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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, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 All other organizations with gross receipts less than $200,000 and total assets less than $500,000 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

2010

Open to Public Inspection

A For the 2010 calendar year, or tax year beginning **and ending**

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

C Name of organization
MARSHALL AREA UNITED WAY, INC.

Number and street (or P O box, if mail is not delivered to street address) | Room/suite
PO BOX 534

City or town, state or country, and ZIP + 4
MARSHALL, MO 65340

D Employer identification number
43-1582959

E Telephone number
660-886-4959

F Group Exemption Number ▶

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: ▶ N/A

J Tax-exempt status (check only one) — ☒ 501(c)(3) ☐ 501(c) ( ) ◀(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 $50,000 A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions) But if the organization chooses to file a return, be sure to file a complete return

L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts If gross receipts are $200,000 or more, or if total assets (Part II, line 25, column (B) below) are $500,000 or more, file Form 990 instead of Form 990-EZ ▶ $ 110,830.

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

Check if the organization used Schedule O to respond to any question in this Part I ☒

Revenue	1	Contributions, gifts, grants, and similar amounts received		1	110,437.
	2	Program service revenue including government fees and contracts		2	
	3	Membership dues and assessments		3	
	4	Investment income SEE SCHEDULE O		4	393.
	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	Gaming and fundraising events			
	a	Gross income from gaming (attach Schedule G if greater than $15,000)	6a		
	b	Gross income from fundraising events (not including $ _____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds $15,000)	6b		
	c	Less direct expenses from gaming and fundraising events	6c		
	d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)		6d	
	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 in Schedule O)		8	
	9	**Total revenue** Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ▶		9	110,830.
Expenses	10	Grants and similar amounts paid (list in Schedule O) SEE SCHEDULE O		10	83,245.
	11	Benefits paid to or for members		11	
	12	Salaries, other compensation, and employee benefits		12	5,632.
	13	Professional fees and other payments to independent contractors		13	795.
	14	Occupancy, rent, utilities, and maintenance		14	650.
	15	Printing, publications, postage, and shipping		15	110.
	16	Other expenses (describe in Schedule O) SEE SCHEDULE O		16	5,683.
	17	**Total expenses.** Add lines 10 through 16 ▶		17	96,115.
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)		18	14,715.
	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	139,303.
	20	Other changes in net assets or fund balances (explain in Schedule O)		20	0.
	21	Net assets or fund balances at end of year Combine lines 18 through 20 ▶		21	154,018.

Part II Balance Sheets. (see the instructions for Part II)

Check if the organization used Schedule O to respond to any question in this Part II [X]

		(A) Beginning of year		(B) End of year
22	Cash, savings, and investments	138,429.	22	153,027.
23	Land and buildings		23	
24	Other assets (describe in Schedule O) SEE SCHEDULE O	1,281.	24	991.
25	**Total assets**	139,710.	25	154,018.
26	**Total liabilities** (describe in Schedule O) SEE SCHEDULE O	407.	26	0.
27	**Net assets or fund balances** (line 27 of column (B) must agree with line 21)	139,303.	27	154,018.

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

Check if the organization used Schedule O to respond to any question in this Part III [X]

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

What is the organization's primary exempt purpose? SEE SCHEDULE O

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, and other relevant information for each program title.

28 PAYMENTS TO 18 ORGANIZATIONS ORGANIZED EXCLUSIVELY FOR CHARITABLE, EDUCATIONAL OR SCIENTIFIC PURPOSES

(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 (describe in Schedule O)

(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)

Check if the organization used Schedule O to respond to any question in this 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
MARY ANN GILPIN PO BOX 534, MARSHALL, MO 65340	EXECUTIVE DIR 9.00	5,632.	0.	0.
DOUG VOGLESMEIER, 104 E JEFFERSON, SWEET SPRINGS, MO 65351	PRESIDENT 2.00	0.	0.	0.
WES CRAIG 719 E EASTWOOD, MARSHALL, MO 65340	VICE-PRESIDENT 2.00	0.	0.	0.
JOBY RAINES 1639 W KAY, MARSHALL, MO 65340	SECRETARY/TREASURER 2.00	0.	0.	0.
HEATHER ALLRED 304 E PRARIE LANE, MARSHALL, MO 65340	DIRECTOR 2.00	0.	0.	0.
CINDI SIMS, 16001 145TH TRAIL, SWEET SPRINGS, MO 65351	DIRECTOR 2.00	0.	0.	0.
RICHARD PEMBERTON, 30521 E HIGHWAY 41, MARSHALL, MO 65340	DIRECTOR 2.00	0.	0.	0.
LARRY ERICKSON 404 E HIGHLANDER, MARSHALL, MO 65340	DIRECTOR 2.00	0.	0.	0.
AIMEE VANCE 1460 S LAFAYETTE, MARSHALL, MO 65340	DIRECTOR 2.00	0.	0.	0.
JUDI WHITE, 1407 REYNOLDS ROAD, MARSHALL, MO 65340	DIRECTOR 2.00	0.	0.	0.
FRANK POOSER 3555 W ARROW, MARSHALL, MO 65340	DIRECTOR 2.00	0.	0.	0.

Part V Other Information (Note the statement requirements in the instructions for Part V.)

Check if the organization used Schedule O to respond to any question in this Part V [X]

			Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33		X
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name Otherwise, explain the change on Schedule O (see instructions)	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, explain in Schedule O 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 a section 501(c)(4), 501(c)(5), or 501(c)(6) organization 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	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 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 tax year covered by this return?	38a		X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b N/A			
39	Section 501(c)(7) organizations Enter			
a	Initiation fees and capital contributions included on line 9 39a N/A			
b	Gross receipts, included on line 9, for public use of club facilities 39b 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.			
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 did it engage in an excess benefit transaction in a prior year, that has not been reported on any of its 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 ▶ 0.			
d	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization ▶ 0.			
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 ▶ MO

42a The organization's books are in care of ▶ MARY ANN GILPIN Telephone no ▶ 660-886-4959

Located at ▶ 11 E. EASTWOOD, MARSHALL, MO ZIP + 4 ▶ 65340

			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)?	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 N/A

			Yes	No
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a		X
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b		X
c	Did the organization receive any payments for indoor tanning services during the year?	44c		X
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O*	44d		

		Yes	No
45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)?	45		X
a Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ	45a		X
46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	46		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 47-49b and 52, and complete the tables for lines 50 and 51

Check if the organization used Schedule O to respond to any question in this Part VI ☐

		Yes	No
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
49a 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		

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 NONE	(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

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 " NONE

(a) Name and address of each independent contractor paid more than $100,000	(b) Type of service	(c) Compensation

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

52 Did the organization complete Schedule A? **Note** All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A ▶ [X] Yes ☐ No

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

Sign Here

X Signature of officer — Date 5-11-11

Joby J. Raines, President of Board
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
MICHAEL WEBER CPA	MICHAEL WEBER CPA	05/06/11		

Firm's name ▶ WILSON TOELLNER & ASSOCIATES LLC — Firm's EIN ▶

Firm's address ▶ P.O. BOX 279, MARSHALL, MO 65340 — Phone no (660)886-6815

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

2010

Open to Public Inspection

Name of the organization

MARSHALL AREA UNITED WAY, INC.

Employer identification number

43-1582959

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?	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 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? Yes	(iv) No	(v) Did you notify the organization in col (i) of your support? Yes	(v) No	(vi) Is the organization in col (i) organized in the U S ? Yes	(vi) No	(vii) Amount of support
Total									

LHA **For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.**

Schedule A (Form 990 or 990-EZ) 2010

032021 12-21-10

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 or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	49,520.	68,708.	145,255.	80,687.	110,437.	454,607.
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	49,520.	68,708.	145,255.	80,687.	110,437.	454,607.
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						454,607.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7 Amounts from line 4	49,520.	68,708.	145,255.	80,687.	110,437.	454,607.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	196.	123.	612.	1,138.	393.	2,462.
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						457,069.

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 2010 (line 6, column (f) divided by line 11, column (f))	14	99.46 %
15 Public support percentage from 2009 Schedule A, Part II, line 14	15	99.44 %

16a **33 1/3% support test - 2010.** 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 ▶ ☒

b **33 1/3% support test - 2009.** 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 - 2010.** 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 - 2009.** 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 or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(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) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(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 2010 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2009 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2010** (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from **2009** Schedule A, Part III, line 17	18	%

19a **33 1/3% support tests - 2010.** 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 - 2009.** 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 ▶ ☐

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization: MARSHALL AREA UNITED WAY, INC.

Employer identification number: 43-1582959

FORM 990-EZ, PART I, LINE 4, OTHER INVESTMENT INCOME:

DESCRIPTION OF PROPERTY:	AMOUNT:
INVESTMENT INCOME	393.

FORM 990-EZ, PART I, LINE 10, PAYMENTS TO AFFILIATES:

AFFILIATE NAME: MENTAL HEALTH ASSOC OF SALINE COUNTY

AFFILIATE ADDRESS: 33 E JACKSON MARSHALL, MO 65340

PURPOSE OF PAYMENT: PROGRAM SUPPORT

AMOUNT OF PAYMENT: 6,000.

AFFILIATE NAME: BUTTERFIELD VILLAGE CELLAR

AFFILIATE ADDRESS: 53 N LAFAYETTE MARSHALL, MO 65340

PURPOSE OF PAYMENT: PROGRAM SUPPORT

AMOUNT OF PAYMENT: 10,500.

AFFILIATE NAME: MID-MO AMERICAN RED CROSS

AFFILIATE ADDRESS: 1805 WESY WORLEY ST COLUMBIA, MO 65203

PURPOSE OF PAYMENT: PROGRAM SUPPORT

AMOUNT OF PAYMENT: 2,025.

AFFILIATE NAME: CHILDREN'S MERCY HOSPITAL

AFFILIATE ADDRESS: 2401 GILLHAM ROAD KANSAS CITY, MO 64108

PURPOSE OF PAYMENT: PROGRAM SUPPORT

AMOUNT OF PAYMENT: 5,875.

AFFILIATE NAME: CIVIL AIR PATROL

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization: MARSHALL AREA UNITED WAY, INC.

Employer identification number: 43-1582959

AFFILIATE ADDRESS: PO BOX 703 MARSHALL, MO 65340

PURPOSE OF PAYMENT: PROGRAM SUPPORT

AMOUNT OF PAYMENT: 3,625.

AFFILIATE NAME: COMMUNITY FOOD PANTRY

AFFILIATE ADDRESS: PO BOX 514 MARSHALL, MO 65340

PURPOSE OF PAYMENT: PROGRAM SUPPORT

AMOUNT OF PAYMENT: 5,882.

AFFILIATE NAME: SALINE COUNTY LEARNING CENTER

AFFILIATE ADDRESS: PO BOX 668 MARSHALL, MO 65340

PURPOSE OF PAYMENT: PROGRAM SUPPORT

AMOUNT OF PAYMENT: 3,450.

AFFILIATE NAME: SALINE COUNTY 4-H

AFFILIATE ADDRESS: 353 S LAFAYETTE MARSHALL, MO 65340

PURPOSE OF PAYMENT: PROGRAM SUPPORT

AMOUNT OF PAYMENT: 4,638.

AFFILIATE NAME: MVCAA AWARE

AFFILIATE ADDRESS: 1415 S ODELL MARSHALL, MO 65340

PURPOSE OF PAYMENT: PROGRAM SUPPORT

AMOUNT OF PAYMENT: 6,250.

AFFILIATE NAME: SWEET SPRINGS FOOD PANTRY

AFFILIATE ADDRESS: 213 W MAIN ST SWEET SPRINGS, MO 65351

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

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OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization: MARSHALL AREA UNITED WAY, INC.

Employer identification number: 43-1582959

PURPOSE OF PAYMENT: PROGRAM SUPPORT

AMOUNT OF PAYMENT: 3,000.

AFFILIATE NAME: FITZGIBBON COMMUNITY TRANSPORTATION

AFFILIATE ADDRESS: 2305 SOUTH 65 HWY MARSHALL, MO 65340

PURPOSE OF PAYMENT: PROGRAM SUPPORT

AMOUNT OF PAYMENT: 3,500.

AFFILIATE NAME: SUE LONG FAMILY LITERACY PROGRAM

AFFILIATE ADDRESS: 225 E ARROW MARSHALL, MO 65340

PURPOSE OF PAYMENT: PROGRAM SUPPORT

AMOUNT OF PAYMENT: 2,000.

AFFILIATE NAME: SLATER SENIOR CENTER

AFFILIATE ADDRESS: 123 N MAIN SLATER, MO 65349

PURPOSE OF PAYMENT: PROGRAM SUPPORT

AMOUNT OF PAYMENT: 3,000.

AFFILIATE NAME: MARSHALL SENIOR CENTER

AFFILIATE ADDRESS: 14 E MORGAN MARSHALL, MO 65340

PURPOSE OF PAYMENT: PROGRAM SUPPORT

AMOUNT OF PAYMENT: 5,000.

AFFILIATE NAME: FOSTER GRANDPARENTS

AFFILIATE ADDRESS: 1812 MAIN ST HIGGINSVILLE, MO 64037

PURPOSE OF PAYMENT: PROGRAM SUPPORT

SCHEDULE O (Form 990 or 990-EZ)
Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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OMB No 1545-0047
2010
Open to Public Inspection

Name of the organization: MARSHALL AREA UNITED WAY, INC.
Employer identification number: 43-1582959

AMOUNT OF PAYMENT: 6,750.

AFFILIATE NAME: 15TH JUDICIAL CIRCUIT - CASA

AFFILIATE ADDRESS: 1029 FRANKLIN LEXINGTON, MO 64067

PURPOSE OF PAYMENT: PROGRAM SUPPORT

AMOUNT OF PAYMENT: 7,500.

AFFILIATE NAME: CHILD SAFE OF CENTRAL MO

AFFILIATE ADDRESS: 102 E 10TH ST SEDALIA, MO 65301

PURPOSE OF PAYMENT: PROGRAM SUPPORT

AMOUNT OF PAYMENT: 2,250.

AFFILIATE NAME: UNIVERSITY EXTENSION

AFFILIATE ADDRESS: 353 S LAFAYETTE MARSHALL, MO 65340

PURPOSE OF PAYMENT: PROGRAM SUPPORT

AMOUNT OF PAYMENT: 2,000.

TOTAL INCLUDED ON FORM 990-EZ, LINE 10 83,245.

FORM 990-EZ, PART I, LINE 14, OCCUPANCY, RENT, UTILITIES, AND MAINTENANCE:

DESCRIPTION OF EXPENSES:	AMOUNT:
DEPRECIATION	290.
OTHER EXPENSES	360.
TOTAL TO FORM 990-EZ, LINE 14	650.

FORM 990-EZ, PART I, LINE 16, OTHER EXPENSES:

DESCRIPTION OF OTHER EXPENSES: AMOUNT:

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization: MARSHALL AREA UNITED WAY, INC.

Employer identification number: 43-1582959

BANK CHARGES	18.
CAMPAGIN EXPENSE	1,544.
DUES	857.
OFFICE EXPENSES	496.
PAYROLL TAXES	537.
TELEPHONE	560.
INSURANCE - BONDING	1,661.
ANNUAL REGISTRATION	10.
TOTAL TO FORM 990-EZ, LINE 16	5,683.

FORM 990-EZ, PART II, LINE 24, OTHER ASSETS:

DESCRIPTION	BEG. OF YEAR	END OF YEAR
OTHER DEPRECIABLE ASSETS	1,281.	991.

FORM 990-EZ, PART II, LINE 26, OTHER LIABILITIES:

DESCRIPTION	BEG. OF YEAR	END OF YEAR
PAYROLL LIABILITIES	407.	0.

FORM 990-EZ, PART III, PRIMARY EXEMPT PURPOSE - RAISE FUNDS FOR VARIOUS CHARITABLE ORGANIZATIONS

FORM 990-EZ, PART V, INFORMATION REGARDING PERSONAL BENEFIT CONTRACTS:

THE ORGANIZATION DID NOT, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY, OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT.

THE ORGANIZATION, DID NOT, DURING THE YEAR, PAY ANY PREMIUMS, DIRECTLY, OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT.

2010 DEPRECIATION AND AMORTIZATION REPORT

FORM 990-EZ PAGE 1 990-EZ

Asset No	Description	Date Acquired	Method	Life	Conv	Line No	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
6	COMPUTER	06/03/09	SL	5.00	HY	16	1,450.				1,450.	169.		290.	459.
	* 990-EZ PG 1 TOTAL OTHER						1,450.				1,450.	169.		290.	459.
	PROGRAM SERVICES														
1	COMPUTER, MONITOR AND MOUSE	10/15/96	SL	5.00	HY	16	1,662.				1,662.	1,662.		0.	1,662.
2	MS OFFICE PROF. WIN 95 V7.0	10/15/96	SL	3.00	HY	16	305.				305.	305.		0.	305.
3	QUICKEN WIN 95	10/15/96	SL	3.00	HY	16	70.				70.	70.		0.	70.
4	HP DESKJET 682C PRINTER	10/15/96	SL	5.00	HY	16	370.				370.	370.		0.	370.
5	COMPUTER DESK	10/15/96	SL	10.00	HY	16	230.				230.	230.		0.	230.
	* 990-EZ PG 1 TOTAL PROGRAM SERVICES						2,637.				2,637.	2,637.		0.	2,637.
	* GRAND TOTAL 990-EZ PG 1 DEPR						4,087.				4,087.	2,806.		290.	3,096.