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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 , 20

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

Please use IRS label or print or type See Specific Instructions

C Name of organization
BLYTHEVILLE UNITED WAY

Number and street (or P O box, if mail is not delivered to street address) Room/suite
PO BOX 866

City or town, state or country, and ZIP + 4
BLYTHEVILLE, AR 72316-0866

D Employer identification number
71-0469732

E Telephone number
(870) 763-7522

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) ▶

H Check ▶ ☐ if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

I Website ▶

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

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 ▶ $ 295,184

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	239,976
	2	Program service revenue including government fees and contracts		2	
	3	Membership dues and assessments		3	
	4	Investment income		4	3,024
	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	52,184	
	b	Less direct expenses other than fundraising expenses	6b	27,425	
	c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)		6c	24,759
	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 ▶)		8	
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 ▶		9	267,759
Expenses	10	Grants and similar amounts paid (attach schedule) STM122		10	255,000
	11	Benefits paid to or for members		11	
	12	Salaries, other compensation, and employee benefits		12	19,900
	13	Professional fees and other payments to independent contractors		13	1,365
	14	Occupancy, rent, utilities, and maintenance		14	8,371
	15	Printing, publications, postage, and shipping		15	2,871
	16	Other expenses (describe ▶ STM130)		16	8,680
	17	Total expenses. Add lines 10 through 16 ▶		17	296,187
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)		18	(28,428)
	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	224,725
	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	196,297

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	168,734	22	144,464
23	Land and buildings	53,191	23	51,363
24	Other assets (describe ▶ STM131)	2,800	24	470
25	Total assets	224,725	25	196,297
26	Total liabilities (describe ▶)		26	
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)	224,725	27	196,297

GS6

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

What is the organization's primary exempt purpose?

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 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others)

28 (Grants $) If this amount includes foreign grants, check here ▶ ☐ 28a

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 0

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

(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 & deferred compensation	(e) Expense account and other allowances
JAY HENDERSON PO BOX 30 ARMOREL AR, 72310	PRESIDENT 4	0	0	0
DONNA REEMS PO BOX 30 AMOREL AR, 72310	VICE-PRES 4	0	0	0
MARCIA TAYLOR PO BOX 809 BLYTHEVILLE AR, 72315	TREASURER 0	0	0	0
MARY HELEN MOODY PO BOX 866 BLYTHEVILLE AR, 72315	EXEC DIR 40	STMA04 19,900	0	0

Part V Other Information (Note the statement requirements in the instructions 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
37 a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a			
b	Did the organization file **Form 1120-POL** for this year?	37b		X
38 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?	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			
40 a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ▶ _____, section 4912 ▶ _____, section 4955 ▶ _____			
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		
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 ▶ _____			
42 a	The organization's books are in care of ▶ MARY HELEN MOODY Telephone no ▶ 870-763-7522			
	Located at ▶ PO BOX 866 BLYTHEVILLE, AR ZIP + 4 ▶ 72315			
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)?	42b		X
	If "Yes," enter the name of the foreign country ▶ _____			
	See the instructions for exceptions and filing requirements for **Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.**			
c	At any time during the calendar year, did the organization maintain an office outside of the U S ?	42c		X
	If "Yes," enter the name of the foreign country ▶ _____			
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	46		X
47	Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	47		X
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48		X
49 a	Did the organization make any transfers to an exempt non-charitable related organization?	49a		X
b	If "Yes," was the related organization a section 527 organization?	49b		X

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 & 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

Mary Helen Moody — Signature of officer — Date 9/9/2010

MARY HELEN MOODY, EXEC DIRECTOR — Type or print name and title

Paid Preparer's Use Only

Preparer's signature	Harry D. Srivastava, CPA	Date 09-02-2010	Check if self-employed ▶ ☐	Preparer's Identifying No (See inst)
Firm's name (or yours if self-employed), address and ZIP + 4	KOONCE SIMMONS & CARRAWAY PLLC PO BOX 1527 Blytheville, AR 72316		EIN ▶ Phone no ▶ 870-763-7601	

May the IRS discuss this return with the preparer shown above? See instructions ▶ ☒ 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
BLYTHEVILLE UNITED WAY

Employer identification number
71-0469732

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

h Provide the following information about the supported organization(s)

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

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than $15,000 on Form 990-EZ, line 6a.
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization

BLYTHEVILLE UNITED WAY

Employer identification number

71-0469732

Part I **Fundraising Activities.** Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part

1 Indicate whether the organization raised funds through any of the following activities Check all that apply

a ☐ Mail solicitations
b ☐ Internet and email solicitations
c ☐ Phone solicitations
d ☐ In-person solicitations
e ☐ Solicitation of non-government grants
f ☐ Solicitation of government grants
g ☒ Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ Yes ☒ No

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least $5,000 by the organization

(i) Name of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions? Yes	(iii) No	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
Total ▶						

3 List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than $15,000 on Form 990-EZ, line 6a List events with gross receipts greater than $5,000

		(a) Event #1 CHILI CONTEST (event type)	(b) Event #2 (event type)	(c) Other Events (total number)	(d) Total Events Add col (a) through col (c))
Revenue	1 Gross receipts	52,184			52,184
	2 Less Charitable contributions				
	3 Gross revenue (line 1 minus line 2)	52,184			52,184
Direct Expenses	4 Cash prizes				
	5 Non-cash prizes	959			959
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment	6,695			6,695
	9 Other direct expenses	19,771			19,771
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				(27,425)
	11 Net income summary Combine line 3, column (d), and line 10 ▶				24,759

Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than $15,000 on Form 990-EZ, line 6a

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col (a) through col (c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Non-cash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	☐ Yes ____ % ☐ No	☐ Yes ____ % ☐ No	☐ Yes ____ % ☐ No	
	7 Direct expense summary Add lines 2 through 5 in column (d) ▶				( )
	8 Net gaming income summary Combine line 1, column (d), and line 7 ▶				

			Yes	No
9	Enter the state(s) in which the organization operates gaming activities			
a	Is the organization licensed to operate gaming activities in each of these states?	9a		
b	If "No," Explain			
10a	Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?	10a		
b	If "Yes," Explain			
11	Does the organization operate gaming activites with nonmembers?	11		X
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?	12		X

			Yes	No
13	Indicate the percentage of gaming activity operated in			
a	The organization's facility	13a %		
b	An outside facility	13b %		
14	Provide the name and address of the person who prepares the organization's gaming/special events books and records			
	Name ▶ MARY HELEN MOODY			
	Address ▶ PO BOX 866 BLYTHEVILLE, AR 72315			
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	15a		X
b	If "Yes," enter the amount of gaming revenue received by the organization ▶ $ _____ and the amount of gaming revenue retained by the third party ▶ $ _____			
c	If "Yes," enter name and address			
	Name ▶			
	Address ▶			
16	Gaming manager information			
	Name ▶			
	Gaming manager compensation ▶ $ _____			
	Description of services provided ▶			
	☐ Director/officer ☐ Employee ☐ Independent contractor			
17	Mandatory distributions			
a	Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	17a		X
b	Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ $			

Federal Supporting Statements	2009
Name(s) as shown on return	FEIN

FORM 990EZ, PART I, LINE 10
GRANTS AND SIMILAR AMOUNTS PAID SCHEDULE

STATEMENT #122

				AMOUNT	RELATIONSHIP
ACTIVITY	PROVIDE ASSISTANCE TO HANDICAPPED			22,500	
GRANTEE	ABILITIES UNLIMITED				
ADDRESS	PO BOX 1207				
	JONESBORO	AR	72403		
ACTIVITY	PROVIDE DIASTER RELIEF			23,000	
GRANTEE	AMERICAN RED CROSS				
ADDRESS	630 WEST WALNUT				
	BLYTHEVILLE	AR	72315		
ACTIVITY	HANDICAPPED ATHELETE PROGRAM			6,000	
GRANTEE	AREA XIII SPECIAL OLYMPICS				
ADDRESS	PO BOX 1524				
	MANILA	AR	72442		
ACTIVITY	PROVIDE YOUTH SERVICES			55,500	
GRANTEE	BLYTHEVILLE COMMUNITY SAMARITAN MIN				
ADDRESS	PO BOX 658				
	BLYTHEVILLE	AR	72316		
ACTIVITY	PROVIDE FOOD ASSISTANCE			22,000	
GRANTEE	BLYTHEVILLE/GOSNELL AREA FOOD PANTR				
ADDRESS	122 WEST MAIN STR				
	BLYTHEVILLE	AR	72315		
ACTIVITY	MALE YOUTH PROGRAMS			6,000	
GRANTEE	BOY SCOUTS OF AMERICA				
ADDRESS	3220 CANTRELL ROAD				
	LITTLE ROCK	AR	72202		
			TOTAL	135,000	

	Federal Supporting Statements	2009
Name(s) as shown on return		FEIN

FORM 990EZ, PART I, LINE 10
GRANTS AND SIMILAR AMOUNTS PAID SCHEDULE

STATEMENT #122

				AMOUNT	RELATIONSHIP
ACTIVITY	AREA FOOD PROGRAM			5,000	
GRANTEE	C.D.H.S				
ADDRESS	101 SOUTH WALNUT				
	PARMA	MO	63870		
ACTIVITY	YOUTH PROGRAM			17,500	
GRANTEE	CHARLES STRONG RECREATION CENTER				
ADDRESS	PO BOX 173				
	LUXORA	AR	72358		
ACTIVITY	YOUTH LEADERSHIP PROGRAM			11,500	
GRANTEE	FIRST TEE OF NEA				
ADDRESS	PO BOX 1289				
	BLYTHEVILLE	AR	72316		
ACTIVITY	HANDICAP DEVELOPMENT PROGRAM			3,000	
GRANTEE	FOCUS INC				
ADDRESS	2809 FOREST HOME RD				
	BLYTHEVILLE	AR	72316		
ACTIVITY	PROVIDE FEMALE YOUTH PROGRAM			4,000	
GRANTEE	GIRL SCOUTS				
ADDRESS	4803 E JOHNSON				
	JONESBORO	AR	72401		
ACTIVITY	METTING AREA FOR GIRL SCOUTS			4,000	
GRANTEE	GIRL SCOUTS LITTLE HOUSE				
ADDRESS	PO BOX 5				
	DELL	AR	72426		
			TOTAL	45,000	

	Federal Supporting Statements	2009
Name(s) as shown on return		FEIN

FORM 990EZ, PART I, LINE 10
GRANTS AND SIMILAR AMOUNTS PAID SCHEDULE

STATEMENT #122

				AMOUNT	RELATIONSHIP
ACTIVITY	PROVIDES LEGAL AID			2,500	
GRANTEE	LEGAL AID OF ARKANSAS				
ADDRESS	714 S MAIN ST				
	JONESBORO	AR	72401		
ACTIVITY	PROVIDE LITERACY EDUCATION FOR ADUL			4,000	
GRANTEE	MISSISSIPPI COUNTY LITERACY COUNCIL				
ADDRESS	PO BOX 682				
	BLYTHEVILLE	AR	72316		
ACTIVITY	BATERED WOMENS AGENCY			18,500	
GRANTEE	THE HAVEN				
ADDRESS	PO BOX 1062				
	BLYTHEVILLE	AR	72316		
ACTIVITY	PROVIDE YOUTH SERVICE			27,000	
GRANTEE	BOYS & GIRLS CLUB OF MISS. CNTY				
ADDRESS	PO BOX 614				
	BLYTHEVILLE	AR	72316		
ACTIVITY	HELPS CHILDREN WITH AUTISM			7,500	
GRANTEE	AUSTISM ASSOCIATION				
ADDRESS	1702 STONE ST SUITE A				
	JONESBORO	AR	72401		
ACTIVITY	MEDICAL SERVICES FOR POOR			10,500	
GRANTEE	GREAT RIVER CHARITABLE CLINIC				
ADDRESS	PO BOX 494				
	BLYTHEVILLE	AR	72316		
			TOTAL	70,000	

	Federal Supporting Statements	2009
Name(s) as shown on return		FEIN

FORM 990EZ, PART I, LINE 10
GRANTS AND SIMILAR AMOUNTS PAID SCHEDULE

STATEMENT #122

				AMOUNT	RELATIONSHIP
ACTIVITY				5,000	
GRANTEE	HELPING HAND FUND				
ADDRESS					
	BLYTHEVILLE	AR	72315		
			TOTAL	5,000	

FORM 990EZ, PART I, LINE 16
OTHER EXPENSES SCHEDULE 2

DESCRIPTION	AMOUNT
PAYROLL TAXES	1,612
MEETINGS	918
DUES	2,725
DEPRECIATION	1,828
TAXES	15
COMMUNITY OUTREACH	1,582
TOTAL	8,680

FORM 990EZ, PART II, LINE 24
OTHER ASSETS SCHEDULE 3

DESCRIPTION	BEGINNING OF YEAR	END OF YEAR
RECEIVABLE FROM DIRECTOR	2,800	470
TOTAL	2,800	470

	Federal Supporting Statements	2009
Name(s) as shown on return		FEIN

MARY HELEN MOODY

EXPLANATION

PROVIDES DAILY OPERATING SERVICES TO DONORS AND PROGRAM SERVICE RECEIPENTS.

- 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	Name of Exempt Organization	Employer identification number
File by the extended due date for filing the return See instructions	BLYTHEVILLE UNITED WAY	71-0469732
	Number, street, and room or suite no If a P O box, see instructions PO BOX 866	For IRS use only
	City, town or post office, state, and ZIP code For a foreign address, see instructions BLYTHEVILLE, AR 72316-0866	

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 (sec 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 the care of ▶ MARY HELEN MOODY
  Telephone No. ▶ 870-763-7522 FAX No. ▶
- If the organization does not have an office or place of business in the United States, check this box . . . . . ▶ [ ]
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____ If this is for the whole group, check this box . . ▶ [ ] If it is for part of the group, check this box . . ▶ [ ] and attach a list with the names and EINs of all members the extension is for

4 I request an additional 3-month extension of time until 11-15, 2010

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
RESULTS OF OPERATIONS ARE NOT YET AVAILABLE

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	$
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	$
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 instructions	8c	$

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 ▶ [signature] Title ▶ CPA Date ▶ AUG 13 2010

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.

2150
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 File by the due date for filing your return See instructions	Name of Exempt Organization	**Employer identification number**
	BLYTHEVILLE UNITED WAY	71-0469732
	Number, street, and room or suite no If a P O box, see instructions PO BOX 866	
	City, town or post office, state, and ZIP code For a foreign address, see instructions BLYTHEVILLE, AR 72316-0866	

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 (sec 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 ▶ MARY HELEN MOODY PO BOX 866 BLYTHEVILLE, AR 72316

Telephone No ▶ 870-763-7522 FAX No ▶

- If the organization does not have an office or place of business in the United States, check this box . . . . . ▶ [ ]
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____ If this is for the whole group, check this box . . ▶ [ ] If it is for part of the group, check this box ▶ [ ] and attach a list with the names and EINs of all members the extension will cover

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 08-15, 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	$
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	$
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	$

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