	governme	ental unit o	r from the	general p	oublic described in
	section 170(	<b>b)(1)(A)(vi).</b> (Comple	te Part II.)							
Ш	•		section 170(b)(1)(A)(vi).	-						
Ш	An organizati	on that normally rec	eives (1) more than 33	1/3% of its	support fi	om contri	butions, m	nembershi	p fees, an	id gross receipts from
	activities rela	ted to its exempt ful	nctions - subject to certa	un exceptio	ons, and (2	2) no more	than 33 1	/3% of its	support	from gross investmen
	income and u	inrelated business t	axable income (less sect	tion 511 ta	x) from bu	sinesses a	acquired b	y the orga	ınizatıon a	ifter June 30, 1975.
_		<b>509(a)(2).</b> (Complete								
	•	•	perated exclusively to te	•	-			•		
Ш			perated exclusively for the							
	-		ations described in secti				2). See sec	tion 509(	a)(3). Che	ck the box that
	_		organization and compl						. —	l
	a Type I		- /1		e III - Func	-	-	•	d L	Type III - Other
لــا			at the organization is not							
_		_	han one or more publicly						9(a)(1) or s	section 509(a)(2).
f			tten determination from	the IHS tha	atitisa ly	ре I, Туре	II, or Type	9 111		_
		ganization, check th					e 11 e . 11.			L
9	•		organization accepted ar			_				V-a Na
	• •	•	lirectly controls, either al	one or tog	etner with	persons c	iescribea i	n (II) and (	iii) below,	Yes No
	•	• •	upported organization?							11g(i) 11g(ii)
		•	n described in (i) above?		-2					11g(iii)
_			i person described in (i) of about the organizations							119(11)
h	Provide the i	blowing information	about the organizations	ine organ	ization sup	ports.				
		en FIN	(iii) Type of	(iv) Is the o	rganization	(v) Did voi	notify the	(vi) ls	the	(vii) Amount of
•	of supported Inization	(ii) EIN	organization		sted in your	organizat	•	organizáti	on in col.	(vii) Amount of support
urya	IIIIZALIUII		(described on lines 1-9 above or IRC section		document?	(i) of you		(i) organız U.S	.?	συμμοτι
			(see instructions))	Yes	No	Yes	No	Yes	No	
									1	
		<del></del>				-				
	1									
	-									
<u> </u>										

	(Complete only if you checke	a the box on line 5	, 7, or 8 of Part I.)			<del></del>	
<u>Se</u>	ction A. Public Support					<u>6/30</u>	
Cal	endar year (or fiscal year beginning in)	(a) 200 <b>5</b>	(b) 200 <b>6</b>	(c) 200 <b>7</b>	(d) 200g	(e) 200 <b>%</b>	(f) Total
1	Gifts, grants, contributions, and		ļ				
	membership fees received. (Do not						
	ınclude any "unusual grants.")	231,364.	189,213.	177,082.	188,275.	106,267.	<u>892,201.</u>
2	Tax revenues levied for the organ-		İ				
	ization'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 - 3	231,364.	189,213.	177,082.	188,275.	106,267.	892,201.
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)						
6	Public Support. Subtract line 5 from line 4						<u>892,201.</u>
Se	ction B. Total Support				,	<u>6/3</u> 0	
Cal	endar year (or fiscal year beginning in)	(a) 2 <u>00</u> 5	(b) 200 <i>lo</i>	(c) 2007	(d) 200 <b>8</b>	(e) 2009	(f) Total
7	Amounts from line 4	231,364.	189,213.	177,082.	188,275.	106,267.	892 <u>,201</u> .
8	Gross income from interest,				,		
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources	2,007.	1,786.	11,430.	7,313.	1,735.	24,271.
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)				2,262.	1,832.	4,094.
11	Total support. Add lines 7 through 10						920,566.
	Gross receipts from related activities,					12	
13	First five years. If the Form 990 is for	r the organization's	s first, second, thir	d, fourth, or fifth ta	ax year as a sectio	n 501(c)(3)	
_	organization, check this box and stor						
Se	ction C. Computation of Publ	ic Support Per	rcentage			<u> </u>	0.0
14	Public support percentage for 2008 (	line 6, column (f) di	ivided by line 11, o	column (f))		14	96.92 %
	Public support percentage from 2007					15	99.12 %
16a	33 1/3% support test - 2008. If the	organization did no	t check the box or	n line 13, and line	14 is 33 1/3% or n	nore, check this bo	x and ⊾ चिक्री
	stop here. The organization qualifies						. <b>▶</b> [X]
t	33 1/3% support test - 2007. If the o				line 15 is 33 1/3%	or more, check th	ns box
	and stop here. The organization qual						▶∟
17a	10% -facts-and-circumstances tes						
	and if the organization meets the "fac					rt IV how the organ	nization
	meets the "facts-and-circumstances"						. ▶∟
t	10% -facts-and-circumstances tes						
	more, and if the organization meets the						,
	organization meets the "facts-and-circ						· ►
18	Private foundation. If the organization	n did not check a	box on line 13, 16	<u>a, 16b, 17a, or 17t</u>			
					Sche	dule A (Form 990	or 990-EZ) 2008 (

Schedule A (Form 990 or 990-EZ) 2008 9	<del></del>	B		101		Page 3
Part III Support Schedule for O	ganizations	Described in	Section 509(a)	(Complete onl	y if you checked the b	ox on line 9 of Part I.
Calèndar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and	10/2004	(5) 2000	10/2000	14,200.	(0)2000	(1) 1010.
membership fees received. (Do not						
include any "unusual grants.")						
2 Gross receipts from admissions,						
merchandise sold or services per- formed, 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 bus-						
iness under section 513						
4 Tax revenues levied for the organ-						
ization's benefit and either paid to						
or expended on its behalf						
5 The value of services or facilities	ļ					
furnished by a governmental unit to						:
the organization without charge						
6 Total. Add lines 1 - 5					<del>-</del>	
7a Amounts included on lines 1, 2, and			ŀ			
3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000						
c Add lines 7a and 7b					<del> </del>	
8 Public support (Subtract line 7c from line 6)					<u> </u>	<u> </u>
Section B. Total Support			1	4 11 2007	1	(0.T-1-1
Calendar year (or fiscal year beginning in)	(a) 2004	<b>(b)</b> 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9 Amounts from line 6					<del> </del>	<del></del>
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>b</b> Unrelated business taxable income						
(less section 511 taxes) from businesses						
acquired after June 30, 1975					<u> </u>	
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)			<u>L</u>		<u> </u>	
14 First five years. If the Form 990 is for	he organization's	s first, second, the	rd, fourth, or fifth ta	ax year as a sect	ion 501(c)(3) organi:	zation,
check this box and stop here					<del></del>	
Section C. Computation of Public	: Support Pe	rcentage				
15 Public support percentage for 2008 (lir	ie 8, column (f) d	ivided by line 13,	column (f))		15	%
16 Public support percentage from 2007					16	%
Section D. Computation of Invest				<del></del>	<del>T T</del>	
					17	%
					18	%
						I/ IS NOT
<ul> <li>17 Investment income percentage for 200</li> <li>18 Investment income percentage from 20</li> <li>19a 33 1/3% support tests - 2008. If the comore than 33 1/3%, check this box and</li> </ul>	8 (line 10c, colur 007 Schedule A, organization did r	nn (f) divided by li Part IV-A, line 27th not check the box	ne 13, column (f)) on line 14, and line		18 33 1/3%, and line	17 is not ▶□

b 33 1/3% support tests - 2007. 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

FORM 990-EZ	OTHER EXPENSES		STATEMENT	1
DESCRIPTION			AMOUNT	
CAMPAIGN EXPENSES			1,9	37.
OFFICE EXPENSES			2,1	88.
COMMUNITY IMPACT				60.
ADVERTISING AND PROMOTION				24.
DUES AND SUBSCRIPTIONS			2,2	
TRAVEL AND CONFERENCES INSURANCE			2,2	28. 20
MISCELLANEOUS				55.
DEPRECIATION EXPENSES				02.
UNCOLLECTIBLE CONTRIBUTIONS			19,5	
TOTAL TO FORM 990-EZ, LINE 16			29,8	04.
FORM 990-EZ	OTHER ASSETS		STATEMENT	2
DESCRIPTION		BEG. OF YEAR	END OF YEA	AR
PLEDGES RECEIVABLE, NET OF ALLO	OWANCE	93,542.	75,2	05.
OTHER DEPRECIABLE ASSETS		3,904.	3,3	03.
TOTAL TO FORM 990-EZ, LINE 24		97,446.	78,5	08.
FORM 990-EZ	OTHER LIABILITIES		STATEMENT	3
DESCRIPTION		BEG. OF YEAR	END OF YEA	AR
GRANTS PAYABLE		117,435.	35,7	73.
AGENCY FUNDS PAYABLE		47,238.	65,9	73.
PAYROLL LIABILITIES		1,839.	1,7	62.
TOTAL TO FORM 990-EZ, LINE 26		166,512.	103,5	08.

FORM 990-EZ	INFORMATION REGARDING TRANSFERS ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS	S	TATEMI	ENT 	4
DIRECTLY OF	GANIZATION, DURING THE YEAR, RECEIVE ANY FUNDS, R INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL NTRACT?	[ ]	YES (	[X]	NO
	GANIZATION, DURING THE YEAR, PAY PREMIUMS, R INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT? .	. [ ]	YES	(x)	NO

FORM 990-EZ PART IV - LIST OF TRUSTEES AND	OFFICERS, DIRE KEY EMPLOYEES	ECTORS,	STATEMENT 5		
NAME AND ADDRESS	TITLE AND AVRG HRS/WK			<b>EXPENSE</b>	
KATHLENE MCNAMEE, 1800 HARRISON AVE, SUITE 100, BUTTE, MT 59702	EXECUTIVE DIE		0.	0.	
DOUG ABBOTT, 1800 HARRISON AVE, SUITE 100, BUTTE, MT 59702	DIRECTOR 4.00	0.	0.	0.	
FRANCENE ARCHIBALD, 1800 HARRISON AVE, SUITE 100, BUTTE, MT 59702	DIRECTOR 4.00	0.	0.	0.	
MERLE AXFORD, 1800 HARRISON AVE, SUITE 100, BUTTE, MT 59702	DIRECTOR 4.00	0.	0.	0.	
PATTI ARNTSON, 1800 HARRISON AVE, SUITE 100, BUTTE, MT 59702	DIRECTOR 4.00	0.	0.	0.	
NEIL BOLTON, 1800 HARRISON AVE, SUITE 100, BUTTE, MT 59702	DIRECTOR 4.00	0.	0.	0.	
JAYLYNN CHIOTTI, 1800 HARRISON AVE, SUITE 100, BUTTE, MT 59702	DIRECTOR 4.00	0.	0.	0.	
CHRIS CONNERS, 1800 HARRISON AVE, SUITE 100, BUTTE, MT 59702	DIRECTOR 4.00	0.	0.	0.	
PATRICE EVANS, 1800 HARRISON AVE, SUITE 100, BUTTE, MT 59702	DIRECTOR 4.00	0.	0.	0.	
J.P. GORDON, 1800 HARRISON AVE, SUITE 100, BUTTE, MT 59702	DIRECTOR 4.00	0.	0.	0.	
LORIE HARRINGTON, 1800 HARRISON AVE, SUITE 100, BUTTE, MT 59702	DIRECTOR 4.00	0.	0.	0.	
LYNN LLOYD, 1800 HARRISON AVE, SUITE 100, BUTTE, MT 59702	DIRECTOR 4.00	0.	0.	0.	
BECKY MCCARTHY, 1800 HARRISON AVE, SUITE 100, BUTTE, MT 59702	DIRECTOR 4.00	0.	0.	0.	
DEB MULLOWNEY, 1800 HARRISON AVE, SUITE 100, BUTTE, MT 59702	DIRECTOR 4.00	0.	0.	0.	

UNITED WAY OF BUTTE AND ANACONDA			81-60	11900
STEVE MUNSON, 1800 HARRISON AVE, SUITE 100, BUTTE, MT 59702	DIRECTOR 4.00	0.	0.	0.
TOM O'NEILL, 1800 HARRISON AVE, SUITE 100, BUTTE, MT 59702	DIRECTOR 4.00	0.	0.	0.
BILL ROBINSON, 1800 HARRISON AVE, SUITE 100, BUTTE, MT 59702	DIRECTOR 4.00	0.	0.	0.
MICHELLE VINCENT, 1800 HARRISON AVE, SUITE 100, BUTTE, MT 59702	DIRECTOR 4.00	0.	0.	0.
TOTALS INCLUDED ON FORM 990-EZ, PART	ıv	15,000.	0.	0.

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STATEMENT

6

A COMMUNITY-FOCUSED ORGANIZATION OF CARING VOLUNTEERS WHO EFFICIENTLY RAISE AND ALLOCATE FUNDS FOR QUALIFIED PROVIDERS THROUGH IDENTIFICATION AND COMMUNICATION OF LOCAL NEEDS. ALLOCATION OF FUNDS TO QUALIFIED PROVIDERS OCCURS DURING THE FALL OF EACH YEAR AND HAS NOT BEEN UNDERTAKEN DURING THE PERIOD COVERED BY THIS SHORT YEAR TAX RETURN.

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STATEMENT 7

A COMMUNITY-FOCUSED ORGANIZATION OF CARING VOLUNTEERS WHO EFFICIENTLY RAISE AND ALLOCATE FUNDS FOR QUALIFIED PROVIDERS THROUGH IDENTIFICATION AND COMMUNICATION OF LOCAL NEEDS.

### Form **8868**

(Rev. April 2009)

Department of the Treasury Internal Revenue Service

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

File a separate application for each return.

OMB No. 1545-1709

Form 8868 (Rev. 4-2009)

-	you are filing for an Automatic 3-Month Extension, complete only Part I and check this box		ightharpoons
	you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this		
Do n	ot complete Part II unless you have already been granted an automatic 3-month extension on a previously f	ied Fo	rm 8868.
Pai	Automatic 3-Month Extension of Time. Only submit original (no copies needed).		
Δ co	rporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and cor	nnlete	
	I only	ipioto	▶ □
	ther corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request a	n exter	ision of time
	e income tax returns.	, artor	SION OF LINE
noted (not a you r	tronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electron automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or completed and signed page 2 (Part II) of Form 8868. For more details on the electronic for spovefile and click on e-file for Charities & Nonprofits.	ically if	(1) you want the additional ated Form 990-T. Instead,
Type		Emp	loyer identification number
print	UNITED WAY OF BUTTE AND ANACONDA	8	1-6011900
File by due da filing y	Number, street, and room or suite no. If a P.O. box, see instructions		
return Instruc	See		
Chec	ck type of return to be filed (file a separate application for each return):		
	Form 990 Form 990-T (corporation) Form 4	720	
	Form 990-BL Form 990-T (sec 401(a) or 408(a) trust) Form 5		
$\overline{\mathbf{x}}$	Form 990-EZ Form 990-T (trust other than above) Form 6		
	Form 990-PF		
	KATHLENE MCNAMEE, EXECUTIVE DIRECTOR		_
	ne books are in the care of $\triangleright$ 1880 HARRISON AVENUE - BUTTE, MT 59702-	444	<u> </u>
	elephone No. ► (406)782-1255 FAX No. ►	_	
	the organization does not have an office or place of business in the United States, check this box	a fa	r the whole group, check this
	this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If the If the If it is for part of the group, check this box		
DOX	. If it is for part of the group, check this box	memi	ers 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 un <b>FEBRUARY 15</b> , 2010 , to file the exempt organization return for the organization named a		The extension
	is for the organization's return for.		
	calendar year or		
	► X tax year beginning JAN 1, 2009 , and ending JUN 30, 2009		_·
2	If this tax year is for less than 12 months, check reason:	X	Change in accounting period
За	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.	3a	\$
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.	3b_	\$
С	Balance Due. 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).	20	s N/A
	See instructions.	3c	
Caut	ion. 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.

For Privacy Act and Paperwork Reduction Act Notice, see Instructions.