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

OMB No 1545-1150

2009

Open to Public Inspection

A For the 2009 calendar year, or tax year beginning , 2009, and ending ,

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Termination
- ☐ Amended return
- ☐ Application pending

Please use IRS label or print or type. See Specific Instructions

C Name of organization
HARVEY COUNTY UNITED WAY, INC.

Number and street (or P O box, if mail is not delivered to street address) | Room/suite
103 E. BROADWAY

City or town, state or country, and ZIP + 4
NEWTON KS 67114

D Employer identification number
48-0603559

E Telephone number
(316) 283-7101

F Group Exemption Number ►

• *Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).*

G Accounting method ☐ Cash ☒ Accrual
Other (specify) ►

I Website: ► www.harveyunitedway.org

J Tax-exempt status (check only one) – ☒ 501(c) (3) ◄ (insert no) ☐ 4947(a)(1) or ☐ 527

H Check ► ☒ if the organization is **not** required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

K Check ► ☐ if the organization is not a section 509(a)(3) supporting organization **and** its gross receipts are normally **not** more than $25,000. A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if $500,000 or more, file Form 990 instead of Form 990-EZ ► $ 310,031.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.)

REVENUE	1	Contributions, gifts, grants, and similar amounts received	1	301,246.
	2	Program service revenue including government fees and contracts	2	
	3	Membership dues and assessments	3	
	4	Investment income	4	2,986.
	5a	Gross amount from sale of assets other than inventory 5a		
	b	Less cost or other basis and sales expenses 5b		
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
	6	Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here ► ☐		
	a	Gross revenue (not including $ _____ of contributions reported on line 1) 6a		
	b	Less direct expenses other than fundraising expenses 6b		
	c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c	
	7a	Gross sales of inventory, less returns and allowances 7a		
	b	Less: cost of goods sold 7b		
	c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	
	8	Other revenue (describe ► MISCELLANEOUS)	8	5,799.
	9	**Total revenue.** Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 ►	9	310,031.
EXPENSES	10	Grants and similar amounts paid (attach schedule) See L-10 Stmt	10	207,663.
	11	Benefits paid to or for members	11	
	12	Salaries, other compensation, and employee benefits	12	41,316.
	13	Professional fees and other payments to independent contractors	13	3,900.
	14	Occupancy, rent, utilities, and maintenance	14	4,440.
	15	Printing, publications, postage, and shipping	15	140.
	16	Other expenses (describe ► See Other Expenses Statement)	16	18,019.
	17	**Total expenses.** Add lines 10 through 16 ►	17	275,478.
NET ASSETS	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	34,553.
	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	278,813.
	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	313,366.

Part II Balance Sheets. If Total assets on line 25, column (B) are $1,250,000 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	135,443.	22	179,420.
23	Land and buildings	1,822.	23	2,707.
24	Other assets (describe ► See L-24 Stmt)	176,793.	24	165,769.
25	**Total assets**	314,058.	25	347,896.
26	**Total liabilities** (describe ► See L-26 Stmt)	35,245.	26	34,530.
27	**Net assets or fund balances** (line 27 of column (B) **must** agree with line 21)	278,813.	27	313,366.

Part III Statement of Program Service Accomplishments (See the instructions.)

What is the organization's primary exempt purpose? FUNDING FOR HARVEY COUNTY, KS NOT FOR PROFIT ORGANIZATIONS

Describe what was achieved in carrying out the organization's exempt purposes In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title.

Expenses (Required for section 501(c)(3) and (4) organizations and section 4947(a)(1) trusts; optional for others)

28 GRANTS AND ALLOCATIONS TO NOT FOR PROFIT ORGANIZATIONS THAT BENEFIT HARVEY COUNTY, KS AS WELL AS OTHER SPECIAL PROJECTS
(Grants $ 207,663.) If this amount includes foreign grants, check here ► ☐ — 28a — 212,794.

29 (Grants $) If this amount includes foreign grants, check here ► ☐ — 29a

30 (Grants $) If this amount includes foreign grants, check here ► ☐ — 30a

31 Other program services (attach schedule)
(Grants $) If this amount includes foreign grants, check here ► ☐ — 31a

32 **Total program service expenses** (add lines 28a through 31a) ► — 32 — 212,794.

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated. (See the instrs)

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-.)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances
LINDSAY FRASIER NEWTON KS 67114	EXEC DIRECTOR 40.00	38,380.	0.	
BOARD OF DIRECTORS SEE ATTACHED SCHEDULE	0.00	0.	0.	

Part V **Other Information** (Note the statement requirements in the instrs for Part 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		X
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.			
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?	35a		X
b	If 'Yes,' has it filed a tax return on **Form 990-T** for this year?	35b		
36	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		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ► 37a 0.			
b	Did the organization file **Form 1120-POL** for this year?	37b		X
38a	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?	38a		X
b	If 'Yes,' complete Schedule L, Part II and enter the total amount involved 38b			
39	Section 501(c)(7) organizations Enter:			
a	Initiation fees and capital contributions included on line 9 39a			
b	Gross receipts, included on line 9, for public use of club facilities 39b			
40a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under: section 4911 ► 0., section 4912 ► 0.; section 4955 ► 0.			
b	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	40b		X
c	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 ►			
d	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	40e		X
41	List the states with which a copy of this return is filed ►			

42a The organization's books are in care of ► HARVEY COUNTY UNITED WAY, INC. Telephone no ► (316) 283-7101

Located at ► 103 E BROADWAY NEWTON KS ZIP + 4 ► 67114

			Yes	No
b	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 ►	42b		X
	See the instructions for exceptions and filing requirements for **Form TD F 90-22 1, Report of a Foreign Bank and Financial Accounts.**			
c	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 ... ► 43

			Yes	No
44	Did the organization maintain any donor advised funds? If 'Yes,' Form 990 must be completed instead of Form 990-EZ	44		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

Part VI **Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.** All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46-49b and complete the tables for lines 50 and 51.

		Yes	No
46	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I		X
47	Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II		X
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E		X
49a	Did the organization make any transfers to an exempt non-charitable related organization?		X
49b	If 'Yes,' was the related organization a section 527 organization?		

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than $100,000 of compensation from the organization If there is none, enter 'None '

(a) 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) Expense account and other allowances
NONE				

f Total number of other employees paid over $100,000 ►

51 Complete this table for the organization's five highest compensated independent contractors who each received more than $100,000 of compensation from the organization If there is none, enter 'None '

(a) Name and address of each independent contractor paid more than $100,000	(b) Type of service	(c) Compensation
NONE		

d Total number of other independent contractors each receiving over $100,000 ►

Sign Here

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

► Kelly Cordell Treasurer 11/11/10
Signature of officer Date

► Kelly Cordell
Type or print name and title

Paid Preparer's Use Only

Preparer's signature ►	Amy B Elliott	Date 11/9/10	Check if self employed ► ☐
Preparer's Identifying Number (See instructions)	P00503103		
Firm's name (or yours if self employed), address, and ZIP + 4 ►	KNUDSEN, MONROE & COMPANY, LLC 301 N MAIN, SUITE 110 NEWTON KS 67114-3459	EIN ►	
Phone no ►	(316) 283-5366		

May the IRS discuss this return with the preparer shown above? See instructions ► [X] Yes [ ] No

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No. 1545-0047

2009

Open to Public Inspection

Name of the organization	Employer identification number
HARVEY COUNTY UNITED WAY, INC.	48-0603559

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

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

1 ☐ A church, convention of churches or association of churches described in **section 170(b)(1)(A)(i).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E)

3 ☐ A hospital or cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)** Enter the hospital's name, city, and state _____

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

9 ☐ An organization that normally receives: (1) more than 33-1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions – subject to certain exceptions, and (2) no more than 33-1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)

10 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**

11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h

a ☐ Type I b ☐ Type II c ☐ Type III – Functionally integrated d ☐ Type III– Other

e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)

f If the organization received a written determination from the IRS that is a Type I, Type II or Type III supporting organization, check this box . . . ☐

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

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

h Provide the following information about the supported organizations.

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

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I)

Section A. Public Support

Calendar year (or fiscal year beginning 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 ')	286,965.	301,524.	316,227.	288,090.	301,246.	1,494,052.
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	286,965.	301,524.	316,227.	288,090.	301,246.	1,494,052.
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						1,494,052.

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4	286,965.	301,524.	316,227.	288,090.	301,246.	1,494,052.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources	1,753.	5,753.	3,633.	-159.	2,986.	13,966.
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.)	1,057.	3,605.	4,726.	5,093.	5,799.	20,280.
11 **Total support.** Add lines 7 through 10						1,528,298.

12 Gross receipts from related activities, etc. (see instructions) 12

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f)	14	97.76 %
15 Public support percentage from 2008 Schedule A, Part II, line 14	15	98.14 %

16a **33-1/3 support test – 2009.** If the organization did not check the box on line 13, and the line 14 is 33-1/3 % or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ► ☒

b **33-1/3 support test – 2008.** If the organization did not check a box on line 13, or 16a, and line 15 is 33-1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ► ☐

17a **10%-facts-and-circumstances test – 2009** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and **stop here.** Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization ► ☐

b **10%-facts-and-circumstances test – 2008.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and **stop here.** Explain in Part IV how the organization meets the 'facts-and-circumstances' test The organization qualifies as a publicly supported organization ► ☐

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

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

(Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal yr beginning 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.')						
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						
7a Amounts included on lines 1, 2, 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 amount on line 13 for the year						
c Add lines 7a and 7b						
8 **Public support** (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal yr beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included inline 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 lns 9, 10c, 11, and 12)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2008 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2009** (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from **2008** Schedule A, Part III, line 17	18	%

19a **33-1/3 support tests – 2009.** If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line 17 is not more than 33-1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ► ☐

b **33-1/3 support tests – 2008.** If the organization did not check a box on line 14 or 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ► ☐

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

Part IV **Supplemental Information.** Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Provide any other additional information. See instructions.

Other Income Part II, Line 10

Description: MISCELLANEOUS

2005: 1057.

2006: 3605.

2007: 4726.

2008: 5093.

2009: 5799.

Form **4562**

Department of the Treasury
Internal Revenue Service (99)

Depreciation and Amortization
(Including Information on Listed Property)

► See separate instructions. ► Attach to your tax return.

OMB No 1545-0172

2009

Attachment Sequence No 67

Name(s) shown on return

HARVEY COUNTY UNITED WAY, INC.

Identifying number

48-0603559

Business or activity to which this form relates

Form 990 / Form 990EZ

Part I Election To Expense Certain Property Under Section 179

Note: *If you have any listed property, complete Part V before you complete Part I*

1	Maximum amount See the instructions for a higher limit for certain businesses	1	$250,000.
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	$800,000.
4	Reduction in limitation Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year Subtract line 4 from line 1 If zero or less, enter -0-. If married filing separately, see instructions	5	

6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost

7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction Enter the **smaller** of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2008 Form 4562	10	
11	Business income limitation Enter the smaller of business income (not less than zero) or line 5 (see instrs)	11	
12	Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2010 Add lines 9 and 10, less line 12 ►	13	

Note: *Do not use Part II or Part III below for listed property Instead, use Part V.*

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property) (See instructions.)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	

Part III MACRS Depreciation (Do not include listed property) (See instructions)

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2009	17	424.
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here ► ☐		

Section B — Assets Placed in Service During 2009 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only — see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property		585.	5 YRS	HY	SL	58.
c 7-year property						
d 10-year property		824.	10 YRS	HY	SL	41.
e 15-year property						
f 20-year property						
g 25-year property			25 yrs		S/L	
h Residential rental property			27.5 yrs	MM	S/L	
			27.5 yrs	MM	S/L	
i Nonresidential real property			39 yrs	MM	S/L	
				MM	S/L	

Section C — Assets Placed in Service During 2009 Tax Year Using the Alternative Depreciation System

20a Class life					S/L	
b 12-year			12 yrs		S/L	
c 40-year			40 yrs	MM	S/L	

Part IV Summary (See instructions)

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return Partnerships and S corporations — see instructions	22	523.
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

Form 990-EZ
Part II

Other Assets and Liabilities

2009

Name as Shown on Return	Employer Identification No
HARVEY COUNTY UNITED WAY, INC.	48-0603559

Line 24 - Other Assets:	Beginning of Year	End of Year
Pledges Receivable - Net	169,692.	157,536.
Prepaids	1,221.	1,256.
Investments	5,745.	6,882.
ACCRUED INTEREST RECEIVABLE	135.	95.
Totals to Form 990-EZ, Part II, line 24	176,793.	165,769.

Line 26 - Total Liabilities:	Beginning of Year	End of Year
Accounts Payable & Accrued Expenses	35,245.	34,530.
Totals to Form 990-EZ, Part II, line 26	35,245.	34,530.

Form 990-EZ, Part I, Line 16
Other Expenses Statement

Other expenses (describe)	
SUPPLIES	561.
CAMPAIGN PROMOTION	4,862.
TELEPHONE	1,414.
INSURANCE	2,273.
DUES & SUBSCRIPTIONS	431.
UNITED WAY OF AMERICA DUES	3,067.
TRAINING	900.
MISCELLANEOUS	1,559.
BOARD EXPENSES	155.
SPECIAL PROJECTS	999.
SOFTWARE SUPPORT	1,275.
Depreciation	523.
Total	18,019.

Form 990-EZ, Part I, Line 10
Grants and Similar Amounts Paid

Purpose of Payment SUPPORT OF FOOD PANTRY & CLOTHING CLOSET

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
CHARITABLE	Business [X] Person [ ] AGAPE RESOURCE CENTER 116 E 6TH ST NEWTON KS 67114	NONE	8,130.

If property other than cash was given, the following additional information needs to be provided:
Description of Property
Date of Gift

Book Value	How Book Value Determined
FMV	How FMV Determined

Purpose of Payment SUPPORT OF MENTORING ORGANIZATION

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
CHARITABLE	Business [ ] Person [X] BIG BROTHERS/BIG SISTERS OF HV CO PO BOX 1143 NEWTON KS 67114	NONE	14,890.

If property other than cash was given, the following additional information needs to be provided:
Description of Property
Date of Gift

Book Value	How Book Value Determined
FMV	How FMV Determined

Form 990-EZ, Part I, Line 10 Continued
Grants and Similar Amounts Paid

Purpose of Payment SUPPORT OF ADVOCATES FOR ABUSED/NEGLECTED CHILDREN

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
CHARITABLE	Business [X] Person [ ] CASA: A VOICE FOR CHILDREN, INC. PO BOX 687 NEWTON KS 67114	NONE	12,270.

If property other than cash was given, the following additional information needs to be provided:
Description of Property
Date of Gift

Book Value	How Book Value Determined
FMV	How FMV Determined

Purpose of Payment SUPPORT PROVIDED TO HELP KEEP YOUNG PEOPLE IN SCHOOL

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
CHARITABLE	Business [X] Person [ ] COMMUNITIES IN SCHOOLS PO BOX 91 NEWTON KS 67114	NONE	8,620.

If property other than cash was given, the following additional information needs to be provided:
Description of Property
Date of Gift

Book Value	How Book Value Determined
FMV	How FMV Determined

Purpose of Payment SUPPORT VICTIMS OF DOMESTIC VIOLENCE/SEXUAL ASSAULT

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
CHARITABLE	Business [X] Person [ ] HARVEY COUNTY DOMESTIC VIOLENCE/SEXUAL ASSAULT PO BOX 687 NEWTON KS 67114	NONE	16,010.

If property other than cash was given, the following additional information needs to be provided:
Description of Property
Date of Gift

Book Value	How Book Value Determined
FMV	How FMV Determined

Form 990-EZ, Part I, Line 10 Continued
Grants and Similar Amounts Paid

Purpose of Payment . . SUPPORT OF MEDICAL SERVICES FOR NEEDY

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
CHARITABLE	Business . [X] Person [ ] HEALTH MINISTRIES OF HARVEY COUNTY 209 S PINE NEWTON KS 67114	NONE	23,870.

If property other than cash was given, the following additional information needs to be provided:
Description of Property
Date of Gift

Book Value	How Book Value Determined
FMV	How FMV Determined

Purpose of Payment SUPPORT OF CENTER FOR ABUSED CHILDREN

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
CHARITABLE	Business [X] Person . . [ ] HEART TO HEART CHILD ADVOCACY 201 E 6TH NEWTON KS 67114	NONE	8,240.

If property other than cash was given, the following additional information needs to be provided:
Description of Property
Date of Gift

Book Value	How Book Value Determined
FMV	How FMV Determined

Purpose of Payment PROVIDE SCHOLARSHIPS FOR CHILDCARE SERVICES

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
CHARITABLE	Business . [X] Person . [ ] HESSTON COMMUNITY CHILD CARE 441 NEUFELD DR HESSTON KS 67062	NONE	6,830.

If property other than cash was given, the following additional information needs to be provided:
Description of Property
Date of Gift

Book Value	How Book Value Determined
FMV	How FMV Determined

Form 990-EZ, Part I, Line 10 Continued
Grants and Similar Amounts Paid

Purpose of Payment .. SUPPORT OF SUBSTANCE ABUSE TREATMENT

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
CHARITABLE	Business . . [X] Person [ ] MIRROR, INC. PO BOX 711 NEWTON KS 67114	NONE	7,100.

If property other than cash was given, the following additional information needs to be provided:
Description of Property
Date of Gift

Book Value	How Book Value Determined
FMV	How FMV Determined

Purpose of Payment SUPPORT FOR SERVING MEALS TO THE HOMEBOUND

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
CHARITABLE	Business [X] Person [ ] MEALS ON WHEELS 122 E 6TH NEWTON KS 67114	NONE	15,330.

If property other than cash was given, the following additional information needs to be provided:
Description of Property
Date of Gift .

Book Value	How Book Value Determined
FMV	How FMV Determined

Purpose of Payment PROVIDE SCHOLARSHIPS FOR CHILDCARE SERVICES

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
CHARITABLE	Business . [X] Person . [ ] NEWTON COMMUNITY CHILDCARE CENTER, INC. 805 MEDICAL CENTER DRIVE NEWTON KS 67114	NONE	12,280.

If property other than cash was given, the following additional information needs to be provided:
Description of Property
Date of Gift

Book Value	How Book Value Determined
FMV	How FMV Determined

Form 990-EZ, Part I, Line 10 Continued
Grants and Similar Amounts Paid

Purpose of Payment . . SUPPORT OF PROGRAM ASSISTING CRIME VICTIMS AND OFFENDERS

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
CHARITABLE	Business [X] Person [ ] OFFENDER VICTIM MINISTRIES 900 N POPLAR, STE 200 NEWTON KS 67114	NONE	7,660.

If property other than cash was given, the following additional information needs to be provided.
Description of Property
Date of Gift

Book Value	How Book Value Determined
FMV	How FMV Determined

Purpose of Payment ASSIST CLIENTS WITH DISABILITIES TO MANAGE THEIR SOCIAL SECURITY BENEFITS

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
CHARITABLE	Business [X] Person [ ] REPRESENTATIVE PAYEE PROGRAM OF ST MATTHEW'S C 2001 WINDSOR DRIVE NEWTON KS 67114	NONE	6,712.

If property other than cash was given, the following additional information needs to be provided:
Description of Property
Date of Gift .

Book Value	How Book Value Determined
FMV	How FMV Determined

Purpose of Payment SUPPORT VICTIMS OF DISASTERS

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
CHARITABLE	Business [X] Person [ ] SALVATION ARMY 208 W 6TH NEWTON KS 67114	NONE	14,530.

If property other than cash was given, the following additional information needs to be provided:
Description of Property
Date of Gift

Book Value	How Book Value Determined
FMV	How FMV Determined

Form 990-EZ, Part I, Line 10 Continued
Grants and Similar Amounts Paid

Purpose of Payment . SUPPORT FOR FAMILIES OF CHILDREN WITH SPECIAL NEEDS

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
CHARITABLE	Business .. [X] Person . [ ] THUMC RESPITE CARE 1200 BOYD AVE NEWTON KS 67114	NONE	13,060.

If property other than cash was given, the following additional information needs to be provided:
Description of Property
Date of Gift .

Book Value	How Book Value Determined
FMV	How FMV Determined

Purpose of Payment SUPPORT OF AFTER-SCHOOL PROGRAM FOR CHILDREN WITH WORKING PARENTS

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
CHARITABLE	Business . [X] Person . [ ] USD 373 LATCHKEY PROGRAM 619 BOYD NEWTON KS 67114	NONE	9,246.

If property other than cash was given, the following additional information needs to be provided:
Description of Property
Date of Gift .

Book Value	How Book Value Determined
FMV	How FMV Determined

Purpose of Payment . HELP PREPARE COMMUNITIES FOR EMERGENCIES

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
CHARITABLE	Business [X] Person [ ] AMERICAN RED CROSS 1900 E DOUGLAS WICHITA KS 67214	NONE	3,950.

If property other than cash was given, the following additional information needs to be provided:
Description of Property
Date of Gift

Book Value	How Book Value Determined
FMV	How FMV Determined

Form 990-EZ, Part I, Line 10 Continued
Grants and Similar Amounts Paid

Purpose of Payment **FUNDING FOR LICENSED PRESCHOOL**

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
CHARITABLE	Business . [X] Person . [ ] COMMUNITY PLAYSCHOOL INC PO BOX 364 NORTH NEWTON KS 67114	NONE	3,270.

If property other than cash was given, the following additional information needs to be provided.
Description of Property
Date of Gift .

Book Value	How Book Value Determined
FMV	How FMV Determined

Purpose of Payment **SUPPORT OF SENIOR SERVICES CENTER**

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
CHARITABLE	Business . [X] Person . [ ] HESSTON AREA SENIORS, INC. 108 W RANDALL ST HESSTON KS 67062	NONE	2,560.

If property other than cash was given, the following additional information needs to be provided:
Description of Property
Date of Gift

Book Value	How Book Value Determined
FMV	How FMV Determined

Purpose of Payment **SUPPORT OF SENIOR SERVICES CENTER**

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
CHARITABLE	Business [X] Person . [ ] NEWTON AREA SENIOR CENTER, INC. 122 E 6TH NEWTON KS 67114	NONE	2,240.

If property other than cash was given, the following additional information needs to be provided:
Description of Property
Date of Gift

Book Value	How Book Value Determined
FMV	How FMV Determined

Form 990-EZ, Part I, Line 10 Continued
Grants and Similar Amounts Paid

Purpose of Payment PROVIDE SUPPORT OF ESSENTIAL HOME REPAIRS FOR DISABLED

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
CHARITABLE	Business [X] Person [ ] HOPE HOME REPAIR 400 S MAIN #201 NEWTON KS 67114	NONE	3,000.

If property other than cash was given, the following additional information needs to be provided:
Description of Property
Date of Gift

Book Value	How Book Value Determined
FMV	How FMV Determined

Purpose of Payment SUPPORT OF VOLUNTEER PROGRAM FOR PERSONS 55 AND OLDER

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
CHARITABLE	Business [X] Person [ ] HARVEY COUNTY RSVP PROGRAM 800 N MAIN NEWTON KS 67114	NONE	1,200.

If property other than cash was given, the following additional information needs to be provided:
Description of Property
Date of Gift

Book Value	How Book Value Determined
FMV	How FMV Determined

Purpose of Payment SUPPORT OF SERVICES FOR DISABLED CHILDREN

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
CHARITABLE	Business [X] Person [ ] UNITED CEREBRAL PALSY OF KANSAS 5111 E 21ST ST WICHITA KS 67208	NONE	4,740.

If property other than cash was given, the following additional information needs to be provided:
Description of Property
Date of Gift

Book Value	How Book Value Determined
FMV	How FMV Determined

Form 990-EZ, Part I, Line 10 Continued
Grants and Similar Amounts Paid

Purpose of Payment PROVIDE EMERGENCY/TEMPORARY RESIDENTIAL SHELTER FOR CHILDREN

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
CHARITABLE	Business . [X] Person . ... [ ] WICHITA CHILDREN'S HOME 810 N HOLYOKE WICHITA KS 67208	NONE	925.

If property other than cash was given, the following additional information needs to be provided:
Description of Property
Date of Gift

Book Value	How Book Value Determined
FMV	How FMV Determined

Purpose of Payment MATCHING FUNDING FOR EARLY CHILDHOOD GRANT

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
CHARITABLE	Business [X] Person [ ] CENTRAL KANSAS COMMUNITY FOUNDATION 301 N MAIN, SUITE 200 NEWTON KS 67114	NONE	1,000.

If property other than cash was given, the following additional information needs to be provided:
Description of Property
Date of Gift

Book Value	How Book Value Determined
FMV	How FMV Determined

Schedule A (Form 990 or 990EZ) - Part IV - Supplemental Information (continued)

Schedule A (Form 990 or 990EZ) - Other Income (continued)

Description	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
MISCELLANEOUS	1,057.	3,605.	4,726.	5,093.	5,799.	20,280.
Total	1,057.	3,605.	4,726.	5,093.	5,799.	20,280.

Supporting Statement of:

Form 990-EZ/Line 4

Description	Amount
INTEREST INCOME ON CASH INVESTMENTS	1,789.
UNREALIZED GAIN ON ASSETS HELD BY AGENT	1,197.
Total	2,986.

Supporting Statement of:

Form 990-EZ/Line 23, Column (A)

Description	Amount
PROPERTY ASSETS	15,845.
ACCUMULATED DEPRECIATION	-14,023.
Total	1,822.

Supporting Statement of:

Form 990-EZ/Line 23, Column (B)

Description	Amount
PROPERTY ASSETS	17,253.
ACCUMULATED DEPRECIATION	-14,546.
Total	2,707.

HARVEY COUNTY UNITED WAY, INC.
Corporation ID No 48-0603559
Tax closing date December 31, 2009

BOARD OF DIRECTORS

Name	Address	City	State	Zip	Title	Avg Hrs	Compensation	Employee Benefits	Exp Acct & Other
Susan Bradrick	PO Box 587	Newton	KS	67114	Investment Chair	<5	0	0	0
Mike Clagg	308 E 1st	Newton	KS	67114	Co- Vice President	<5	0	0	0
Kelly Cordell	500 N Main, Suite 154	Newton	KS	67114	Treasurer	<5	0	0	0
Arlene Deen	815 W. 6th # 11	Halstead	KS	67056	Board Member	<5	0	0	0
Kim Fiessinger	308 E. 1st	Newton	KS	67114	Board Member	<5	0	0	0
Kevin Geraci	1225 N Main	Newton	KS	67114	Campaign Chair	<5	0	0	0
Tim Johnson	PO Box 426	Newton	KS	67114	Board Member	<5	0	0	0
Kim Manring	PO Box 726	Newton	KS	67114	President	<5	0	0	0
Mel McAnulty	601 Normandy Road	Newton	KS	67114	Board Member	<5	0	0	0
Kati Sartain	1513 S East Lake Rd	Newton	KS	67114	Past President	<5	0	0	0
Pandea Smith	109 W. 24th	North Newton	KS	67117	Board Member	<5	0	0	0
Ruthe Spexarth	1209 Redbud Court	Halstead	KS	67056	Secretary	<5	0	0	0
David Stucky	410 Meadowbrook Dr.	Newton	KS	67114	Board Member	<5	0	0	0
Cindy VanOver	3001 Ivy Drive	North Newton	KS	67117	Board Member	<5	0	0	0
Misty Vinduska	2201 S. Kansas	Newton	KS	67114	Board Member	<5	0	0	0
Carol Wright	420 W. Lincoln Blvd.	Hesston	KS	67062	Board Member	<5	0	0	0

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

- If you are filing for an **Automatic 3-Month Extension, complete only Part I** and check this box . . . ► [X]
- If you are filing for an **Additional (Not Automatic) 3-Month Extension, complete only Part II** (on page 2 of this form)

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

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

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

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

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

Type or print	Name of Exempt Organization	Employer identification number
	HARVEY COUNTY UNITED WAY, INC.	48-0603559
File by the due date for filing your return See instructions	Number, street, and room or suite number If a P.O. box, see instructions 103 E. BROADWAY	
	City, town or post office, state, and ZIP code For a foreign address, see instructions NEWTON KS 67114	

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

[ ] Form 990	[ ] Form 990-T (corporation)	[ ] Form 4720
[ ] Form 990-BL	[ ] Form 990-T (section 401(a) or 408(a) trust)	[ ] Form 5227
[X] Form 990-EZ	[ ] Form 990-T (trust other than above)	[ ] Form 6069
[ ] Form 990-PF	[ ] Form 1041-A	[ ] Form 8870

- The books are in the care of ► HARVEY COUNTY UNITED WAY, INC.

  Telephone No. ► (316) 283-7101 FAX No ► (316) 283-7105
- If the organization does not have an office or place of business in the United States, check this box . . . ► [ ]
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box ► [ ]. If it is for part of the group, check this box ► [ ] and attach a list with the names and EINs of all members the extension will cover.

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until Aug 16, 20 10, to file the exempt organization return for the organization named above The extension is for the organization's return for.

► [X] calendar year 20 09 or

► [ ] tax year beginning _____, 20 ___, and ending _____, 20 ___.

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

3a 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	$ 0.
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	$ 0.
c 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) See instructions . . .	3c	$ 0.

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

Mailed 5/13/10

- If you are filing for an **Additional (Not Automatic) 3-Month Extension, complete only Part II** and check this box ► [X]

Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868

- If you are filing for an **Automatic 3-Month Extension, complete only Part I** (on page 1)

Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).

Type or print

File by the extended due date for filing the return See instructions

Name of Exempt Organization: HARVEY COUNTY UNITED WAY, INC.

Employer identification number: 48-0603559

Number, street, and room or suite number If a P O box, see instructions: 103 E. BROADWAY

For IRS use only

City, town or post office, state, and ZIP code For a foreign address, see instructions: NEWTON KS 67114

Check type of return to be filed (File a separate application for each return).

[ ] Form 990	[ ] Form 990-PF	[ ] Form 1041-A	[ ] Form 6069
[ ] Form 990-BL	[ ] Form 990-T (section 401(a) or 408(a) trust)	[ ] Form 4720	[ ] Form 8870
[X] Form 990-EZ	[ ] Form 990-T (trust other than above)	[ ] Form 5227	

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

- The books are in care of ► HARVEY COUNTY UNITED WAY, INC.
  Telephone No. ► (316) 283-7101 FAX No. ► (316) 283-7105
- If the organization does not have an office or place of business in the United States, check this box ► [ ]
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box ► [ ]. If it is for part of the group, check this box ► [ ] and attach a list with the names and EINs of all members the extension is for

4 I request an additional 3-month extension of time until Nov 15, 20 10

5 For calendar year 2009, or other tax year beginning _____, 20__, 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 ADDITIONAL TIME IS NEEDED TO COMPLETE THE AUDIT OF THE FINANCIAL STATEMENTS AND ACCURATELY COMPLETE THE FORM 990

8a 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	8a	$	0.
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868	8b	$	0.
c **Balance Due.** Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instrs	8c	$	0.

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form

Signature ► Amy B Elliott Title ► CPA Date ► 8-13-10

Mailed 8/13/10