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Form **990**

Department of the Treasury
Internal Revenue Service

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)

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

OMB No 1545-0047

2001

Open to Public Inspection

A For the 2001 calendar year, or tax year beginning , and ending

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

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

C Name of organization
FRANKLIN AREA UNITED WAY

Number and street (or P O box if mail is not delivered to street address) | Room/suite
PO BOX 366

City or town, state or country, and ZIP + 4
FRANKLIN VA 23851

D Employer ID number
54-6043915

E Telephone number
757-569-8929

F Accounting method ☒ Cash ☐ Accrual ☐ Other (specify) ▶

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

H and I are not applicable to section 527 organizations

H(a) Is this a group return for affiliates? ☐ Yes ☒ No

H(b) If "Yes enter no of affiliates ▶ ☒ N/A

H(c) Are all affiliates included? ☒ N/A ☐ Yes ☐ No
(If "No " att a list See instr)

H(d) Is this a separate return filed by an organization covered by a group ruling? ☒ N/A ☐ Yes ☐ No

G Web site ▶

J Organization type (check only one) ▶ ☒ 501(c) (3) ◂ (insert no) ☐ 4947(a)(1) or ☐ 527

K Check here ▶ ☐ if the organization's gross receipts are normally not more than $25,000 The organization need not file a return with the IRS, but if the organization received a Form 990 Package in the mail, it should file a return without financial data **Some states require a complete return**

I Enter 4-digit GEN ▶

M Check ▶ ☒ if the organization is not required to attach Sch B (Form 990, 990-EZ, or 990-PF)

L Gross receipts Add lines 6b, 8b, 9b, and 10b to line 12 ▶ 382,543

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See Specific Instructions on page 16)

	Revenue					
1	Contributions, gifts, grants, and similar amounts received					
a	Direct public support		1a	374,290		
b	Indirect public support		1b			
c	Government contributions (grants)		1c			
d	Total (add lines 1a through 1c) (cash $ 372,635 noncash $ 1,655)				1d	374,290
2	Program service revenue including government fees and contracts (from Part VII, line 93)				2	
3	Membership dues and assessments				3	
4	Interest on savings and temporary cash investments				4	7,620
5	Dividends and interest from securities				5	11
6a	Gross rents		6a			
b	Less rental expenses		6b			
c	Net rental income or (loss) (subtract line 6b from line 6a)				6c	
7	Other investment income (describe ▶)				7	
8a	Gross amount from sales of assets other than inventory	(A) Securities 513	8a	(B) Other		
b	Less cost or other basis and sales expenses	565	8b			
c	Gain or (loss) (attach schedule)	-52	8c			
d	Net gain or (loss) (combine line 8c, columns (A) and (B)) SEE STMT 1				8d	-52
9	Special events and activities (attach schedule)					
a	Gross revenue (not including $ of contributions reported on line 1a)		9a			
b	Less direct expenses other than fundraising expenses		9b			
c	Net income or (loss) from special events (subtract line 9b from line 9a)				9c	
10a	Gross sales of inventory, less returns and allowances		10a			
b	Less cost of goods sold		10b			
c	Gross profit or (loss) from sales of inventory (att sch) (subtract line 10b from line 10a)				10c	
11	Other revenue (from Part VII, line 103)				11	109
12	Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)				12	381,978
	Expenses					
13	Program services (from line 44, column (B))				13	287,058
14	Management and general (from line 44, column (C))				14	18,391
15	Fundraising (from line 44, column (D))				15	10,694
16	Payments to affiliates (attach schedule) SEE STMT 2				16	28,250
17	Total expenses (add lines 16 and 44, column (A))				17	344,393
	Net Assets					
18	Excess or (deficit) for the year (subtract line 17 from line 12)				18	37,585
19	Net assets or fund balances at beginning of year (from line 73, column (A))				19	94,567
20	Other changes in net assets or fund balances (attach explanation) SEE STMT 3				20	-795
21	Net assets or fund balances at end of year (combine lines 18, 19, and 20)				21	131,357

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Part II **Statement of Functional Expenses** All organizations must complete column (A) Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others (See Specific Instructions on page 21)

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22 Grants and allocations (attach schedule) STMT 4 (cash $ 287,058 non-cash $)	22	287,058	287,058		
23 Specific assistance to individuals	23				
24 Benefits paid to or for members	24				
25 Compensation of officers, directors, etc	25				
26 Other salaries and wages	26	16,960		12,720	4,240
27 Pension plan contributions	27				
28 Other employee benefits	28				
29 Payroll taxes	29	1,297		972	325
30 Professional fundraising fees	30				
31 Accounting fees	31	1,500		1,500	
32 Legal fees	32				
33 Supplies	33	493		493	
34 Telephone	34	594		594	
35 Postage and shipping	35	473			473
36 Occupancy	36	196		196	
37 Equipment rental and maintenance	37				
38 Printing and publications	38	2,789			2,789
39 Travel	39				
40 Conferences, conventions, and meetings	40				
41 Interest	41				
42 Depreciation, depletion, etc (att sch)	42	224		224	
43 Other expenses not covered above (itemize) a	43a				
b SEE STATEMENT 5	43b	4,559		1,692	2,867
c	43c				
d	43d				
e	43e				
44 **Total functional expenses** (add lines 22 - 43) **Organizations completing columns (B)-(D), carry these totals to lines 13-15**	44	316,143	287,058	18,391	10,694

Joint Costs Check ▶ ☐ if you are following SOP 98-2

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? ▶ ☐ Yes ☒ No

If "Yes," enter (i) the aggregate amount of these joint costs $ ____ (ii) the amount allocated to Program services $ ____

(iii) the amount allocated to Management and general $ ____ , and (iv) the amount allocated to Fundraising $ ____

Part III **Statement of Program Service Accomplishments** (See Specific Instructions on page 24)

What is the organization's primary exempt purpose? ▶ SEE STATEMENT 6 All organizations must describe their exempt purpose achievements in a clear and concise manner State the number of clients served, publications issued, etc Discuss achievements that are not measurable (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others)	**Program Service Expenses** (Required for 501(c)(3) and (4) orgs , and 4947(a)(1) trusts but optional for others)
a (Grants and allocations $)	287,058
b (Grants and allocations $)	
c (Grants and allocations $)	
d (Grants and allocations $)	
e Other program services (attach schedule) (Grants and allocations $)	
f **Total of Program Service Expenses** (should equal line 44, column (B), Program services) ▶	287,058

Part IV Balance Sheets (See Specific Instructions on page 24)

Note		Where required, attached schedules and amounts within the description column should be for end-of-year amounts only			(A) Beginning of year		(B) End of year
Assets	45	Cash-non-interest-bearing			5,015	45	1,998
	46	Savings and temporary cash investments			175,616	46	227,823
	47a	Accounts receivable	47a				
	b	Less allowance for doubtful accounts	47b			47c	
	48a	Pledges receivable	48a				
	b	Less allowance for doubtful accounts	48b			48c	
	49	Grants receivable				49	
	50	Receivables from officers, directors, trustees, and key employees (attach schedule)				50	
	51a	Other notes and loans receivable (attach schedule)	51a				
	b	Less allowance for doubtful accounts	51b			51c	
	52	Inventories for sale or use				52	
	53	Prepaid expenses and deferred charges				53	
	54	Investments-securities SEE STMT 7 ▶ ☐ Cost ☒ FMV			1,077	54	1,373
	55a	Investments-land, buildings, and equipment basis	55a				
	b	Less accumulated depreciation (attach schedule)	55b			55c	
	56	Investments-other (attach schedule)				56	
	57a	Land, buildings, and equipment basis	57a	3,360			
	b	Less accumulated depreciation (attach schedule) SEE STMT 8	57b	3,360	224	57c	
	58	Other assets (describe ▶ SEE STMT 9)				58	721
	59	**Total assets** (add lines 45 through 58) (must equal line 74)			181,932	59	231,915
Liabilities	60	Accounts payable and accrued expenses				60	116
	61	Grants payable				61	
	62	Deferred revenue SEE STMT 10			86,905	62	99,945
	63	Loans from officers, directors, trustees, and key employees (attach schedule)				63	
	64a	Tax-exempt bond liabilities (attach schedule)				64a	
	b	Mortgages and other notes payable (attach schedule)				64b	
	65	Other liabilities (describe ▶ SEE STMT 11)			460	65	497
	66	**Total liabilities** (add lines 60 through 65)			87,365	66	100,558
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here** ▶ ☒ and complete lines 67 through 69 and lines 73 and 74					
	67	Unrestricted			94,567	67	131,357
	68	Temporarily restricted				68	
	69	Permanently restricted				69	
		Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 70 through 74					
	70	Capital stock, trust principal, or current funds				70	
	71	Paid-in or capital surplus, or land, building, and equipment fund				71	
	72	Retained earnings, endowment, accumulated income, or other funds				72	
	73	**Total net assets or fund balances** (add lines 67 through 69 OR lines 70 through 72, column (A) must equal line 19, column (B) must equal line 21)			94,567	73	131,357
	74	**Total liabilities and net assets / fund balances** (add lines 66 and 73)			181,932	74	231,915

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization How the public perceives an organization in such cases may be determined by the information presented on its return Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments

Part IV-A Reconciliation of Revenue per Audited Financial Statements with Revenue per Return (See Specific Instructions, page 26)

a	Total revenue, gains, and other support per audited financial statements ▶	a	381,978
b	Amounts included on line a but not on line 12, Form 990		
(1)	Net unrealized gains on investments $		
(2)	Donated services and use of facilities $		
(3)	Recoveries of prior year grants $		
(4)	Other (specify) $		
	Add amounts on lines (1) through (4) ▶	b	
c	Line a minus line b ▶	c	381,978
d	Amounts included on line 12, Form 990 but not on line a		
(1)	Investment expenses not included on line 6b, Form 990 $		
(2)	Other (specify) $		
	Add amounts on lines (1) and (2) ▶	d	
e	Total revenue per line 12, Form 990 (line c plus line d) ▶	e	381,978

Part IV-B Reconciliation of Expenses per Audited Financial Statements with Expenses per Return

a	Total expenses and losses per audited financial statements ▶	a	344,393
b	Amounts included on line a but not on line 17, Form 990		
(1)	Donated services and use of facilities $		
(2)	Prior year adjustments reported on line 20, Form 990 $		
(3)	Losses reported on line 20, Form 990 $		
(4)	Other (specify) $		
	Add amounts on lines (1) through (4) ▶	b	
c	Line a minus line b ▶	c	344,393
d	Amounts included on line 17, Form 990 but not on line a		
(1)	Investment expenses not included on line 6b, Form 990 $		
(2)	Other (specify) $		
	Add amounts on lines (1) and (2) ▶	d	
e	Total expenses per line 17, Form 990 (line c plus line d) ▶	e	344,393

Part V List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated, see Specific Instructions on page 26)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contrib to employee benefit plans & deferred compensation	(E) Expense account and other allowances
SEE ATTACHED SCHEDULE		0	0	0

75 Did any officer, director, trustee, or key employee receive aggregate compensation of more than $100,000 from your organization and all related organizations, of which more than $10,000 was provided by the related organizations? ▶ ☐ Yes ☒ No
If "Yes," attach schedule-see Specific Instructions on page 27

Part VI Other Information (See Specific Instructions on page 27)

				Yes	No
76	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity		76		X
77	Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes		77		X
78a	Did the organization have unrelated business gross inc of $1,000 or more during the year covered by this return?		78a		X
b	If "Yes," has it filed a tax return on Form 990-T for this year?	N/A	78b		
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement		79		X
80a	Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc , to any other exempt or nonexempt organization?		80a		X
b	If "Yes," enter the name of the organization ▶ and check whether it is ☐ exempt OR ☐ nonexempt				
81a	Enter direct or indirect political expenditures See line 81 instr	81a			
b	Did the organization file Form 1120-POL for this year?		81b		X
82a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?		82a		X
b	If "Yes," you may indicate the value of these items here Do not include this amount as revenue in Part I or as an expense in Part II (See instructions in Part III)	82b			
83a	Did the organization comply with the public inspection requirements for returns and exemption applications?		83a	X	
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?		83b	X	
84a	Did the organization solicit any contributions or gifts that were not tax deductible?		84a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	N/A	84b		
85	501(c)(4), (5), or (6) organizations a Were substantially all dues nondeductible by members?	N/A	85a		
b	Did the organization make only in-house lobbying expenditures of $2,000 or less? If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year	N/A	85b		
c	Dues, assessments, and similar amounts from members	85c			
d	Section 162(e) lobbying and political expenditures	85d			
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e			
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f			
g	Does the organization elect to pay the section 6033(e) tax on the amount in 85f?	N/A	85g		
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount in 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	N/A	85h		
86	501(c)(7) orgs Enter a Initiation fees and capital contributions included on line 12	86a			
b	Gross receipts, included on line 12, for public use of club facilities	86b			
87	501(c)(12) orgs Enter a Gross income from members or shareholders	87a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	87b			
88	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Part IX		88		X
89a	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	501(c)(3) and 501(c)(4) orgs Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction		89b		X
c	Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958	▶ 0			
d	Enter Amount of tax on line 89c, above, reimbursed by the organization	▶ 0			

90a List the states with which a copy of this return is filed ▶ NONE

b Number of employees employed in the pay period that includes March 12, 2001 (See instructions) 90b

91 The books are in care of ▶ MARY DEPUY Telephone no ▶ 757-569-8929

Located at ▶ FRANKLIN, VA ZIP + 4 ▶ 23851

92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041- Check here ▶ ☐

and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 92

Part VII Analysis of Income-Producing Activities (See Specific Instructions on page 32)

Note Enter gross amounts unless otherwise indicated	Unrelated business income		Excluded by sec 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93 Program service revenue					
a					
b					
c					
d					
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments			14	7,620	
96 Dividends and interest from securities			14	11	
97 Net rental income or (loss) from real estate					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory			26	-52	0
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue a					
b MISCELLANEOUS INCOME			41	109	
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))		0		7,688	0

105 **Total** (add line 104, columns (B), (D), and (E)) ▶ 7,688

Note Line 105 plus line 1d, Part I, should equal the amount on line 12, Part I

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See Specific Instructions on page 32)

Line No ●	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes)
N/A	

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See Specific Instructions on page 33)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
N/A	%			
	%			
	%			
	%			

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See Specific Instructions on pg 33)

(a) Did the organization during the year, receive any funds directly or indirectly to pay premiums on a personal benefit contract? ☐ Yes ☒ No

(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? ☐ Yes ☒ No

Note If "Yes" to (b), file Form 8870 and Form 4720 (see instructions)

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

Please

[redacted]

11/15/02

Date

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Organization Exempt Under Section 501(c)(3)

(Except Private Foundation) and Section 501(e), 501(f), 501(k),
501(n), or Section 4947(a)(1) Nonexempt Charitable Trust

Supplementary Information-(See separate instructions.)

▶ MUST be completed by the above organizations and attached to their Form 990 or 990-EZ

OMB No 1545-0047

2001

Name of the organization: FRANKLIN AREA UNITED WAY

Employer identification number: 54-6043915

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees

(See page 1 of the instructions List each one If there are none, enter "None ")

(a) Name and address of each employee paid more than $50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee ben plans & deferred compensation	(e) Expense account and other allowances
NONE				
Total number of other employees paid over $50,000 ▶				

Part II Compensation of the Five Highest Paid Independent Contractors for Professional Services

(See page 2 of the instr List each one (whether individuals or firms) If there are none, enter "None ")

(a) Name and address of each independent contractor paid more than $ 50 000	(b) Type of service	(c) Compensation
NONE		
Total number of others receiving over $50,000 for professional services ▶		

For Paperwork Reduction Act Notice, see the Instructions for Form 990 and Form 990-EZ.

Part III Statements About Activities (See page 2 of the instructions)

			Yes	No
1	During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ▶$ ________ (Must equal amount on line 38, Part VI-A, or line i of Part VI-B) Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A Other organizations checking "Yes," must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities	1		X
2	During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions)			
a	Sale, exchange, or leasing of property?	2a		X
b	Lending of money or other extension of credit?	2b		X
c	Furnishing of goods, services, or facilities?	2c		X
d	Payment of compensation (or payment or reimbursement of exp if more than $1 000)?	2d		X
e	Transfer of any part of its income or assets?	2e		X
3	Does the organization make grants for scholarships, fellowships, student loans, etc ? (See Note below)	3		X
4	Do you have a section 403(b) annuity plan for your employees?	4		X

Note Attach a statement to explain how the organization determines that individuals or organizations receiving grants or loans from it in furtherance of its charitable programs "qualify" to receive payments

Part IV Reason for Non-Private Foundation Status (See pages 3 through 6 of the instructions)

The organization is not a private foundation because it is (Please check only ONE applicable box)

5 ☐ A church, convention of churches, or association of churches Section 170(b)(1)(A)(i)

6 ☐ A school Section 170(b)(1)(A)(ii) (Also complete Part V)

7 ☐ A hospital or a cooperative hospital service organization Section 170(b)(1)(A)(iii)

8 ☐ A Federal, state, or local government or governmental unit Section 170(b)(1)(A)(v)

9 ☐ A medical research organization operated in conjunction with a hospital Section 170(b)(1)(A)(iii) **Enter the hospital's name, city, and state** ▶

10 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit Section 170(b)(1)(A)(iv) (Also complete the **Support Schedule** in Part IV-A)

11a ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public Section 170(b)(1)(A)(vi) (Also complete the **Support Schedule** in Part IV-A)

11b ☐ A community trust Section 170(b)(1)(A)(vi) (Also complete the **Support Schedule** in Part IV-A)

12 ☐ 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 charitable, etc , 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) (Also complete the **Support Schedule** in Part IV-A)

13 ☐ An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in **(1)** lines 5 through 12 above, or **(2)** section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2) (See section 509(a)(3))

Provide the following information about the supported organizations (See page 5 of the instructions)

(a) Name(s) of supported organization(s)	(b) Line number from above
ORGANIZATIONS ARE REQUIRED TO HAVE TAX EXEMPT STATUS AND PROVIDE A CHARITABLE AND WORTHWHILE PURPOSE TO THEIR RESPECTIVE SERVICE AREA.	

14 ☐ An organization organized and operated to test for public safety Section 509(a)(4) (See page 6 of the instructions)

Part IV-A **Support Schedule** (Complete only if you checked a box on line 10, 11, or 12) **Use cash method of accounting**

Note You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting

	Calendar year (or fiscal year beginning in) ▶	(a) 2000	(b) 1999	(c) 1998	(d) 1997	(e) Total
15	Gifts, grants, and contributions received (Do not include unusual grants See line 28)	278,196	422,162	266,302	248,643	1,215,303
16	Membership fees received					
17	Gross receipts from admissions merchandise sold or services performed or furnishing of facilities in any activity that is related to the organization s charitable, etc , purpose					
18	Gross inc from int , dividends, amounts received from pymt on securities loans (section 512(a)(5)), rents royalties & unrelated busn taxable inc (less sec 511 taxes) from businesses acquired by the organization after June 30 1975	9,965	5,814	4,907	3,364	24,050
19	Net income from unrelated business activities not included in line 18					
20	Tax revn levied for the organization's ben & either paid to it or expended on its behalf					
21	The value of serv or facl furnished to the org by a governmental unit without charge Do not incl the value of serv or fac generally furnished to the public without charge					
22	Other income Attach a schedule Do not include gain or (loss) from sale of cap assets STMT 12		200	150	638	988
23	Total of lines 15 through 22	288,161	428,176	271,359	252,645	1,240,341
24	Line 23 minus line 17	288,161	428,176	271,359	252,645	1,240,341
25	Enter 1% of line 23	2,882	4,282	2,714	2,526	

26 **Organizations described on lines 10 or 11** a Enter 2% of amount in column (e), line 24 ▶ 26a 24,807

b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 1997 through 2000 exceeded the amount shown in line 26a **Do not file this list with your return** Enter the total of all these excess amounts ▶ 26b 179,311

c Total support for section 509(a)(1) test Enter line 24, column (e) ▶ 26c 1,240,341

d Add Amounts from column (e) for lines 18 24,050 19 ______ 22 988 26b 179,311 ▶ 26d 204,349

e Public support (line 26c minus line 26d total) ▶ 26e 1,035,992

f **Public support percentage (line 26e (numerator) divided by line 26c (denominator))** ▶ 26f 83.5248 %

27 **Organizations described on line 12** a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person " **Do not file this list with your return** Enter the sum of such amounts for each year N/A

(2000) (1999) (1998) (1997)

b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of **(1)** the amount on line 25 for the year or **(2)** $5,000 (Include in the list organizations described in lines 5 through 11, as well as individuals) **Do not file this list with your return** After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year N/A

(2000) (1999) (1998) (1997)

c Add Amounts from column (e) for lines 15 ______ 16 ______ 17 ______ 20 ______ 21 ______ ▶ 27c ______

d Add Line 27a total ______ and line 27b total ______ ▶ 27d ______

e Public support (line 27c total minus line 27d total) ▶ 27e ______

f Total support for section 509(a)(2) test Enter amount on line 23, column (e) ▶ 27f ______

g **Public support percentage (line 27e (numerator) divided by line 27f (denominator))** ▶ 27g ______ %

h **Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))** ▶ 27h ______ %

28 **Unusual Grants** For an organization described in line 10, 11, or 12 that received any unusual grants during 1997 through 2000, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant **Do not file this list with your return** Do not include these grants in line 15

Part V Private School Questionnaire (See page 7 of the instructions)
(To be completed ONLY by schools that checked the box on line 6 in Part IV)

N/A

			Yes	No
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	29		
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	30		
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves?	31		
	If "Yes," please describe, if "No," please explain (If you need more space, attach a separate statement)			
32	Does the organization maintain the following			
a	Records indicating the racial composition of the student body, faculty, and administrative staff?	32a		
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b		
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32c		
d	Copies of all material used by the organization or on its behalf to solicit contributions?	32d		
	If you answered "No" to any of the above, please explain (If you need more space, attach a separate statement)			
33	Does the organization discriminate by race in any way with respect to			
a	Students' rights or privileges?	33a		
b	Admissions policies?	33b		
c	Employment of faculty or administrative staff?	33c		
d	Scholarships or other financial assistance?	33d		
e	Educational policies?	33e		
f	Use of facilities?	33f		
g	Athletic programs?	33g		
h	Other extracurricular activities?	33h		
	If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement)			
34a	Does the organization receive any financial aid or assistance from a governmental agency?	34a		
b	Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either 34a or b, please explain using an attached statement	34b		
35	Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," attach an explanation	35		

Part VI-A Lobbying Expenditures by Electing Public Charities (See page 9 of the instructions)
(To be completed ONLY by an eligible organization that filed Form 5768) N/A

Check ▶ a ☐ if the organization belongs to an affiliated group Check ▶ b ☐ if you checked "a" and "limited control" provisions apply

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred)		(a) Affiliated group totals	(b) To be completed for ALL electing organizations
36 Total lobbying expenditures to influence public opinion (grassroots lobbying)	36		
37 Total lobbying expenditures to influence a legislative body (direct lobbying)	37		
38 Total lobbying expenditures (add lines 36 and 37)	38		
39 Other exempt purpose expenditures	39		
40 Total exempt purpose expenditures (add lines 38 and 39)	40		
41 Lobbying nontaxable amount Enter the amount from the following table-	41		
42 Grassroots nontaxable amount (enter 25% of line 41)	42		
43 Subtract line 42 from line 36 Enter -0- if line 42 is more than line 36	43		
44 Subtract line 41 from line 38 Enter -0- if line 41 is more than line 38	44		

If the amount on line 40 is-	The lobbying nontaxable amount is-
Not over $500,000	20% of the amount on line 40
Over $500,000 but not over $1,000,000	$100,000 plus 15% of the excess over $500,000
Over $1,000,000 but not over $1,500,000	$175,000 plus 10% of the excess over $1,000,000
Over $1,500,000 but not over $17,000,000	$225,000 plus 5% of the excess over $1,500,000
Over $17,000,000	$1,000,000

Caution If there is an amount on either line 43 or line 44, you must file Form 4720

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below
See the instructions for lines 45 through 50 on page 11 of the instructions)

	Lobbying Expenditures During 4-Year Averaging Period				
Calendar year (or fiscal year beginning in) ▶	(a) 2001	(b) 2000	(c) 1999	(d) 1998	(e) Total
45 Lobbying nontaxable amount					
46 Lobbying ceiling amount (150% of line 45(e))					
47 Total lobbying expenditures					
48 Grassroots nontaxable amount					
49 Grassroots ceiling amount (150% of line 48(e))					
50 Grassroots lobbying expenditures					

Part VI-B Lobbying Activity by Nonelecting Public Charities
(For reporting only by organizations that did not complete Part VI-A) (See page 12 of the instr) N/A

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of	Yes	No	Amount
a Volunteers			
b Paid staff or management (include compensation in expenses reported on lines c through h)			
c Media advertisements			
d Mailings to members, legislators, or the public			
e Publications, or published or broadcast statements			
f Grants to other organizations for lobbying purposes			
g Direct contact with legislators, their staffs, government officials, or a legislative body			
h Rallies, demonstrations seminars, conventions, speeches, lectures, or any other means			
i Total lobbying expenditures (add lines c through h)			

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities

Part VII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations (See page 12 of the instructions)

51 Did the reporting organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?

			Yes	No
a	Transfers from the reporting organization to a noncharitable exempt organization of			
	(i) Cash	51a(i)		X
	(ii) Other assets	a(ii)		X
b	Other transactions			
	(i) Sales or exchanges of assets with a noncharitable exempt organization	b(i)		X
	(ii) Purchases of assets from a noncharitable exempt organization	b(ii)		X
	(iii) Rental of facilities, equipment, or other assets	b(iii)		X
	(iv) Reimbursement arrangements	b(iv)		X
	(v) Loans or loan guarantees	b(v)		X
	(vi) Performance of services or membership or fundraising solicitations	b(vi)		X
c	Sharing of facilities, equipment, mailing lists, other assets, or paid employees	c		X

d If the answer to any of the above is "Yes," complete the following schedule Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting organization If the organization received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received

(a) Line no	(b) Amount involved	(c) Name of noncharitable exempt organization	(d) Description of transfers, transactions, and sharing arrangements
N/A			

52a Is the organization directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? ▶ ☐ Yes ☒ No

b If "Yes," complete the following schedule

(a) Name of organization	(b) Type of organization	(c) Description of relationship
N/A		

FRANKLIN-SOUTHAMPTON AREA UNITED WAY
P. O. Box 366, Franklin, VA 23851
2001
Board of Directors

direct01

Officers

Joe Hutt	President
Ray Thomas	Vice President of Planning
Frank Rickman	Vice President of Communications
Shirley Burgess	Secretary
Sion Carr	Treasurer
Bud Brotzman	Champaign Chair/VicePres
	Asst. Campaign Chairman
Peggy Simmons	Citizens Review Committee Chair
Norm Shroyer	Past Pres/Nominating Chair

Mary S. DePuy .. ..Executive Director

Work: 757/569-8929 Fax: 757/569-1850

116 North Main Street, 2nd Floor

Board of directors - 2001
c \office\wpwin\wpdocs\directlst01

Mr Wes Alexander (2 years left in 2nd term)
22094 Main Street
Courtland, VA 23837
Phone 653-2940

Ms Esther Barksdale (3 years left in 1st term)
P O Box 444
Courtland, VA 23837
(W) 569-6286 (H) 653-9367

Mr Leland Beale, Jr (2 years left in 1st term)
34147 Joyner's Bridge Road
Franklin, VA 23851
(H) 562-5042

Mr Lloyd E Brotzman, Jr (1 year left in 1st trm)
23240 Dove Street
Franklin, VA 23851
(H) 562-3944

Amy Browne (3 years left in 2nd term)
19458 Cross Keys Road
Boykins, VA 23827
(H) 654-9584 (W) 654-6226

Mrs Shirley Burgess (1 year left in 2nd term)
13297 Rivers Mill Road
Capron, VA 23829
(H) 658-4424

Mr Sion Carr (3 years left in 2nd term)
732 Chaucer Ct
Franklin, VA 23851
(W) 569-7979 (H) 562-7702 (P) 569-3510

Mr Ernest Claud, Jr (1 year left in 2nd term)
18312 Southampton Parkway
Capron, VA 23829
658-4667

Mr E R M Coker (3 years left in 1st term)
109 Beechwood Drive
Franklin, VA 23851
(H) 562-3673

Mr. W Crenshaw (3 years left in 1st term)
Hercules, Inc
27123 Shady Brook Trail
Courtland, VA 23837
(H) 516-2915 (W)562-3121 ext141

Rev Ben Duffey (3 years left in 1st term)
232 Southampton Road
Franklin, VA 23851
(H) 562-4838

Mr Kendall Edwards (1 year left in 1st term)
900 Kimberly Drive
Franklin, VA 23851
(H) 562-5402 (W) 562-5184

Mrs Helen Holoman (2 years left in 2nd term)
37101 General Mahone Blvd
Ivor, VA 23866
(H) 859-6327

Mr Paul Camp Marks (2 years left in 1st term)
23174 Popes Station Road
Capron, VA 23829
(H) 804/658-4450

Mr Frank Rickman (2 years left in 1st term)
101 Carrie Street
Franklin, VA 23851
(H) 562-2601 (P)562-8832 (W) 569-5331

Peggy Simmons (3 years left in 2nd term)
17626 Carys Bridge Road
Courtland, VA 23837
(H) 653-2218 (W) 516-2929 (F) 516-2828

Ophelia Taylor (1 year left in unexpired term)
318 Thomas Street
Franklin, VA 23851
(H) 562-4639

Gwen Vick (2 years left in 2nd term)
23375 Greenhead Road
Courtland, VA 23837
(H) 653-2901

Mr Joe Hutt, Jr (2 years left in 1st term)
1038 Clay Street
Franklin, VA 23851
(H) 562-5468

Mr Robert T Petty (3 years left in 1st term)
Bronco Federal Credit Union
135 Stewart Drive
Franklin, VA 23851
(H) 569-9314 (W) 569-4029

Mr Norm Shroyer (ex-officio)
113 Beechwood Drive
Franklin, VA 23851
(H) 562-3795

Mr William Tawney (3 years left in 1st term)
160 Covey Circle
Franklin, VA 23851
(H) 562-5603 (W) 569-4494 x4784

Ray Thomas
213 North Drive
Franklin, VA 23851
(H) 562-7879

Mr Jim Yarborough (3 years left in 1st term)
16430 Johnson Mill Road
Sedley, VA 23878
(H)562-3070 (W) 569-4810

Statement 1 - Form 990, Part I, Line 8c - Sale of Assets Other Than Inventory - Securities

Desc				How Rec'd	Whom Sold	
	Date Acquired	Date Sold	Sale Price	Cost & Expense	Deprec	Gain/ -Loss
37 SH BASSETT FURNITURE				PURCHASE		
	8/23/01	8/23/01	$ 499	$ 565	$	$ -66
EMC CORP - CIL				PURCHASE		
	VARIOUS	2/07/01	14			14
TOTAL			$ 513	$ 565	$ 0	$ -52

Statement 2 - Form 990, Part I, Line 16 - Payments to Affiliates

Name	Address	Amount	Purpose
UNITED WAY SERVICES-RICHMOND		$ 104	
UNITED WAY OF PITT COUNTY		82	
ISLE OF WIGHT UNITED WAY		1,852	
SUFFOLK UNITED WAY		1,585	
UNITED WAY SOUTH HAMPTON RDS		813	
ROANOKE VALLEY UNITED WAY INC		16,160	
ALBEMARLE AREA UNITED WAY		2,435	
UNITED WAY OF AMERICA		2,167	
PENNINSULA UNITED WAY		359	
UNITED WAY OF ROCHESTER		62	
UNITED WAY OF WYOMING CNTY		631	
DISTRICT OF COLUMBIA U-WAY		2,000	
TOTAL		$ 28,250	

Statement 3 - Form 990, Line 20 - Other Changes in Net Assets or Fund Balances

Description	Amount
UNREALIZED LOSS ON INVESTMENTS	$ -795
TOTAL	$ -795

Statement 4 - Form 990, Part II, Line 22 - Grants, Allocations, and Contributions

Description	Cash Contribution	Noncash Contribution
OAK STREET SENIORS	$ 16,750	$
AMERICAN RED CROSS	5,000	
CHILDREN'S CENTER	30,000	
CHILDREN'S HOME SOCIETY	6,500	
COLONIAL COAST GIRL SCOUTS	17,850	
COLONIAL COAST BOY SCOUTS	19,425	
EDMARC HOSPICE	7,500	
MENTAL RETARDATION SERVICE	13,000	
CONSUMER FINANCIAL COUNSELING SERVICE	9,000	
FOOD BANK OF SOUTHEASTERN VA	13,500	
SALVATION ARMY	15,000	
FRANKLIN CHARITY FUND	5,200	
THE GENIEVE SHELTER	17,000	
SOUTHAMPTON/FRANKLIN HABITAT FOR HUMANITY	3,200	
HIGH STREET SENIORS	6,000	
J.L. CAMP YMCA	25,000	
J.L. CAMP YMCA - BLACK ACHIEVERS	3,500	
FRANKLIN COOP MINISTRY	13,609	
LITTLE LEAGUE	6,600	
SOCIETY - AID TO SICKLE CELL	13,167	
SOUTHAMPTON COUNTY CHARITY FUND	6,500	
VA LEGAL AID SOCIETY	8,500	
CHILDREN'S RESOURCES	4,400	
MULTIPLE SCLEROSIS	857	
WALTER CECIL RAWL'S LIBRARY-SUMMER READING PROGRAM	5,000	
SUFFOLK SHELTER FOR THE HOMELESS	9,000	
MAKE A WISH FOUNDATION	3,500	
SOUTHAMPTON AAU BASKETBALL ASSOC.	2,500	
TOTAL	$ 287,058	$ 0

Statement 5 - Form 990, Part II, Line 43 - Other Functional Expenses

Description	Total Expenses	Program Service	Mgt & General	Fund-Raising
	$	$	$	$
EXPENSES				
MISCELLANEOUS	19		19	
PENALTIES	18		18	
INSURANCE	1,655		1,655	
CAMPAIGN EXPENSES	2,867			2,867
TOTAL	$ 4,559	$ 0	$ 1,692	$ 2,867

Statement 6 - Form 990, Part III - Organization's Primary Exempt Purpose

TO CONTRIBUTE MONEY TO WORTHY CIVIC AND CHARITABLE ORGANIZATIONS IN THE AREA

Statement 7 - Form 990, Part IV, Line 54 - Investments in Securities

Description	Beginning of Year	End of Year	Basis of Valuation
CORPORATE STOCK			
16 SH FRONTLINE CAPITAL GROUP	213	2	MARKET
13 SH EMC CORP	864	175	MARKET
19 SH BANK OF AMERICA		1,196	MARKET
	1,077	1,373	

Statement 8 - Form 990, Part IV, Line 57 - Land, Buildings, and Equipment

Description	Beginning of Year	Accum Deprec	End of Year	Accum Deprec
OFFICE EQUIPMENT				
	$ 3,360	$ 3,136	$ 3,360	$ 3,360
TOTAL	$ 3,360	$ 3,136	$ 3,360	$ 3,360

Statement 9 - Form 990, Part IV, Line 58 - Other Assets

Description	Beginning of Year	End of Year
INTEREST RECEIVABLE	$	$ 721
TOTAL	$ 0	$ 721

Statement 10 - Form 990, Part IV, Line 62 - Deferred Revenue

Description	Beginning of Year	End of Year
DEFERRED REVENUE	$ 86,905	$ 99,945
TOTAL	$ 86,905	$ 99,945

Statement 11 - Form 990, Part IV, Line 65 - Other Liabilities

Description	Beginning of Year	End of Year
PAYROLL TAXES PAYABLE	$ 460	$ 497
TOTAL	$ 460	$ 497

Federal Statements

Statement 12 - Schedule A, Part IV-A, Line 22 - Other Income

Description	2000	1999	1998	1997
	$	$ 200	$ 150	$ 638
TOTAL	$ 0	$ 200	$ 150	$ 638

Federal Statements

Direct Public Support

Contributor	Cash Contribution	Noncash Contribution
VARIOUS CONTRIBUTIONS	$ 372,635	$ 1,655
TOTAL	$ 372,635	$ 1,655

Schedule A, Part IV-A, Line 26b - Excess Gifts

Donor Name	Total	Excess
	$ 1,215,303	$ 1,190,496
TOTAL	$ 1,215,303	$ 1,190,496

Form **8868**
(December 2000)
Department of the Treasury
Internal Revenue Service

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)

Note 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)

Note Form 990-T corporations requesting an automatic 6-month extension-check this box and complete Part I only ▶ ☐

All other corporations (including Form 990-C filers) must use Form 7004 to request an extension of time to file income tax returns Partnerships, REMICs and trusts must use Form 8736 to request an extension of time to file Form 1065, 1066, or 1041

Type or print File by the due date for filing your return. See instructions	Name of Exempt Organization FRANKLIN AREA UNITED WAY	Employer identification number 54-6043915
	Number, street, and room or suite no If a P O box, see instructions PO BOX 366	
	City, town or post office, state, and ZIP code For a foreign address, see instructions FRANKLIN VA 23851	

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
☐ Form 990-EZ	☐ Form 990-T (trust other than above)	☐ Form 6069
☐ Form 990-PF	☐ Form 1041-A	☐ Form 8870

- 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-month, for 990-T corporation) extension of time until 8/15/02 ,
to file the exempt organization return for the organization named above The extension is for the organization's return for
▶ ☒ calendar year 2001 or
▶ ☐ tax year beginning ______ , and ending ______

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 $ -0-

b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made Include any prior year overpayment allowed as a credit $ -0-

c **Balance Due.** Subtract line 3b from line 3a Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions $ -0-

Signature and Verification

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

Signature ▶ Title ▶ C.PA Date ▶ 5/14/02

For Paperwork Reduction Act Notice, see Instruction

- If you are filing for an **Additional (not automatic) 3-Month Extension, complete only Part II** and check this box . . . . . . ▶ ☒

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 - Must File Original and One Copy.

Type or print

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

Name of Exempt Organization: FRANKLIN AREA UNITED WAY

Employer identification number: 54-6043915

Number, street, and room or suite no If a P O box, see instructions: P. O. BOX 366

For IRS use only

City, town or post office, state, and ZIP code For a foreign address, see instructions: FRANKLIN, VA 23851

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

☒ Form 990 ☐ Form 990-EZ ☐ Form 990-T (sec 401(a) or 408(a) trust) ☐ Form 1041-A ☐ Form 5227 ☐ Form 8870

☐ Form 990-BL ☐ Form 990-PF ☐ Form 990-T (trust other than above) ☐ Form 4720 ☐ Form 6069

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

- 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 11/15/02

5 For calendar year 2001 , or other tax year beginning ________ and ending ________

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 ALL INFORMATION NECESSARY TO FILE A COMPLETE AND ACCURATE RETURN IS 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 . . . . $

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 . . . . $

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 . . . . $

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 ▶ Title ▶ CPA Date ▶ 8/15/02

Notice to Applicant - To Be Completed by the IRS

☑ We have approved this application Please attach this form to the organization's return

☐ We have not approved this application However, we have granted a 10-day grace period from the later of the date shown above or the due date of the organization's return (including any prior extensions) This grace period is considered to be a valid extension of time for elections otherwise required to be made on a timely return Please attach this form to the organization's return

☐ We have not approved this application After considering the reasons stated in item 7, we cannot grant your request for an extension of time to file We are not granting a 10-day grace period

☐ We cannot consider this application because it was filed after the due date of the return for which an extension was requested

☐ Other ________

EXTENSION APPROVED

SEP 0 6 2002

LINDA WEISKOPF, FIELD DIRECTOR,
SUBMISSION PROCESSING OGDEN

________ By ________ ________

Director Date

Alternate Mailing Address - Enter the address if you want the copy of this application for an additional 3-month extension returned to an address different than the one entered above

Type or print

Name: BRITT & PEAK, P.C.

Number and street (include suite, room, or apt no) Or a P O box number: 106 W. THIRD AVENUE

City or town, province or state, and country (including postal or ZIP code): FRANKLIN, VA 23851