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DLN: 93492229009050

2009

OMB No 1545-1150

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.

Open to Public **Inspection**

			r tax year beginning 03-01-2009	, and ending 02-	-28-2010			
		applicable . Please	C Name of organization UNITED WAY OF LEAVENWORTH CO			D Emplo	yer identificat	ion number
	ddress c ame cha	thange use IRS			, , , , , , , , , , , , , , , , , , ,	48-06		
_	ame cna ntial reti	I nrint or	Number and street (or P O box, if mail is r 330 SHAWNEE ST PO BOX 21	ot delivered to street ad	ldress) Room/suite	E Telepho	one number	
_	eminate	type.					(913) 682-2592	2
_	mended	Specific	City or town, state or country, and ZIP + 4		·	F Group I	xemption	
_		on pending Instruc-	LEAVENWORTH, KS 66048			Numbe	r 🕨	
• Se	ction		ons and 4947(a)(1) nonexempt chari	ART .	G A ccounting mo		Cash 🔽 A	 ccrual
			•			-		
		www UNITEDWAY mpt status (check only or	/LVCO ORG ne)-	(a)(1) or \(527	H Check ► I is not requir Schedule B (ed to atta	organization ich 0, 990-EZ, or	r 990-PF)
	neck 🕨		ıs not a section 509(a)(3) supporting o		gross receipts are	e normall	y not more th	an
			m 990 return is not required, but if the					
			determine gross receipts, if \$500,000 or more, f			► \$		1 ,927
Pa	rt I		nses, and Changes in Net Asse	ets or Fund Bala	Inces (See the I	nstructio 		206 105
	1	, - , -	grants, and similar amounts received			·	1	296,105
	2	_	nue including government fees and con	tracts		•	2	
	3	Membership dues and	lassessments			.	3	
	4	Investment income					4	192
	5a	Gross amount from sa	ale of assets other than inventory .		5a			
활	ь	Less cost or other ba	asıs and sales expenses		5b			
Revenue	С	Gain or (loss) from sa	ale of assets other than inventory (Subt	ract line 5b from lin	e 5a)		5c	
ō œ	6	Special events and accheck here	ctivities (complete applicable parts of S	Schedule G) If any a	amount is from ga	ming,		
	а	Gross revenue (not in	ncluding \$ _of contributions					
		reported on line 1)			6a			
	ь	,	s other than fundraising expenses .		6b			
	_	•	- '	tracting 6h from lu			. .	
	c		from special events and activities (Sub	tract fille ob from fil	1 1	•	6c	
	7a		ory, less returns and allowances .		7a			
	b	Less cost of goods s			7b			
	С	Gross profit or (loss)	from sales of inventory (Subtract line 7	b from line 7 a) .		· • [7c	
	8	Other revenue (descr	ribe 🏲 💆)	8	28,630
	9	Total revenue. Add lir	nes 1, 2, 3, 4, 5c, 6c, 7c, and 8 .		•	•	9	324,927
	10	Grants and similar an	nounts paid (attach schedule) 🕏 🛾 .			. L:	10	186,839
	11	Benefits paid to or for	members			. [11	
	12	Salaries, other compe	ensation, and employee benefits .			🗀	12	54,380
S.	13	Professional fees and	l other payments to independent contra	ctors		. [13	12,755
Expenses	14	Occupancy, rent, utili	ities, and maintenance			. 🗀	14	7,797
Š	15		, postage, and shipping			<u> </u>	15	10,545
ш	16	Other expenses (desc	·· <u> </u>	·		—	16	10,366
	17	Other expenses (desc Total expenses. Add I						282,682
_		-	r the year (Subtract line 17 from line 9)				17	
Net Assets	18	, ,	r the year (Subtract line 17 from line 9) Ilances at beginning of year (from line 2			· F	18	42,245
4. 2.	19			7, Column (A)) (mus	stagree with			E
ē.			ported on prior year's return)			•	19	53,745
Z	20	_	assets or fund balances (attach explar	•		• [20	
	21	Net assets or fund ba	llances at end of year Combine lines 1	8 through 20 .	<u> </u>	• :	21	95,990
Pa	rt II	Balance Sheets	—If Total assets on line 25, column (B) are \$1,250,000 o	r more, file Form	990 inste	ad of Form 99	90-EZ
		(See tl	he instructions for Part II)) Beginning of ye	ar	(B) End of	
22	Cach	savings, and investme,		(A	104,		(D) Liid Ol	
	,	- ,		· · ·	104,			138,679
		and buildings		· · · .	100	451 24		227 470
		assets (describe 🟲 🍱	<u>, </u>	——————————————————————————————————————	199,	_		227,478
		assets		· ·	304,			366,157
		liabilities (describe)		292 26		270,167
27	Net as	ssets or fund halances	(line 27 of column (B) must agree with	line 21)	53	745 27		95 990

Part III Statement of Program S	Service Accomplishm	ents (See the instruction	s for Part III)		Expenses			
What is the organization's primary exempt THE MISSION OF THE UNITED WAY OF L MOBILIZING THE CARRYING POWER OF RAISE AND INVEST SIGNIFICANT RESO	IITED WAYS	(Required for section 501 (c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts,						
escribe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, escribe the services provided, the number of persons benefited, and other relevant information for each rogram title.								
8 ALLOCATIONS TO PARTICIPATING UNITED WAY CHARITABLE AGENCIES PROVIDING FOOD, HELTER, CLOTHING, AND MEDICAL CARE								
29 ALLOCATIONS TO PARTICIPATING UNDERSTORMED SERVICES	JNITED WAY CHARITABL	E AGENCIES PROVID	ING CARING AND	28a	144,028			
(Grants \$ 41,559) If this 30 ALLOCATIONS TO PARTICIPATING L ORGANIZATIONS	s amount includes foreign o		<u> </u>	29a	41,559			
(Grants \$ 1,252) If this 31 Other program services (attach schedul	s amount includes foreign o		<u> ▶ ┌</u>	30a	1,252			
	s amount includes foreign g		· · · · · · · · · · · · · · · · · · ·	31a 32	186,839			
Part IV List of Officers, Directors, Trus								
(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0)	(d) Contributions employee benefit pl deferred compensa	ans &	(e) Expense account and other allowances			
See Additional Data Table								

Pa	rt V Other Information (Note the statement requirements in the instructions for Part V.)		Yes	No		
33						
	description of each activity	33		N o		
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes	34		N o		
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					
а	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		Νο		
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		N o		
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions 🕨 📗 37a					
Ь	Did the organization file Form 1120-POL for this year?	37b		Νo		
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		Νo		
ь	If "Yes," complete Schedule L, Part II and enter the total amount involved . 386					
39	Section 501(c)(7) organizations. Enter					
а	Initiation fees and capital contributions included on line 9					
Ь	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 •, section 4912 •, section 4955 •					
b	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					
С	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					
е	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		No		
41	List the states with which a copy of this return is filed 🕨					
42a	The organization's books are in care of 🕨 DERALD LINN	• (91	3)682-	2592		
	330 SHAWNEE Located at ► LEAVENWORTH, KS ZIP + 4	► _ 66	048			
ь	At any time during the calendar year, did the organization have an interest in or a signature or other authority		Yes	No No		
	over a financial account in a foreign country (such as a bank account, securities account, or other financial	42b	1 63	No		
	account)?	+2D		140		
	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.					
С	At any time during the calendar year, did the organization maintain an office outside of the U S ?	42c		N o		
	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	• •	• •	▶ I		
			Yes	No		
44	Did the organization maintain any donor advised funds? If "Yes", Form 990 must be completed instead of					
	Form 990-EZ.	44		No		
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		Νο		
		- 0	90- E7	(2000)		

Form 99	0-EZ (2009)							Page 4
Part V	All section 501(c)(3) organ 46-49b and complete the	nizations and section	4947(a)(1) nonexe	-			-	stions
46 Die	d the organization engage in direct			alf of or in oppo	sition to		Yes	No
сa	ndıdates for publıc office? If "Yes,"	complete Schedule C, F	Part I			46		No
47 Die		47		No				
48 Is		48		No				
	d the organization make any transfe					49a		No
	Yes," was the related organization					49b		
50 Co	pmplete this table for the organization ployees) who each received more t	on's five highest compe	nsated employees (oth		· · · · · · · · · · · · · · · · · · ·			<u> </u>
(a) Nar	me and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position		(d) Conti	ributions to enefit plans & ompensation	(e	e) Expe count rallowa	and
NONE								
51 Co	omplete this table for the organization compensation from the organization of the organization of the organization from the organization from the organization from the organization of th	on's five highest compe n Ifthere is none, enter	"None "		ach received r		an \$10 Compen	
NONE								
51(d) ⊤	otal number of other independent o		<u> </u>		.			
Please Sign Here	Under penalties of perjury, I declare to and belief, it is true, correct, and com ****** Signature of officer DERALD LINN EXECUTIVE DIRECTOR Type or print name and title	plete Declaration of prepare			n of which prepare			
Paid	Preparer's signature ANTHONY B KRAMER		2010-08-17	Check if self- empolyed 🕨 🆵	Preparer's identif (See instructions		nber	
Preparei Use Only	ıf self-employed),	ASSOCIATES CPAS LLC			EIN 🕨			
`,	address, and ZIP + 4 · Z050 SPRO	CE ST RTH. KS 66048			Phone no 🕨 (9	13) 680-	1690	

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

Ves □ No

OMB No. 1545 004

OMB No 1545-0047

0000

2009

SCHEDULE A

(Form 990 or 990EZ)

Name of the organization UNITED WAY OF LEAVENWORTH CO

Department of the Treasury Internal Revenue Service

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

Public Charity Status and Public Support

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

Inspection

Employer identification number
48-0622408

Pa	rt I	Reas	on for Public	Charity Status	(All orgar	nizations r	nust compl	ete this pa	art.) See ın	struct	tions		
he d	organı	zatıon ıs	not a private for	undation because it	ıs (Forline	s 1 through	n 11, check d	only one bo	x)				
1	Γ	A chur	ch, convention o	f churches, or assoc	iation of ch	urches se c	tion 170(b)((1)(A)(i).					
2		A scho	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E)										
3			hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).										
4	Γ		cal research org al's name, city, a	janization operated i ind state	n conjuncti	on with a ho	ospital descr	ibed in sect	tion 170(b)(1	1)(A)((iii). Ente	rthe	
5	Г	An orga	anızatıon operato	ed for the benefit of a	a college or	university	owned or ope	erated by a	government	al unıt	describe	_ ed in	
	•	_	•	i v). (Complete Part 1	_	ŕ	·	•	•				
6	Г			al government or gov		unıt descrit	ed in sectio i	n 170(b)(1))(A)(v).				
7	Γ	describ	oed in	rmally receives a si vi) (Complete Part I	·	art of its si	ipport from a	governmer	ntal unit or fr	om the	e general	public	2
8	Г			cribed in section 17 0		(vi) (Comp	lete Part II))					
9				rmally receives (1)					utions, mem	bershi	p fees. a	nd gro	SS
	•	_		related to its exem					•			_	
		=		investment income a	•	=							
		acquire	ed by the organiz	ation after June 30,	1975 See	section 50	9(a)(2). (Coi	mplete Part	: III)	•			
0	\sqcap	Anorg	anızatıon organız	zed and operated ex	clusively to	test for pu	blic safety S	ee section	509(a)(4).				
1	▽	one or the box	more publicly su	zed and operated exc ipported organization the type of supporting b	ns describe ng organiza	d in section	1509(a)(1) d	or section 5 11e throug	09(a)(2) Se h 11h	e seci		a)(3).	Check
f g		section If the o check t Since A followin	n 509(a)(2) organization rece this box August 17, 2006 ng persons?	nanagers and other to event a written deter of, has the organizati	mination fro	om the IRS	that it is a Ty	ype I, Type n from any c	II or Type I				
				erning body of the th	•	_	•	ersons desc	ziibea iii (ii)		11g(i)	165	No
				a person described			OII.				11g(ii)		No
		. ,	•	entity of a person de	• •		ove?				11g(iii)		No
h				formation about the	,	, , ,					119(/	<u> </u>	
(i) Name of supported organization		of rted	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see	(iv Is th organiza col (i) lis your gov docum	ne tion in sted in erning	Did you no organiza col (i) c	otify the tion in of your	(vi Is t organıza col (ı) or ın the l	he ition ir ganize		(vii) A mount of support?	
				instructions))	Yes	No	Yes	No	Yes	N	0		
MER CROS	RICAN F SS	RED	480543767	7		No	Yes		Yes				45,112
										\bot			
ot a	1					i	1	1	1	1	1		185 581

ınstructions

P	Support Schedule (Complete only if yo					and 170(b)	(1)(A)(vi)
S	ection A. Public Support	a checked tile	DOX OII IIIC 3,	,, or o or rare.	֥ <i>)</i>		
	endar year (or fiscal year beginning	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
	ın)	(a) 2005	(b) 2006	(6) 2007	(d) 2008	(e) 2009	(I) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
	include any "unusual						
_	grants ") Tax revenues levied for the						
2	organization's benefit and either						
	paid to or expended on its						
	behalf						
3	The value of services or facilities						
-	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
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) Dublic Support Subtract line F from						
6	Public Support. Subtract line 5 from line 4						
S	ection B. Total Support	1		-			
	endar year (or fiscal year beginning	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
	ın)	(a) 2005	(b) 2000	(6) 2007	(d) 2008	(e) 2009	(1) Total
7	A mounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar						
9	sources Net income from unrelated						
9	business activities, whether or						
	not the business is regularly						
	carried on						
10	Other income (Explain in Part						
	IV) Do not include gain or loss						
	from the sale of capital assets						
11	Total support (Add lines 7						
4.5	through 10)	/5					
12	Gross receipts from related activities	,	•			12	
13	First Five Years If the Form 990 is f	or the organizati	on's first, second	, third, fourth, or	fifth tax year as a	501(c)(3) orga	inization, ▶□
	check this box and stop here						-1
S	ection C. Computation of Pub	lic Support P	ercentage				
14	Public Support Percentage for 2009			11 column (f))		14	
15	Public Support Percentage for 2008	Schedule A . Pa	rt II. line 14			15	
	33 1/3% support test—2009. If the	•	,	v on line 13 and	line 14 is 33 1/30		k this hox
	and stop here. The organization qua	-		·	IIIIC 14 13 33 1/3/	o or more, ence	▶ □
ь	33 1/3% support test—2008. If the				5a, and line 15 is	33 1/3% or moi	
	box and stop here. The organization				,		▶
17a	10%-facts-and-circumstances test-	-2009. If the org	anızatıon dıd not	check a box on lı	ne 13, 16a, or 16	b and line 14	
	ıs 10% or more, and ıf the organizat						
	in Part IV how the organization mee	ts the "facts and	l cırcumstances"	test The organiz	ration qualifies as	a publicly supp	
L	organization	_2009 Ifthe c==	onization did net	chack a bay as li	no 12 165 164	or 17a and line	▶□
D	10%-facts-and-circumstances test- 15 is 10% or more, and if the organ	_					
	Explain in Part IV how the organizat						clv
	supported organization						▶ ┌
10	Deiveta Farmdation Ifthe averages	on did not obselv	a hay an line 12	16- 16- 17-	17	hay and cas	•

▶□

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

	(Complete only if you	cnecked the	box on line 9 o	r Part I.)			
	ction A. Public Support				1	T	ı
Cale	ndar 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 any "unusual grants ")						
2	Gross receipts from admissions, merchandise sold or services						
	performed, or facilities furnished in						
	any activity that is related to the						
	organization's tax-exempt						
3	purpose Gross receipts from activities that				+		
3	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	A mounts included on lines 1, 2, and 3 received from disqualified						
	persons				1		
ь	Amounts included on lines 2 and 3						
	received from other than						
	disqualified persons that exceed						
	the greater of \$5,000 or 1% of the amount on line 13 for the year						
с	Add lines 7a and 7b						
8	Public Support (Subtract line 7c						
	from line 6)						
	ction B. Total Support		1			1	Γ
Cale	ndar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9	A mounts from line 6						
10a	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources						
ь	Unrelated business taxable						
	ıncome (less section 511 taxes)						
	from businesses acquired after						
_	June 30, 1975 Add lines 10a and 10b						
c 11	Net income from unrelated						
11	business activities not included						
	ın lıne 10b, whether or not the						
	business is regularly carried on						
12	Other income Do not include gain or loss from the sale of						
	capital assets (Explain in Part						
	IV)						
13	Total support (Add lines 9, 10c,						
14	11 and 12) First Five Years If the Form 990 is for	or the organizat	lon's first, second	L third fourth or	l fifth tax vear as a	1 a 501(c)(3) organ	l uzation
	check this box and stop here	or the organizat		., 4,	men tax your as t	(c)(c) c.gu.	▶ ┌
	ction C. Computation of Publ						
15	Public Support Percentage for 2009	(line 8 column	(f) divided by line	13 column (f))		15	
16	Public support percentage from 200	8 Schedule A , F	art III, line 15			16	
Se	ction D. Computation of Inve	stment Inco	ome Percenta	ge			
17	Investment income percentage for 2	009 (line 10c c	olumn (f) dıvıded	by line 13 columi	n (f))	17	
18	Investment income percentage from	2008 Schedule	A, Part III, line 1	L 7		18	
19a	33 1/3% support tests—2009. If the	organization di	d not check the b	ox on line 14, and	d line 15 is more	than 33 1/3% and	d line 17 is not
	more than 33 1/3%, check this box a	ind stop here. T					
L	organization 33 1/3% support tests—2008. If the	► C	d not chastes been	on line 14 amilion	100 and line 4	5 ic mara +ha= 22	1/20/2 and line
b	שר בו בע suppoit tests—zouo. If the	organization (I	и посепеска вох	OILLINE TH OLINE	= ⊥⊃a, anu nne 1(us more man 33	1/370 and ine

18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization **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. Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. See instructions

Schedule A (Form 990 or 990-EZ) 2009

Software ID: Software Version:

EIN: 48-0622408

Name: UNITED WAY OF LEAVENWORTH CO

Form 990EZ, Part IV - List of Officers, Directors, Trustees, and Key Employees

(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
JILINDA WHITE 1525 HWY 24 TONGANOXIE, KS 66086	CHAIR 0	0	dereried compensation	
SUNSHINE PETRONE 800 FIRST TERRACE LANSING, KS 66043	VICECHAIR 0	0		
MAURA FULK 550 EISENHOWER LEAVENWORTH, KS 66048	CAMPAIGN CHA 0	0		
KAREN LOGAN 100 N 5TH LEAVENWORTH, KS 66048	TREASURER 0	0		
JEFF PORTER 716 FAWN CREEK LEAVENWORTH, KS 66048	PAST CHAIR 0	0		
JO BURKETT S 32268 179TH ST LEAVENWORTH, KS 66048	BOARD MBR 0	0		
PHIL CHILES 450 EISENHO WER RD LEAVENWORTH, KS 66048	BOARD MBR 0	0		
JEANNE DERUYSCHER 1312 LIMIT STREET LEAVENWORTH, KS 66048	BOARD MBR 0	0		
MOLLY HOMAN 1310 VILAS ST LEAVENWORTH, KS 66048	BOARD MBR 0	0		
JODY KAAZ 716 CHEROKEE LEAVENWORTH, KS 66048	BOARD MBR 0	0		
MAURA FULK 550 EISENHOWER LEAVENWORTH, KS 66048	BOARD MBR 0	0		
KAREN LOGAN 🕏 100 N 5TH LEAVENWORTH, KS 66048	BOARD MBR 0	0		
MARY DELL LOONEY 5 4101 SOUTH 4TH ST TRAFFICWAY LEAVENWORTH, KS 66048	BOARD MBR 0	0		
SUNSHINE PETRONE 800 FIRST TERRACE LANSING, KS 66043	BOARD MBR 0	0		
JEFF PORTER 716 FAWN CREEK LEAVENWORTH, KS 66048	BOARD MBR 0	0		
LINDA SCHEER 1917 THORNTON LEAVENWORTH, KS 66048	BOARD MBR 0	0		
SR DIANE STEELE 4100 SOUTH 4TH LEAVENWORTH, KS 66048	BOARD MBR 0	0		
RITA SWANN 2 3128 LAKEVIEW LEAVENWORTH,KS 66048	BOARD MBR 0	0		
LAURA SWISSHELM 320 KANSAS AVE FT LEAVENWORTH, KS 66027	BOARD MBR 0	0		
BLAKE WATERS 16719 RUBY WAY BASEHOR,KS 66007	BOARD MBR 0	0		
DERALD LINN (5) 1704 CANDLEWOOD DR LEAVENWORTH, KS 66048	EXECUTIVE DI 0	33,000		

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TY 2009 Compensation Explanation

Name: UNITED WAY OF LEAVENWORTH CO

Person Name	Explanation
JILINDA WHITE	
SUNSHINE PETRONE	
MAURA FULK	
KAREN LOGAN	
JEFF PORTER	
JO BURKETT	
PHIL CHILES	
JEANNE DERUY SCHER	
MOLLY HOMAN	
JODY KAAZ	
MAURA FULK	
KAREN LOGAN	
MARY DELL LOONEY	
SUNSHINE PETRONE	
JEFF PORTER	
LINDA SCHEER	
SR DIANE STEELE	
RITA SWANN	
LAURA SWISSHELM	
BLAKE WATERS	
DERALD LINN	

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TY 2009 Grants and Similar Amounts Paid Schedule

Name: UNITED WAY OF LEAVENWORTH CO

Item No.	1
Class of Activity	
Donee's Name	AMERICAN RED CROSS
Donee's Address	
Amount (FMV)	
Purpose of Payment to Affiliate	
Relationship	
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	2
Class of Activity	
Donee's Name	SALVATION ARMY
Donee's Address	
Amount (FMV)	
Purpose of Payment to Affiliate	
Relationship	
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	3
Class of Activity	
Donee's Name	CATHOLIC CHARITIES
Donee's Address	
Amount (FMV)	
Purpose of Payment to Affiliate	
Relationship	
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

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Item No.	4
Class of Activity	
Donee's Name	ALLIANCE AGAINST FAMILY VIOLENCE
Donee's Address	
Amount (FMV)	
Purpose of Payment to Affiliate	
Relationship	
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	
,	

Item No.	5
Class of Activity	
Donee's Name	SAINT VINCENT CLINIC
Donee's Address	
Amount (FMA)	
Amount (FMV)	
Purpose of Payment to Affiliate	
Relationship	
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	6
Class of Activity	
Class of Activity	
Donee's Name	AMERICA'S SECOND HARVEST
Donee's Address	
Amount (FMV)	
Purpose of Payment to Affiliate	
Relationship	
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	7
Class of Activity	
Donee's Name	WOMEN'S COMMUNITY Y
Donee's Address	
Amount (FMV)	
Purpose of Payment to Affiliate	
Relationship	
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	
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Item No.	8
Class of Activity	
Donee's Name	YOUTH SUPPORT PROGRAMS INC
Donee's Address	
Amount (FMV)	
Purpose of Payment to Affiliate	
Relationship	
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	9
Class of Activity	
Donee's Name	FIRST JUDICIAL DISTRICT CASA
Donee's Address	
Amount (FMV)	
Purpose of Payment to Affiliate	
Relationship	
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

TY 2009 Other Assets Schedule

Name: UNITED WAY OF LEAVENWORTH CO

Description	Beginning of Year Amount	End of Year Amount
PLEDGES RECEIVABLE	168,951	198,402
ACCOUNTS RECEIVABLE	28,706	27,880
FURNITURE & EQUIPMENT	25,609	25,609
LESS ACCUMULATED DEPRECIATION	23,815	24,413
	199,451	227,478

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TY 2009 Other Expenses Schedule

Name: UNITED WAY OF LEAVENWORTH CO

Description	Amount
EXPENSES	
ADVERTISING AND PROMOTION	320
OFFICE	500
CONFERENCES/MEETINGS	1,033
INSURANCE	2,817
CAMPAIGN SUPPLIES	3,471
DUES	1,812
MISCELLANEOUS	308
MEALS	105

TY 2009 Other Liabilities Schedule

Name: UNITED WAY OF LEAVENWORTH CO

Description	Beginning of Year Amount	End of Year Amount
ACCOUNTS PAYABLE AND ACCRUED EXPENSES	574	395
GRANTS PAYABLE	248,573	268,727
PAYROLL LIABILITIES	1,145	1,045
	250,292	270,167

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TY 2009 Other Revenues Schedule

Name: UNITED WAY OF LEAVENWORTH CO

Description	Amount
REIMBURSEMENTS	27,880
MEMBERSHIP DUES	750