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## Form 990-EZ

Department of the Treasury Internal Revenue Service

# **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 \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form The approximation may have be use a copy of this return to satisfy state reporting requirements

The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-1150

2009

Α	For t	the 2009 ca	lendar	year, or ta	ıx year be	ginning			, 2009	, and en	nding				,
В	Check	if applicable		C Name	of organizatio	on							D Em	ployer	dentification number
	Addre	tress change use its   Please use its   THE UNITED WAY OF FRANKLIN COUNTY ASSOCIATION										2	3 - 74	22474	
	Name	change	label or print or								m/suit			ephone	
$\perp$	Initial	return	type.	0/0 33		TOOTNO	DO DOY	000	•						
$\perp$	Termi	nation	See Specific		VITA F	or country, and	PO BOX	233					(	785)	229-6440
	Атеп	ded return	Instruc- tions.	ļ ·		or country, and	ZIP + 4						F Gr	oup Ex	xemption
Ш	Applic	ation pending		OTTAW	1				K	S 66	067		Nu	mber	<b>&gt;</b>
		• Section : n	501(c)(3 nust atta	) organiza ich a com	itions and pleted Sc	1 4947(a)(1, hedule A (1	nonexempt Form 990 or	charitabl 990-EZ).	e trusts			Accounting of their (special special s		d	Cash X Accrual
ı	Web	site: ► <u>N</u>	/A								1	Check > [required to			ganization is <b>not</b> dule B (Form 990,
J	Tax-e	xempt status	(check or	ıly one) —	X 501(c)	) ( 3)	(insert no )	4947(	a)(1) or	527	!	990-EZ, or 9	990-PF	<del>-</del> ).	, ,
K	Chec	k ► lif	the orga	nization i	s not a se	ction 509(a	a)(3) support	ing organ	ızatıon aı	nd its gr	rossı	receipts are	norm	ally no	ot more than
	\$25,0	000 A Form	n 990-E	Z or Form	ı 990 retur	rn is not re	quired, but if	the organ	nization d	chooses	to fil	e a return,	be sur	e to fil	le a complete return
L	Add inste	lines 5b, 6l ad of Form	b, and 7 990-EZ	b, to line	9 to deterr	mine gross	receipts; if	\$500,000	or more,	file Fori	m 99	0		<b>►</b> \$	138,364.
Pa	irtill.	段 Reve	enue, l	Expense	es. and (	Changes	in Net As	sets or	Fund (	Balanc	es (	See the	ınstrı	ıctıor	ns for Part I.)
	1					lar amount							[	1	137,249.
	2						fees and co	ntracts		_				2	
	3	Membersi											`	3	· · ·
	4	Investmer	•				•	•					Ì	4	1,115.
	5a	Gross am	ount fro	m sale of	assets of	her than in	ventory			5 a					1/1131
		Less cos								5 b					
R	,					•	ract line 5b froi	m line 5a\	ļ					5 c	
R E V	6						chedule G). If a		s from nam	ing check	k here	· •		.E33	
ĖNU	_	Gross rev				Die para er o				iiig, checr	K IIGIC		니 [		
Ü	a		•		ıy <b>&gt;</b>		or c	contributio	ns	1 - 1					
E	⋑.	reported of		•						6a					
	_					draising ex				6b			P		
							tract line 6b fro	m line 6a)	,				ļ	6c	
	J_				ss returns	and allow	ances .			7a					
	i	Less cos	_						!	7Ь					
Ľ	u				sales of in	ventory (S	ubtract line 7	b from lin	ie 7a)	•	•			7с	
C	5 8	Other revenu	•										_)	8	
	39	Total reve	enue. Ac	ld lines 1,	2, 3, 4, 5	c, 6c, 7c, a	and 8 .						•	9	138,364.
Ĺ	ក្និរ ០	Grants an	d sımıla	r amounts	s paid (atta	ach schedu	ıle) .		ສ	ee L-	10	Stmt.	. Į	10	121,500.
4	<b>£</b> 11	Benefits p	aid to o	r for mem	bers		•	P						11	
χŽ	712	Salaries,	other co	mpensatio	on, and er	nployee be	nefits	] . [	REC	FIVE	$\Box$		[	12	
É.	13	Profession	nal fees	and other	payment	s to indepe	ndent contra	ctors			<del></del> -		. [	13	
S	<sup>)</sup> 14	Occupano	y, rent,	utilities, a	ind mainte	enance		[ <del>-</del> ]				S	. [	14	
E	15	Printing, p	oublication	ons, posta	age, and s	shipping.		[ <u>7</u> ] <sub>V</sub>	10V 1	5 20	10	lól	ſ	15	
•	16	Other expens	ses (descr	ıbe ► See	Other Ex	penses Sta	tement	11			-		] (	16	8,877.
	17	Total expe	enses. <i>A</i>	Add lines	10 through	16		<b>⋾</b>	2001	~, . ,		"一"	▶	17	130,377.
	18	Excess or	(deficit)	) for the y	ear (Subtr	act line 17	from line 9)		<del>)GDt</del>	_14, C	<u> </u>			18	7,987.
Ą	19			-	•		r (from line		n (A)) (n			th and after	, h		
N S E E T	13	figure repo	orted on	prior yea	r's return)	ining or yea					ee wi		ear	19	144,537.
TF	20	-					attach explar						```	20	
s	21						nbine lines 1		20 .		-	• •	` ▶	21	152,524.
Pã	ittilli						25, column (			or more	file	Form 990			
9.00	4	2.4(				ctions for P		D) the wi	,200,000	<u> </u>		Beginning			(B) End of year
22	Cas	sh, savings	, and in	-			~···/			<b> </b>	727	143,			151,724.
23		nd and build	•			•				}			0.	_	0.
24		er assets (			e L-24		•••			ŀ		1	239.		800.
25		er ଅଞ୍ଚଳ ( al assets	,55561106	. <u> </u>	<u> </u>			_,		}		144,			
26		ai assets al liabilitie:	 descr	ıhe ►	•			````				755,	0.		<u>152,524.</u> 0.
27			-	_	ne 27 of c	olumn (R)	must agree	/ ·· with line :	 יוי	}		144,		-	152,524.
								· · · · · · · · · · · · · · · · · · ·	/			<i> ,</i>		/ .	

Form 990-EZ (2009)

Form	990-EZ (2009) THE UNITED WAY	OF FRANKLIN COUNTY	Y ASSOCIATION		-7 <u>42</u>	22474 Page 2
	t III Statement of Program Se	rvice Accomplishments	S (See the instruction	ons.)		Expenses
What	is the organization's primary exempt purpose? Co	OLLECTION AND DIST	RIBUTION OF FUN	nds	(Reg	urred for section c)(3) and (4) nizations and section (a)(1) trusts; optional
	ribe what was achieved in carrying out the ribe the services provided, the number of				orga	c)(3) and (4) nizations and section
desc	ribe the services provided, the number of ram title	persons benefited, or other re	elevant information for e	ach	4947	(a)(1) trusts; optional
				<del></del>	tor o	thérs')
28	Collected funds from Fra			bute		
	to 16 non-profit agencie	s in the Franklin	County area.			
	(Grants \$ 0.) If t	his amount includes foreign gr	ants, check here	▶ 🗍	28 a	121,500.
29						
				. – – – – – – – – – –		
	(Grants \$ ) If t	his amount includes foreign gr	ants, check here	<u>_</u>	29 a	
30						
				<b></b>		
	(Grants \$ ) If t	nis amount includes foreign gr	ants, check here		30 a	
31	Other program services (attach schedule	e) .				
		nis amount includes foreign gr	ants, check here	▶ [7]	31 a	
32	Total program service expenses (add I		<u> </u>	<b>•</b>	32	121,500.
	t IV List of Officers, Directors		plovees. List each on	e even if not com	ensa	
	<u> </u>	(b) Title and average hours		(d) Contributions		(e) Expense account
	(a) Name and address	per week devoted	not paid, enter -0)	employee benefit plan	is and	and other allowances
		to position		deferred compensa	tion	
WAY	NE DUDERSTADT					
5TH	AND MAIN	PRESIDENT				
	AWA KS 66067	1.00	0.		ο.	
	ISSA FAIRBANKS	12.00	- 0.		<u> </u>	<del></del>
		-				
	S. HICKORY	SECRETARY				
OTT	AWA KS 66067	1.00	0.		0.	
ANI	TA FIGGINS	j				
PO	BOX 373	TREASURER	-			
POM	ONA KS 66076	1.00	٥.		٥.	
	AN CLAYTON					<del></del>
	0 K-68 HWY	VICE CHAIRPERSON				
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OTT	AWA KS 66067	1.00	0.		0.	<u> </u>
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. स	Other information (Note the statement requirements in the histis for Fait V.)			
			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		х
34	Were any changes made to the organizing or governing documents? If 'Yes,' attach a conformed copy of the changes	34		X
35	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 why the organization did not report the income on Form 990-T	1	*, :	. 3
;	a Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?	35 a		x
i	b If 'Yes,' has it filed a tax return on Form 990-T for this year?	35 b		
	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If 'Yes,' complete applicable parts of Schedule N	36		х
	a Enter amount of political expenditures, direct or indirect, as described in the instructions  0.		<u> -4</u>	2.4
	b Did the organization file Form 1120-POL for this year?	37b		X
38 a	a 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 outstanding at the end of the period covered by this return?	38 a	<u>.</u>	X
ı	o If 'Yes,' complete Schedule L, Part II and enter the total amount involved			•
	Section 501(c)(7) organizations. Enter:	1 1	, ,	
	a Initiation fees and capital contributions included on line 9 39a		٠	,
	o Gross receipts, included on line 9, for public use of club facilities  a 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 > 0.	1		
ì	section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I	40 ь		x
(	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 . •			- '
•	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization			, , ,
•	e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If 'Yes,' complete Form 8886-T	40 e		x
41	List the states with which a copy of this return is filed ►			
	The organization's books are in care of PEOPLES NATIONAL BANK  Located at STH & MAIN  OTTAWA  At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?  If 'Yes,' enter the name of the foreign country:		- 290 Yes	No X
c	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of a Foreign Bank and Financial Accounts.  At any time during the calendar year, did the organization maintain an office outside of the U.S?  If 'Yes,' enter the name of the foreign country.	42c	,	x
43	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	. •	Yes	No
14	Did the organization maintain any donor advised funds? If 'Yes,' Form 990 must be completed instead of Form 990-EZ	44	.63	x
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If 'Yes,' Form 990 must be completed instead of Form 990-EZ	45		x

Form 990-FZ (2009)	שעיר	TRITTED	WAV	OF	FD AND T. TH	COTTATEV	A CCOCT A TITOM
-nrm 990-EZ (2009)	THE	UNITED	WAI	UE	LKWMYTIN	COUNTY	ASSOCIATION

23-7422474

Page 4

Part VI	Section 501(c)(3) organization	s and section 4947	(a)(1) nonexempt	charitable trusts only	7. All se	ction	<u> </u>
<u></u>	501(c)(3) organizations and sec	ction 4947(a)(1) nor	nexempt charitable	e trusts must answer	questic	ns	
	46-49b and complete the tables	s for lines 50 and 5	l.				
46 Did ti	he organization engage in direct or indirec	t political campaign acti	uties on behalf of or u	n opposition to candidates		Yes	No
for pi	ublic office? If 'Yes,' complete Schedule C	, Part I	villes of benail of of it	ir opposition to candidates	46		х
<b>47</b> Did tl	he organization engage in lobbying activiti	es? If 'Yes,' complete So	chedule C, Part II		47		x
<b>48</b> Is the	e organization a school as described in sec	ction 170(b)(1)(A)(ii)? If	'Yes,' complete Sched	tule E	48		x
49 a Did ti	he organization make any transfers to an	exempt non-charitable re	elated organization?		49 a		x
<b>b</b> If 'Ye	s,' was the related organization a section	527 organization? .			49 b		
50 Comp	plete this table for the organization's five houses) who each received more than \$100	nighest compensated em 1,000 of compensation fr	ployees (other than of om the organization. I	ficers, directors, trustees a f there is none, enter 'None	nd key		
	Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) E:	opense int and lowance:	es
NONE							
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				ļ			
				<del>  </del>			
	The state of the same of the s	00.000		L			
Tiolai	number of other employees paid over \$10	<u>0</u> 0,000 ► <u>0</u>					
<b>51</b> Com	olete this table for the organization's five h	unhest compensated indi	enendent contractors v	who each received more th	an \$100 i	000 of	:
comp	pensation from the organization. If there is	none, enter 'None '	spendent contractors t	who cach received more th	an \$100,	J00 01	
	(a) Name and address of each independent contr	actor paid more than \$100,000		(b) Type of service	(c) Comp		
NONE	(a) Name and address of each morphise it conti	actor paid more than \$100,000	<del></del>	(b) Type of Service	(6) 00111	- Isatioi	<del>''</del>
NONE -							
<del></del>							
		~					
	······································						
				Ĭ			
d Total	number of other independent contractors	each receiving over \$100	0.000 .	. 0			
	·	<b>.</b>					
	Under penalties of perjury, I declare that I have exam				edge and b	elief, it is	s
	true, correct, and complete Declaration of preparer (	other trian onicer) is based on a	i intormation of which prepar	er nas any knowledge			
Sian	~ auto m Zin			11-10-10			
Sign Here	Signature of officer			Date			
	Jusquan R. U. W.	Ba.					
	Type or print name and title.						
	Preparer's		Date UCI & 6 2	Check if Prepa	rer's Identif	ying Nur	mber
Paid	signature KAS SM	mes	pct 2 s 2		200025		
Pre- parer's	Firm's name (or AGLER & GAEDDER	r, Chartered					
Use	yours if self- employed), PO BOX 1020			EIN ► 48-	-08949	99	
Only	address, and ZIP + 4 OTTAWA		KS 66067	Phone no. ► (785)	242-	3170	
May the IR:	S discuss this return with the preparer sho	wn above? See instructi	ons		X Yes	П	No
BAA					Form 990	)-EZ (	(2009

# SCHEDULE A (Form 990 or 990-EZ)

### **Public Charity Status and Public Support** Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

OMB No 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service

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

Name o	f the organization							Employe	er identifica	ation number		
THE			NTY ASSOCIATION						42247			
Part	Reason for Pu	ıblic Charity Statı	ıs (All organizatıons	must	comple	ete this	s part.	) See	ınstruc	tions		
The or	rganization is not a pri	vate foundation becau	se it is: (For lines 1 throu	igh 11, d	check or	ily one b	ox)					
1	A church, conventi	on of churches or asse	ociation of churches desc	ribed in	section	170(b)(1	I)(A)(i).					
2	A school described	In section 170(b)(1)(/	<b>A)(ii).</b> (Attach Schedule E	( )								
3	A hospital or coope	erative hospital service	e organization described i	n sectio	n 170(b	)(1)(A)(ii	ii).					
4	A medical research	n organization operate	d in conjunction with a hi	ospital d	escribed	in sect	ion 170	(b)(1)(A)	(iii). Ent	er the hosp	tal's	
	name, city, and sta											
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)  A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).											
6	H=1	•	•									
7	in section 170(b)(1)(A)(vi). (Complete Part II )											
8	′				•							
9	from activities rela investment income June 30, 1975 Sec	ted to its exempt funct and unrelated busine section 509(a)(2). (C	•	exception 5	ons, and 511 tax)	l (2) no i from bu:	more th sinesse	an 33-1/ s acquir	/3 % of it	ts support fi	om ar	OSS
10	An organization or	ganized and operated	exclusively to test for put	olic safe	ty Sees	section !	509(a)(4	i).				
11	more publicly supp	orted organizations d	exclusively for the benefi escribed in section 509(a ation and complete lines	)(1) or s	section 5	609(a)(2)	tions of ) See s	, or carr ection 5	y out the 09(a)(3).	purposes of the	of one box t	or hat
	a Type I	<b>b</b> Type II	c Type II	l – Fund	ctionally	ıntegrat	ed		d $\square$	Type III-	Other	
е	By checking this both than foundation materials 509(a)(2)	ox, I certify that the organizers and other than	ganization is not controlle n one or more publicly su	ed direct pported	ly or ind organiz	irectly b	y one o escribed	r more o d in sect	disqualificion 509(	ed persons a)(1) or sec	other tion	
f	If the organization check this box	received a written dete	ermination from the IRS t	hat is a	Type I,	Type II o	or Type	III suppo	orting org	ganızatıon,		
g	Since August 17, 2	006, has the organiza	tion accepted any gift or	contribi	ution fro	m any of	f the fol	lowing p	ersons?			
											Yes	No
	(i) a person who	directly or indirectly of	controls, either alone or to	ogether	with per	sons des	scribed	ın (ıı) ar	nd (III)	41 (2)		
	=		upported organization?				•		٠	11 g (i)		<del> </del> -
		iber of a person desc	**						•	11 g (ii)		
	, ,		described in (i) or (ii) ab			•		•	•	11 g (iii)		<u></u>
<u>h</u>		1	ne supported organization	l .		1		r	<u>_</u>			
	(i) Name of Supported Organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	organiza (i) liste	Is the tion in col d in your erning ment?	the organ	ou notify lization in (i) of upport?	organizat	Is the tion in col zed in the S ?	(VII) Amoun	t of Sup	port
				Yes	No	Yes	No	Yes	No			
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Total		- ,				1, 1						

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

Schedule A (Form 990 or 990-EZ) 2009

	(Complete only if you check	-					
	ction A. Public Support	T	Γ	r	<u> </u>		<del></del>
begi	ndar year (or fiscal year nning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants')	196,306.	166,530.	146,495.	129,746.	137,249.	776,326.
2	Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf						
3	The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge						
4	Total. Add lines 1-through 3	196,306.	166,530.	146,495.	129,746.	137,249.	776,326.
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)						249,023.
6	<b>Public support.</b> Subtract line 5 from line 4						527,303.
Sec	tion B. Total Support						
Cale begi	ndar year (or fiscal year nning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7	Amounts from line 4	196,306.	166,530.	146,495.	129,746.	137,249.	776,326.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources	2,032.	2,621.	2,148.	1,355.	1,115.	9,271.
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)						
11	Total support. Add lines 7 through 10				٠		785,597.
12	Gross receipts from related activi	ties, etc. (see inst	tructions)	•	•	12	0.
13	First five years. If the Form 990 organization, check this box and	s for the organization stop here	tion's first, second	f, third, fourth, or	fifth tax year as a	section 501(c)(3)	▶ 🗍
Sec	tion C. Computation of Pul	blic Support P	ercentage				
	Public support percentage for 200	• .	• • • • • • • • • • • • • • • • • • • •	11, column (f)		. 14	67.12%
15	Public support percentage from 2	2008 Schedule A, F	Part II, line 14	•	• •	. 15	79.18%
16 a	33-1/3 support test — 2009. If the and stop here. The organization	e organization did i qualifies as a publ	not check the box licly supported org	on line 13, and t janization.	he line 14 is 33-1	/3 % or more, chec	k this box
t	33-1/3 support test — 2008. If the and stop here. The organization of	organization did i qualifies as a publ	not check a box o icly supported org	n line 13, or 16a, anization.	and line 15 is 33-	1/3% or more, che	ck this box
17 a	10%-facts-and-circumstances te or more, and if the organization r the organization meets the 'facts	neets the 'facts-ar	nd-circumstances'	test, check this be	ox and stop here.	. Explain in Part IV	how
Ł	o 10%-facts-and-circumstances te or more, and if the organization r organization meets the 'facts-and	neets the 'facts-ar	nd-circumstances'	test, check this be	ox and stop here.	. Explain in Part IV	how the

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

	(Complete only if you che	cked the box on lii	ne 9 of Part I)				
Sec	tion A. Public Support			•			
	ndar year (or fiscal yr beginning in)	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions and membership fees received (Do not include 'unusual grants ')	(a) 2003	(3) 2000	(0) 2007	(a) 2000	<b>(E)</b> 2003	(i) Total
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a 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						
	Amounts included on lines 1, 2, 3 received from disqualified persons						
t	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b			-			<del>                                     </del>
8	Public support (Subtract line	be 186 at a	The continue	of the west believe and	HE WAS THE WAS A	atternion and the state of	
0						<b>在中央公司的</b>	
	7c from line 6)	是不是	超离社会学级	はまない。	教育の事業を表別	<b>发展等于概念</b>	·
Sec	tion B. Total Support						
		(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
Cale	ndar year (or fiscal yr beginning in)	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
Cale 9		(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
Cale 9 10 a	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
Cale 9 10 a	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included inline 10b, whether or not the business is	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
Cale 9 10 a b c 11	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
Caler 9 10 a b c 11 12 13 14	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)  Total support. (add lins 9, 10c, 11, and 12.) First five years. If the Form 990 i organization, check this box and	s for the organiza	tion's first, second	I, third, fourth, or		a section 501(c)(3	
Caler 9 10 a b c 11 12 13 14	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)  Total support. (add lins 9, 10c, 11, and 12.) First five years. If the Form 990 i organization, check this box and	s for the organiza	tion's first, second	I, third, fourth, or	fifth tax year as a	a section 501(c)(3	
Cale: 9 10 a b c 11 12 13 14 Sec:	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support. (add lins 9, 10c, 11, and 12.) First five years. If the Form 990 i organization, check this box and tion C. Computation of Pul	s for the organiza stop here blic Support P	tion's first, second	I, third, fourth, or	fifth tax year as a	a section 501(c)(3	)
Caler 9 10 a b c 11 12 13 14 Sec 15	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)  Total support. (add lins 9, 10c, 11, and 12.)  First five years. If the Form 990 i organization, check this box and tion C. Computation of Pul	s for the organiza stop here blic Support P	tion's first, second	, third, fourth, or	fifth tax year as a	s section 501(c)(3	)
Caler 9 10 a b c 11 12 13 14 Sec 15 16	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)  Total support. (add lins 9, 10c, 11, and 12.) First five years. If the Form 990 i organization, check this box and tion C. Computation of Pul Public support percentage from 2	s for the organiza stop here blic Support P 09 (line 8, column 1008 Schedule A, f	tion's first, second ercentage (f) divided by line Part III, line 15	i, third, fourth, or	fifth tax year as a	a section 501(c)(3	)
Calei 9 10 a b c c 11 12 13 14 Sec 15 16 Sec	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support. (add lins 9, 10c, 11, and 12) First five years. If the Form 990 i organization, check this box and tion C. Computation of Pul Public support percentage from 2000.	s for the organiza stop here blic Support P 09 (line 8, column 008 Schedule A, f estment Incon	tion's first, second ercentage (f) divided by line Part III, line 15 ne Percentage	, third, fourth, or	fifth tax year as a	a section 501(c)(3	)
Cale 9 10 a b c 11 12 13 14 Sec: 15 16 Sec: 17	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support. (add lins 9, 10c, 11, and 12) increase if the years. If the Form 990 in organization, check this box and tion C. Computation of Pull Public support percentage for 200 Public support percentage from 2 tion D. Computation of Inv	s for the organiza stop here blic Support P 09 (line 8, column 008 Schedule A, f estment Incor	tion's first, second ercentage (f) divided by line Part III, line 15 ne Percentage column (f) divided	t, third, fourth, or	fifth tax year as a	s section 501(c)(3	)
Cale 9 10 a b c 11 12 13 14 Sec 17 18	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support. (add lins 9, 10c, 11, and 12) First five years. If the Form 990 i organization, check this box and tion C. Computation of Pul Public support percentage for 200 Public support percentage from 2 Investment income percentage for Investment income percentage for Investment income percentage for Investment income percentage for	s for the organiza stop here blic Support P 09 (line 8, column 008 Schedule A, restment Incor or 2009 (line 10c, com 2008 Schedule	tion's first, second ercentage (f) divided by line Part III, line 15 ne Percentage column (f) divided e A, Part III, line 1	t, third, fourth, or 13, column (f))	fifth tax year as a	2 section 501(c)(3 2 15 3 16 4 17 18	)
Cale 9 10 a b c 111 12 13 14 Sec 17 18 19 a	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support. (add lins 9, 10c, 11, and 12.) First five years. If the Form 990 i organization, check this box and the complete support percentage for 200. Public support percentage from 2 tion D. Computation of Investment income percentage for 33-1/3 support tests — 2009. If the more than 33-1/3%, check this box	s for the organiza stop here blic Support P 09 (line 8, column 1008 Schedule A, festment Incor or 2009 (line 10c, com 2008 Schedule e organization did ox and stop here.	ercentage (f) divided by line Part III, line 15 ne Percentage column (f) divided A, Part III, line 1 I not check the bo	t, third, fourth, or 13, column (f))	fifth tax year as a	a section 501(c)(3 15 16 17 18 18 ann 33-1/3%, and ganization	%  %  Inne 17 is not
Cale 9 10 a b c 111 12 13 14 Sec 17 18 19 a	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carned on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)  Total support. (add Ins 9, 10c, 11, and 12.)  First five years. If the Form 990 i organization, check this box and tion C. Computation of Pul Public support percentage for 200 Public support percentage from 2 Investment income percentage for 1331/3 support tests — 2009 If the	s for the organiza stop here  blic Support P  9 (line 8, column 1008 Schedule A, restment Incomor 2009 (line 10c, com 2008 Schedule e organization did by and stop here. e organization did by and stop here.	tion's first, second ercentage (f) divided by line Part III, line 15 ne Percentage column (f) divided A, Part III, line 1 I not check the both the organization of the	t, third, fourth, or 13, column (f)) by line 13, column 7 x on line 14, and qualifies as a pub	fifth tax year as a	a section 501(c)(3 15 16 17 18 18 an 33-1/3%, and ganization	%   %   %   line 17 is not

Schedule A	(Form 990 or 990-EZ) 2009	THE UNITED WAY	OF FRANKI	LIN COUNT	Y ASSOCIATION	23-7422474	Page 4
Partiv	Supplemental Informat Part II, line 17a or 17b;	tion. Complete the	s part to pr	ovide the	explanations req	uired by Part II, I	ine 10;
		and rare in, into	12.1100100	our our our	- additional linor	Tration. See insti	<u> </u>
						· <del></del> -	
			· <b></b>				
				<b></b>			
		<b></b>		<del></del> -			

### Form 990-EZ Part II

### Other Assets and Liabilities

2009

Name as Shown on Return THE UNITED WAY OF FRANKLIN COUNTY ASSOCIATION		loyer Identification No 7422474
Line 24 - Other Assets:	Beginning of Year	End of Year
PLEDGES RECEIVABLE	1,239.	800.
Totals to Form 990-EZ, Part II, line 24	1,239.	800.
Line 26 - Total Liabilities:	Beginning of Year	End of Year
Totals to Form 990-EZ, Part II, line 26		

TEEW1801 SCR 02/11/10

Form 990-EZ, P Other Expenses				
Other expenses	(des	scribe)	7.67	
AWARDS		<del></del>	767.	
PUBLICITY			1,130.	
ADMINISTRAT	TOV		5,092.	
POSTAGE			118.	
MISCELLANEO	บร		335.	
SUPPLIES			31.	
MEMBERSHIP	DUE	<u>S</u>	1,404.	
Total		:	8,877.	
Form 990-EZ, P Grants and Sim				
Purpose of Payr	ment	CHARITABLE		
Class of Activi	ty	Grantee's Name and Address	Grantee's Relationship	Amount Given
DAY CARE		Business X Person . FRANKLIN COUNTY CHILD DEVELOPMENT 410 S. HICKORY	NONE	_
·				- 12 500
		OTTAWA, KS 66067		12,500.
If property other Description of P Date of Gift		n cash was given, the following additional in rty	nformation needs to be	provided.
Book Value		How Book Value	Determined	
FMV		How FMV Det	ermined	
Purpose of Payr	nent	CHARITABLE		
Class of Activi	ty	Grantee's Name and Address	Grantee's Relationship	Amount Given
YOUTH PROGRA	MS	Business X Person  GIRLS CLUB OF OTTAWA  836 S LOCUST	NONE	
		OTTAWA KS 66067		1,250.
If property other Description of P Date of Gift		n cash was given, the following additional in	nformation needs to be	provided:
Book Value		How Book Value	Determined	
FMV		How FMV Det	ermined	

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Purpose of Payr	ment	CHARITABLE		
Class of Activity		Grantee's Name and Address	Grantee's Relationship	Amount Given
DISASTER & BLOOD DONATION		Business X Person  AMERICAN RED CROSS  1600 WASHINGTON BLVD	NONE	_
SUPPORT		KANSAS CITY KS 66102		4,750.
If property other Description of Pi Date of Gift		n cash was given, the following additional ii rty	nformation needs to be	provided.
Book Value		How Book Value	Determined	
FMV		How FMV Det	ermined	
Purpose of Payr	nent	CHARITABLE		
Class of Activi	ty	Grantee's Name and Address	Grantee's Relationship Amount	
PREGNANCY COUNSELING		Business X Person . LIFECARE CENTER FOR WOMEN  121 EAST 2ND	NONE	-
		OTTAWA KS 66067		7,250.
If property other than cash was given, th Description of Property Date of Gift  Book Value		n cash was given, the following additional in rty How Book Value		provided:
FMV		How FMV Determined		
I Purpose of Payn	nent	CHARITABLE		
Class of Activity		Grantee's Name and Address	Grantee's Relationship	Amount Given
ABUSED WOMEN SERVICEDS		Business X Person	NONE	9,000.
If property other Description of Pr Date of Gift		n cash was given, the following additional in	nformation needs to be	provided:
Book Value	Value How Book Value Determined			
FMV How FMV Determined		<del></del>		

Purpose of Payn	nent	CHARITABLE		
Class of Activity		Grantee's Name and Address	Grantee's Relationship	Amount Given
FOOD PANTRY		Business X Person HOPE HOUSE 302 S WALNUT OTTAWA KS 66037	NONE	18,000.
If property other Description of Pr Date of Gift		n cash was given, the following additional in	nformation needs to be	
Book Value		How Book Value	Determined	
FMV		How FMV Det	ermined	<del></del>
Purpose of Payn	nent	CHARITABLE		
Class of Activit	ty	Grantee's Name and Address	Grantee's Relationship	Amount Given
DISASTER		Business X Person SALVATION ARMY 3637 BROADWAY	NONE	_
RELIEF		KANSAS CITY MO 64141		4,500.
If property other Description of Pr Date of Gift  Book Value  FMV		rty How Book Value	Determined	provided:
Purpose of Paym	nent	CHARITABLE		
Class of Activity		Grantee's Name and Address	Grantee's Relationship	Amount Given
YOUTH PROGRAMS		Business X Person	NONE	9,000.
If property other Description of Pr Date of Gift .		n cash was given, the following additional in rty	nformation needs to be	provided:
Book Value	How Book Value Determined			
FMV	How FMV Determined			

Purpose of Pay	men	CHARITABLE		<u> </u>
Class of Activity		Grantee's Name and Address	Grantee's Relationship	Amount Given
HEALTH CARE		Business X Person NONE  CHILDRENS MERCY HOSPITAL  24201 GILLHAM RD  KANSAS CITY MO 64108		5,250.
If property other Description of P Date of Gift		n cash was given, the following additional in	nformation needs to be	provided.
Book Value		How Book Value	Determined	
FMV		How FMV Det	termined	
Purpose of Payı	ment	CHARITABLE		
Class of Activi	ıty	Grantee's Name and Address	Grantee's Relationship	Amount Given
SCOUT PROGRAMS		Business X Person  GIRLS SCOUT MID CONTINENT COUNCIL, INC 8383 BLUE PARKWAY DR  KANSAS CITY MO 64133	NONE	3,750.
If property other Description of P Date of Gift		n cash was given, the following additional in the followin	nformation needs to be	provided:
Book Value		How Book Value	Determined	
FMV		How FMV Determined		
Purpose of Payr	nent	. CHARITABLE		
Class of Activity		Grantee's Name and Address	Grantee's Relationship	Amount Given
DIABETES EDUCATION		Business . X Person	NONE	3,750.
		n cash was given, the following additional inty	nformation needs to be	provided:
Book Value	How Book Value Determined			
FMV		How FMV Determined		

Purpose of Pay	men	t . CHARITABLE		
Class of Activity		Grantee's Name and Address	Grantee's Relationship	Amount Given
INFANT SCREENING		Business X Person . OTTAWA WELLSVILLE INFANT TODDLER PROGRAM C/O LEARNING TREE INSTITUTE, 1105 S HUGH FRONTENAC KS 66763	NONE	12,250.
If property other Description of P Date of Gift		n cash was given, the following additional interests.	nformation needs to be	provided
Book Value		How Book Value	Determined	
FMV	-	How FMV Det	termined	
Purpose of Payr	ment	CHARITABLE		
Class of Activi	ıty	Grantee's Name and Address	Grantee's Relationship	Amount Given
HOSPICE CARE		Business X Person  MIDLAND HOSPICE CARE  635 S MAIN  OTTAWA KS 66067	NONE	3,750.
Description of P Date of Gift  Book Value		n cash was given, the following additional inerty  How Book Value		provided.
FMV	FMV How FMV Determined		ermined	
Purpose of Payr	I ment	CHARITABLE		
Class of Activity		Grantee's Name and Address	Grantee's Relationship	Amount Given
DISABLED ASSISTANCE		Business X Person . UNITED CEREBRAL PALSY PO BOX 8217	NONE	_
		WICHITA KS 67208		4,750.
If property other Description of P Date of Gift .		n cash was given, the following additional in	nformation needs to be	provided:
Book Value	How Book Value Determined			
FMV		How FMV Determined		
		··-		

Grants and Sim	nilar A	Amounts Paid			
Purpose of Payı	ment	CHARITABLE			
Class of Activity		Grantee's Name and Address	Grantee's Relationship	Amount Given	
CASA		Business X Person NONE  CASA NONE  315 S MAIN  OTTAWA KS 66067		8,500.	
If property other Description of P Date of Gift		n cash was given, the following additional in	nformation needs to be	provided:	
Book Value		How Book Value Determined			
FMV		How FMV Determined			
Purpose of Payr	ment	CHARITABLE			
Class of Activi	ıty	Grantee's Name and Address	Grantee's Relationship	Amount Given	
DISABLED PERSONS		Business X Person COMPEER PO BOX 677 OTTAWA KS 66067	NONE	13,250.	
		cash was given, the following additional in		provided:	
Book Value	How Book Value Determined				
FMV		How FMV Det	ermined		
		<del></del>		<del></del>	

Fo(m 8868	(Rev 4-2009) THE UNITED WAY OF FRANKLIN COUNTY A	SSOCIATION	23-74:	22474	Page 2
• If you a	re filing for an Additional (Not Automatic) 3-Month Extension, complete onl	y Part II and check th	ıs box		► X
	complete Part II if you have already been granted an automatic 3-month ext			8868.	
	re filing for an Automatic 3-Month Extension, complete only Part I (on page		-		
Part II	Additional (Not Automatic) 3-Month Extension of Time. Onl	y file the original	(no copie	s needed).	
	Name of Exempt Organization		T	ntification number	
Type or					
print	THE UNITED WAY OF FRANKLIN COUNTY ASSOCIATION		23-7422	474	
	Number, street, and room or suite number. If a P.O. box, see instructions		For IRS use o	nly	
File by the extended					
due date for filing the	C/O ANITA FIGGINS PO BOX 233		., 5-71	**************************************	- 12
return See instructions	City, town or post office, state, and ZIP code. For a foreign address, see instructions		, N. 4 S.	٠٠ ش	- 气 ( ) ( )
	OTTAWA KS 66067				1- 1 144
Check type	of return to be filed (File a separate application for each return).				
Form 99	90 Form 990-PF	Form 1041-A		Form 60	<b>369</b>
Form 99	90-BL Form 990-T (section 401(a) or 408(a) trust)	Form 4720		Form 88	370
X Form 99	PO-EZ Form 990-T (trust other than above)	Form 5227			
STOP! Do r	ot complete Part II if you were not already granted an automatic 3-month ex	xtension on a previou	ısly filed Fo	rm 8868.	
The boo	ks are in care of ▶ PEOPLES NATIONAL BANK			<u></u>	
Telepho	ne No ► (785) 242-2900 FAX No. ►				
<ul><li>If the or</li></ul>	ganization 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 Nun	nber (GEN)		If this	is for the
whole group	o, check this box 🌎 📗 If it is for part of the group, check this box 🏲 🗌	and attach a list wi	th the name	and ElNs of	all
members th	e extension is for				
4 I requ	est an additional 3-month extension of time until Nov 15 , 20	10.			
5 For ca	slendar year 2009 , or other tax year beginning , 20	$0 \ \_$ , and ending $\_$		, 20	
6 If this	tax year is for less than 12 months, check reason. Initial return	Final return	Change	in accounting	period
7 State	in detail why you need the extension The audit for 2009 ha	s not been		_	
_com	oleted. More time is needed to prepare an acc	urate			
ret	ırn.				
8a If this nonre	application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tenti fundable credits. See instructions	ative tax, less any	8a	\$	0.
<b>b</b> If this	application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable of	redits and estimated	tax	-	
payme	ents made Include any prior year overpayment allowed as a credit and any a orm 8868	amount paid previous	y 8b	\$	0.
c Balan with F	ce Due. Subtract line 8b from line 8a Include your payment with this form, o TD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment	r, if required, deposit System) See instrs	8 c	\$	0.
	Signature and Verification				
Under penalties correct, and cor	of perjury, I declare that I have examined this form, including accompanying schedules and stateme aplete, and that I am authorized to prepare this form	ents, and to the best of my ki	nowledge and b	elief, it is true,	
Signature	Fita SManla Tille + CPA		D-	8/2	3/10
o.g.iotore	The state of the s		Da	e /	-710

# Form **8868** (Rev Āpril 2009)

Application for Extension of Time To File an Exempt Organization Return

Department of the Treasury Internal Revenue Service

4 4 4 6

File a separate application for each return.

OMB No 1545-1709

Form 8868 (Rev. 4-2009)

Internal Revenue	Service The district approach to section to		
If you are	e filing for an Automatic 3-Month Extension, complete only Part I and check this box	► [x]	
<ul> <li>If you are</li> </ul>	e filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this		
	plete Part II unless you have already been granted an automatic 3-month extension on a previously file	•	
Parti	Automatic 3-Month Extension of Time. Only submit original (no copies needed).		
A corporation	n required to file Form 990-T and requesting an automatic 6-month extension — check this box and co	mplete Part I only	
	porations (including 1120-C filers), partnerships, REMICS, and trusts must use Form 7004 to request a	_	
Electronic Fi returns noted the additional Form 990-T.	iling (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension in below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 if (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a confidency of the following submitted and signed page 2 (Part II) of Form 8868. For more detainst www.irs.gov/efile.and.click.on e-file for Charities & Nonprofits.	electronically if (1) you want composite or consolidated	
	Name of Exempt Organization	Employer identification number	
Type or print			
•	THE UNITED WAY OF FRANKLIN COUNTY ASSOCIATION	23-7422474	
File by the due date for	Number, street, and room or suite number. If a P.O. box, see instructions		
filing your return See	C/O ANITA FIGGINS PO BOX 233		
instructions	City, town or post office, state, and ZIP code. For a foreign address, see instructions		
	OTTAWA	KS 66067	
	of return to be filed (file a separate application for each return)		
Form 990		20	
Form 990		27	
<b>X</b> Form 990	0-EZ	59	
Form 990	D-PF Form 1041-A Form 887	70	
Telephon If the org If this is f	is are in the care of PEOPLES NATIONAL BANK  The No (785) 242-2900 FAX No  anization does not have an office or place of business in the United States, check this box for a Group Return, enter the organization's four digit Group Exemption Number (GEN)  If it is for part of the group, check this box  and attach a list with the names are used in the cover.	this is for the whole group, and EINs of all members	
1 I reques	st an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time		
	Aug 16 , 20 10 _ , to file the exempt organization return for the organization named above tension is for the organization's return for:		
► <u>x</u>	calendar year 20 <u>0 9</u> or		
▶ 📗	tax year beginning, 20, and ending, 20		
2 If this to	ax year is for less than 12 months, check reason	change in accounting period	
3a If this a nonrefu	pplication is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any indable credits. See instructions	3a \$ 0.	
<b>b</b> If this a made. I	pplication is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments include any prior year overpayment allowed as a credit	3b\$ 0.	
deposit	e Due. Subtract line 3b from line 3a Include your payment with this form, or, if required, with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System) structions	3c\$ 0.	
Caution. If yo	ou are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form ructions.	8879-EO for	

BAA For Privacy Act and Paperwork Reduction Act Notice, see instructions.