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Short Form Return of Organization Exempt From Income Tax

OMB No 1545-1150

2009

Form **990-EZ**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

Department of the Treasury
Internal Revenue Service

▶ 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

A For the **2009** calendar year, or tax year beginning **OCT 1, 2009** and ending **SEP 30, 2010**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input checked="" type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type See Specific Instructions	C Name of organization JOHNSON COUNTY UNITED WAY Number and street (or P.O. box, if mail is not delivered to street address) Room/suite PO BOX 203 City or town, state or country, and ZIP + 4 WARRENSBURG, MO 64093-0203	D Employer identification number 43-1057218 E Telephone number 660-747-5174 F Group Exemption Number ▶
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• 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.JOHNSONCOMUNITEDWAY.ORG**

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

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 ▶ \$ **157,875.**

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

	1 Contributions, gifts, grants, and similar amounts received		155,953.
	2 Program service revenue including government fees and contracts		
	3 Membership dues and assessments		
	4 Investment income		
	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 <input type="checkbox"/>		
	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 ▶ SEE STATEMENT 3)	8	1,922.
	9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9	157,875.
	10 Grants and similar amounts paid (attach schedule)	10	144,905.
	11 Benefits paid to or for members	11	
	12 Salaries, other compensation, and employee benefits	12	5,397.
	13 Professional fees and other payments to independent contractors	13	3,900.
	14 Occupancy, rent, utilities, and maintenance	14	1,470.
	15 Printing, publications, postage, and shipping	15	3,500.
	16 Other expenses (describe ▶ SEE STATEMENT 1)	16	6,418.
	17 Total expenses. Add lines 10 through 16	17	165,590.
	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	<7,715.>
	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	52,749.
	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	45,034.

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	116,486.	111,881.
23 Land and buildings		
24 Other assets (describe ▶ PLEDGES RECEIVABLE)	9,396.	6,434.
25 Total assets	125,882.	118,315.
26 Total liabilities (describe ▶ SEE STATEMENT 2)	73,133.	73,281.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	52,749.	45,034.

932171
02-08-10

LHA For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Form **990-EZ** (2009)

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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		X
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes		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.		
35a	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?		X
35b	b If "Yes," has it filed a tax return on Form 990-T for this year?	N/A	
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Sch. N		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a _____ 0.		
37b	b Did the organization file Form 1120-POL for this year?		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?		X
38b	b If "Yes," complete Schedule L, Part II and enter the total amount involved	N/A	
39	Section 501(c)(7) organizations. Enter:		
39a	a Initiation fees and capital contributions included on line 9	N/A	
39b	b Gross receipts, included on line 9, for public use of club facilities	N/A	
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.		
40b	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		X
40c	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 ▶ _____ 0.		
40d	d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization ▶ _____ 0.		
40e	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		X
41	List the states with which a copy of this return is filed. ▶ <u>NONE</u>		
42a	The organization's books are in care of ▶ <u>BUD THERING, VICE PRESIDENT</u> Telephone no. ▶ <u>660-747-5355</u> Located at ▶ <u>123 E GAY, SUITE E-2, WARRENSBURG, MO</u> ZIP + 4 ▶ <u>64093-1809</u>		
42b	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: ▶ _____ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		X
42c	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: ▶ _____		X
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here ▶ <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43 _____ N/A		
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ		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		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 | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II | 47 | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 48 | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 49a Did the organization make any transfers to an exempt non-charitable related organization? | 49a | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| b If "Yes," was the related organization a section 527 organization? | 49b | <input type="checkbox"/> | <input type="checkbox"/> |
- 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.

Bud Thering Signature of officer 6-20-2012 Date

BUD THERING, VICE PRESIDENT
 Type or print name and title

Paid Preparer's Use Only

Preparer's signature ▶	Date	Check if self-employed <input type="checkbox"/>	Preparer's identifying number (See instr)
Firm's name (or yours if self-employed), address, and ZIP + 4	EIN ▶		Phone no. ▶
MHC CERTIFIED PUBLIC ACCOUNTANTS, LLC P O BOX 7 SEDALIA, MO 65302-0007			(660) 827-5600

May the IRS discuss this return with the preparer shown above? See instructions ▶ Yes No

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 any "unusual grants.")	147,494.	201,347.	157,553.	157,205.	118,937.	782,536.
2 Tax revenues levied for the 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	147,494.	201,347.	157,553.	157,205.	118,937.	782,536.
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						782,536.

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	147,494.	201,347.	157,553.	157,205.	118,937.	782,536.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	2,512.	2,676.	4,620.	7,937.	1,263.	19,008.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11 Total support. Add lines 7 through 10						801,544.

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	97.63 %
15 Public support percentage from 2008 Schedule A, Part II, line 14	15	97.40 %
16a 33 1/3% support test - 2009. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input checked="" type="checkbox"/>		
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 ▶ <input type="checkbox"/>		
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 ▶ <input type="checkbox"/>		
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 ▶ <input type="checkbox"/>		
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 ▶ <input type="checkbox"/>		

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 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 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, and 3 received from disqualified persons						
b 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						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year 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 from 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 in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 Total support (Add lines 9, 10c, 11, and 12)						

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 line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

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

FORM 990-EZ	OTHER EXPENSES	STATEMENT	1
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DESCRIPTION	AMOUNT
GENERAL CAMPAIGN EXPENSE	2,530.
INSURANCE	1,525.
OFFICE OPERATIONS	1,054.
MISCELLANEOUS	211.
DUES AND SUBSCRIPTIONS	0.
PAYROLL TAXES	617.
CONFERENCES, CONVENTIONS, MEETINGS	30.
TELEPHONE	451.
TOTAL TO FORM 990-EZ, LINE 16	6,418.

FORM 990-EZ	OTHER LIABILITIES	STATEMENT	2
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DESCRIPTION	BEG. OF YEAR	END OF YEAR
PAYROLL TAXES PAYABLE	579.	825.
AGENCY ALLOTMENTS PAYABLE	72,144.	72,242.
ACCOUNTS PAYABLE AND ACCRUED EXPENSES	410.	214.
TOTAL TO FORM 990-EZ, LINE 26	73,133.	73,281.

FORM 990-EZ	OTHER REVENUE	STATEMENT	3
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DESCRIPTION	AMOUNT
INTEREST INCOME	1,656.
SPECIAL PROGRAMS INCOME	266.
TOTAL TO FORM 990-EZ, LINE 8	1,922.

FORM 990-EZ	PAYMENTS TO AFFILIATES	STATEMENT	4
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AFFILIATE'S NAME

AFFILIATES ADDRESS

UNITED WAY

701 N FAIRFAX ST
ALEXANDRIA, VA 22314

PURPOSE OF PAYMENT

AMOUNT

NATIONAL DUES

905.

TOTAL INCLUDED ON FORM 990-EZ, LINE 10

905.

FORM 990-EZ	CASH GRANTS AND ALLOCATIONS	STATEMENT	5
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CLASS OF ACTIVITY/GRANTEE'S NAME AND ADDRESS

GRANTEE'S
RELATIONSHIP

AMOUNT

ALLOCATION
AMERICAN RED CROSS
208 EMERSON ST
WARRENSBURG, MO 64093

NONE

16,500.

ALLOCATION
HOLDEN SENIOR CITIZENS, INC
204 W 2ND
HOLDEN, MO 64040

NONE

3,067.

ALLOCATION
WARRENSBURG SENIOR CENTER
445 E GAY
WARRENSBURG, MO 64093

NONE

4,400.

ALLOCATION
CATHOLIC CHARITIES, WARRENSBURG
118 HOUT STREET
WARRENSBURG, MO 64093

NONE

17,985.

ALLOCATION
CHILDREN'S MERCY HOSPITAL
2401 GILLHAM RD
KANSAS CITY, MO 64108

NONE

9,250.

ALLOCATION JOHNSON COUNTY HELP 138W CULTON WARRENSBURG, MO 64093	NONE	8,500.
ALLOCATION HOMAKER HEALTH CARE 1760 SOUTHRIDGE DR JEFFERSON CITY, MO 65109	NONE	2,000.
ALLOCATION JOHNSON COUNTY ADULT LITERACY 432 N HOLDEN WARRENSBURG, MO 64093	NONE	3,000.
ALLOCATION LEGAL AID OF WESTERN MISSOURI 120 HOUT STREET WARRENSBURG, MO 64093	NONE	3,000.
ALLOCATION SALVATION ARMY - WARRENSBURG UNIT 122 HOUT STREET WARRENSBURG, MO 64093	NONE	7,000.
ALLOCATION SHOW ME CHRISTIAN YOUTH HOME 24302 MAHIN RD LAMONTE, MO 65337	NONE	12,500.
ALLOCATION SURVIVAL ADULT ABUSE CENTER 137 E CULTON WARRENSBURG, MO 64093	NONE	4,500.
ALLOCATION THE FOOD CENTER 118-F HOUT STREET WARRENSBURG, MO 64093	NONE	12,000.
ALLOCATION U OF M HEALTH SVS CENTER ONE HOSPITAL DRIVE COLUMBIA, MO 65201	NONE	290.
ALLOCATION PATHWAY COMMUNITY BEHAVIOR HEALTH CARE 520 BURKARTH RD WARRENSBURG, MO 64093	NONE	5,500.

ALLOCATION HOPE COALITION 212 W 2ND STREET HOLDEN, MO 64040	NONE	8,000.
ALLOCATION BIG BROTHERS / BIG SISTERS 608 N COLLEGE AVE WARRENSBURG, MO 64093	NONE	8,500.
ALLOCATION HEART OF AMERICA BOY SCOUTS	NONE	2,200.
ALLOCATION CENTERVIEW RECREATION PROGRAM	NONE	1,000.
ALLOCATION MID-CONTINENT GIRL SCOUTS	NONE	2,225.
ALLOCATION HOLDEN SPORTS ASSOCIATION INC	NONE	1,500.
ALLOCATION KINGSVILLE RECREATION PROGRAM	NONE	1,500.
ALLOCATION KNOB NOSTER SUMMER RECREATION	NONE	2,200.
ALLOCATION 4-H ASSISTANCE FUND	NONE	1,300.
ALLOCATION WARRENSBURG PARKS FOR THE 21ST CENTURY	NONE	5,600.

JOHNSON COUNTY UNITED WAY

43-1057218

ALLOCATION
KANSAS CITY SALVATION ARMY

NONE

227.

ALLOCATION
HELPING HANDS

NONE

226.

ALLOCATION
HENRY COUNTY UNITED WAY

NONE

30.

TOTAL INCLUDED ON FORM 990-EZ, LINE 10

144,000.

FORM 990-EZ

INFORMATION REGARDING TRANSFERS
ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS

STATEMENT 6

A) DID THE ORGANIZATION, DURING THE YEAR, RECEIVE ANY FUNDS,
DIRECTLY OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL
BENEFIT CONTRACT? [] YES [X] NO

B) DID THE ORGANIZATION, DURING THE YEAR, PAY PREMIUMS,
DIRECTLY OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT? . . [] YES [X] NO

JOHNSON COUNTY UNITED WAY

43-1057218

PHILIP SHUMARD, 617 N RIDGEVIEW DR, WARRENSBURG, MO 64093	DIRECTOR 0.00	0.	0.	0.
JEFF TERRY PO BOX 37, HOLDEN, MO 64040	DIRECTOR 0.00	0.	0.	0.
EUGENE STILLMAN UCM UNION 236A, WARRENSBURG, MO 64093	DIRECTOR 0.00	0.	0.	0.
KATHY RAY-SMITH, 410 E MARKET ST, WARRENSBURG, MO 64093	DIRECTOR 0.00	0.	0.	0.
TOTALS INCLUDED ON FORM 990-EZ, PART IV		<u>5,397.</u>	<u>0.</u>	<u>0.</u>

PROVIDE ORGANIZED LEADERHIP, DIRECTION AND SUPPORT IN WORKING WITH THE CITIZENS OF THE JOHNSON COUNTY AREA TO HELP IMPROVE THE QUALITY OF LIFE BY IDENTIFYING, EVALUATING AND SUPPORTING ORGANIZATIONS WHO PROVIDE HUMAN SERVICES.

COLLECTING GIFTS COOPERATIVELY THROUGH VOLUNTARY SUBSCRIPTIONS WHICH ARE
DISBURSED TO LOCAL ORGANZATIONS WHO PROVIDE HUMAN SERVICES.

Total revenue increased \$37,675 as a result of the above.

Part 1, page 1, line 10 - Grants and similar amounts paid

As originally filed	\$144,342
As amended	\$144,905

Grants and allocations increased \$563 as a result of budget allocations changes that were reflected in the audited statements.

Part 1, page 1, line 12 - Salaries, other compensation

As originally filed	\$4,984
As amended	\$5,397

Compensation increased \$413 as a result of unrecorded earnings at the end of fiscal year.

Part 1, page 1, line 15 - Printing, publications, postage

As originally filed	\$2,159
As amended	\$3,500

Printing and postage increased \$1,341 as a result of misallocations of other expense.

Part 1, page 1, line 16 - Other expenses

As originally filed	\$11,283
As amended	\$6,418

Other expenses decreased \$4,865 as a result of duplicate expense entries posted in client books and adjusted during the audit.

Part 1, page 1, line 17 - Total expenses

As originally filed	\$168,138
As amended	\$165,590

Total expenses decreased \$2,548 as described above.

Part 1, page 1, line 18 - Excess of (deficit) for the year

As originally filed (\$47,938)

As amended (\$7,715)

The deficit was reduced \$40,223 as a result of the increase in total revenue and reduction of expense per the audited financial statements.

This in turn increased the Net Assets or fund balances as reported on Page 1, line 21 by \$40,223.

PART II - Balance sheets

Part 2, page 1, line 22 - Cash, savings and investments

As originally filed \$86,569

As amended \$111,881

Cash increased \$25,312 as a result of deposits that were not posted for contributions and duplicated expenses that were posted that were located as a result of the financial statement audit.

Part 2, page 1, line 24 - Other assets

As originally filed \$8,573

As amended \$6,434

Other assets decreased \$2,139 as a result of duplicated unconditional promised to give that were located as a result of the financial statement audit.

Part 2, page 1, Line 26 - Total liabilities

As originally filed \$73,185

As amended \$73,281

Total liabilities increased \$96 as a result of unrecorded accounts payable in the client's books that was located as a result of the financial statement audit.

Please note that the organization's books are now in the care of Mr. Bud Thering, Vice President of the organization due to the sudden death of Mrs. Shirley Stanke, Executive Secretary.

Application for Extension of Time To File an Exempt Organization Return

OMB No. 1545-1709

▶ **File a separate application for each return.**

- If you are filing for an **Automatic 3-Month Extension**, complete only Part I and check this box ▶
- 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

Electronic filing (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile and click on *e-file for Charities & Nonprofits*.

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.

Type or print	Name of exempt organization JOHNSON COUNTY UNITED WAY	Employer identification number 43-1057218
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P O box, see instructions PO BOX 203	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions WARRENSBURG, MO 64093-0203	

Enter the Return code for the return that this application is for (file a separate application for each return) 03

Application Is For	Return Code	Application Is For	Return Code
Form 990	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 990-EZ	03	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

BUD THERING, VICE PRESIDENT

- The books are in the care of ▶ **123 E GAY, SUITE E-2 - WARRENSBURG, MO 64093-1809**
 Telephone No. ▶ **660-747-5355** 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.

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until **MAY 15, 2011**, to file the exempt organization return for the organization named above. The extension is for the organization's return for
 ▶ calendar year _____ or
 ▶ tax year beginning **OCT 1, 2009**, and ending **SEP 30, 2010**.

2 If the tax year entered in line 1 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, 990-T, 4720, or 6069, 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, 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.

LHA For Paperwork Reduction Act Notice, see Instructions.

Form **8868** (Rev. 1-2011)

AS Amended