

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)

2003

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Header section A-F: For the 2003 calendar year, or tax year beginning and ending; B Check if applicable; C Name of organization; D Employer ID number; E Telephone number; F Accounting method.

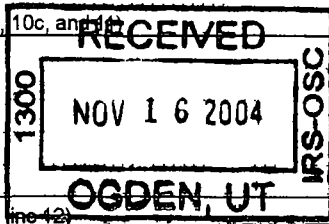
Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

Sections G-M: G Website; J Organization type; K Check here; L Gross receipts; H and I are not applicable to section 527 organizations; M Check.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See page 18 of the instructions.)

Main table with 21 rows: 1 Contributions, gifts, grants, and similar amounts received; 2 Program service revenue including government fees and contracts; 3 Membership dues and assessments; 4 Interest on savings and temporary cash investments; 5 Dividends and interest from securities; 6a Gross rents; 6b Less rental expenses; 6c Net rental income or (loss); 7 Other investment income; 8a Gross amount from sales of assets other than inventory; 8b Less cost or other basis and sales expenses; 8c Gain or (loss); 8d Net gain or (loss); 9 Special events and activities; 9a Gross revenue; 9b Less direct expenses other than fundraising expenses; 9c Net income or (loss) from special events; 10a Gross sales of inventory, less returns and allowances; 10b Less cost of goods sold; 10c Gross profit or (loss) from sales of inventory; 11 Other revenue; 12 Total revenue; 13 Program services; 14 Management and general; 15 Fundraising; 16 Payments to affiliates; 17 Total expenses; 18 Excess or (deficit) for the year; 19 Net assets or fund balances at beginning of year; 20 Other changes in net assets or fund balances; 21 Net assets or fund balances at end of year.

SCANNED NOV 29 2004



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 page 22 of the instructions)

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 \$ <u>219,313</u> non-cash \$ _____)	219,313	219,313		
23	Specific assistance to individuals				
24	Benefits paid to or for members				
25	Compensation of officers, directors, etc				
26	Other salaries and wages	18,640		13,980	4,660
27	Pension plan contributions				
28	Other employee benefits				
29	Payroll taxes	1,440		1,080	360
30	Professional fundraising fees				
31	Accounting fees	1,500		1,500	
32	Legal fees				
33	Supplies	68		68	
34	Telephone	753		753	
35	Postage and shipping	513			513
36	Occupancy	671		671	
37	Equipment rental and maintenance				
38	Printing and publications	1,888			1,888
39	Travel				
40	Conferences, conventions, and meetings				
41	Interest				
42	Depreciation, depletion, etc (attach schedule)				
43	Other expenses not covered above (itemize) a				
	b See Statement 5	5,647		3,383	2,264
	c				
	d				
	e				
44	Total functional expenses (add lines 22 - 43) Organizations completing columns (B)-(D), carry these totals to lines 13-15	250,433	219,313	21,435	9,685

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 page 25 of the instructions.)

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) & (4) orgs. & 4947(a)(1) trusts, but optional for others.)

a	(Grants and allocations \$ _____)	
b	(Grants and allocations \$ _____)	
c	(Grants and allocations \$ _____)	
d	(Grants and allocations \$ _____)	
e	Other program services (attach schedule) (Grants and allocations \$ _____)	219,313
f	Total of Program Service Expenses (should equal line 44, column (B), Program services)	219,313

Part IV Balance Sheets (See page 25 of the instructions.)

Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only		(A)		(B)
		Beginning of year		End of year
45	Cash-non-interest-bearing	8,307	45	1,826
46	Savings and temporary cash investments	168,480	46	173,104
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 <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV	80	54	862
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	
b	Less accumulated depreciation (attach schedule)		57b	57c
58	Other assets (describe)		58	
59	Total assets (add lines 45 through 58) (must equal line 74)	176,867	59	175,792
60	Accounts payable and accrued expenses	65	60	6,462
61	Grants payable		61	
62	Deferred revenue See Stmt 8	85,870	62	91,653
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 9)	538	65	560
66	Total liabilities (add lines 60 through 65)	86,473	66	98,675
Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74				
67	Unrestricted	90,394	67	77,117
68	Temporarily restricted		68	
69	Permanently restricted		69	
Organizations that do not follow SFAS 117, check here <input type="checkbox"/> 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)	90,394	73	77,117
74	Total liabilities and net assets / fund balances (add lines 66 and 73)	176,867	74	175,792

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 VI Other Information (See page 28 of the instructions)

		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		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		X
78a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		X
78b	If "Yes," has it filed a tax return on Form 990-T for this year?		
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement		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?		X
80b	If "Yes," enter the name of the organization <input type="checkbox"/> and check whether it is <input type="checkbox"/> exempt or <input type="checkbox"/> nonexempt		
81a	Enter direct and indirect political expenditures See line 81 instructions		
81b	Did the organization file Form 1120-POL for this year?		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?		X
82b	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)		
83a	Did the organization comply with the public inspection requirements for returns and exemption applications?	X	
83b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	X	
84a	Did the organization solicit any contributions or gifts that were not tax deductible?		X
84b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	N/A	
85a	501(c)(4), (5), or (6) organizations a Were substantially all dues nondeductible by members?	N/A	
85b	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	
85c	Dues, assessments, and similar amounts from members		
85d	Section 162(e) lobbying and political expenditures		
85e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices		
85f	Taxable amount of lobbying and political expenditures (line 85d less 85e)		
85g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	N/A	
85h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	N/A	
86a	501(c)(7) orgs Enter a Initiation fees and capital contributions included on line 12		
86b	Gross receipts, included on line 12, for public use of club facilities		
87a	501(c)(12) orgs Enter a Gross income from members or shareholders		
87b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)		
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		X
89a	501(c)(3) organizations Enter Amount of tax imposed on the organization during the year under section 4911 <u>0</u> , section 4912 <u>0</u> , section 4955 <u>0</u>		
89b	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		X
89c	Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		0
89d	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 <input type="checkbox"/> None		
90b	Number of employees employed in the pay period that includes March 12, 2003 (See instructions)		1
91	The books are in care of <input type="checkbox"/> MARY DEPUY Located at <input type="checkbox"/> FRANKLIN, VA Telephone no <input type="checkbox"/> 757-569-8929 ZIP + 4 <input type="checkbox"/> 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		<input type="checkbox"/>

Part VII Analysis of Income-Producing Activities (See page 33 of the instructions.)

	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	
Note: Enter gross amounts unless otherwise indicated					
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	1,419	
96 Dividends and interest from securities			14	10	
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					-2,062
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue					
a _____					
b _____					
c _____					
d _____					
e _____					
104 Subtotal (add columns (B), (D), and (E))			0	1,429	-2,062
105 Total (add line 104, columns (B), (D), and (E))					-633

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 page 34 of the instructions.)

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 page 34 of the instructions.)

(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 page 34 of the instructions.)

(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 Sign: *Mary DePuy* Date: 11/11/04
 EXECUTIVE DIRECTOR

SCHEDULE A
(Form 990 or 990-EZ)

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.)

OMB No 1545-0047

2003

Department of the Treasury
Internal Revenue Service

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

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 instructions. 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.

Schedule A (Form 990 or 990-EZ) 2003

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 amounts 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		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?		X
b Lending of money or other extension of credit?		X
c Furnishing of goods, services, or facilities?		X
d Payment of compensation (or payment or reimbursement of expiration if more than \$1,000)?		X
e Transfer of any part of its income or assets?		X
3a Do you make grants for scholarships, fellowships, student loans, etc ? (If "Yes," attach an explanation of how you determine that recipients qualify to receive payments)		X
3b Do you have a section 403(b) annuity plan for your employees?		X
4 Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds?		X

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

- 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) 2002	(b) 2001	(c) 2000	(d) 1999	(e) Total
15 Gifts, grants, and contributions received (Do not include unusual grants See line 28)	299,752	374,290	278,196	422,162	1,374,400
16 Membership fees received					0
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					0
18 Gross income from interest, dividends, amounts received from payment on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	2,640	7,631	9,965	5,814	26,050
19 Net income from unrelated business activities not included in line 18					0
20 Tax revenues levied for the organization's benefits and either paid to it or expended on its behalf					0
21 The value of services or facilities furnished to the organization by a governmental unit without charge Do not include the value of services or facilities generally furnished to the public without charge					0
22 Other income Attach a schedule Do not include gain or (loss) from sale of capital assets Stmt 10	25	109		200	334
23 Total of lines 15 through 22	302,417	382,030	288,161	428,176	1,400,784
24 Line 23 minus line 17	302,417	382,030	288,161	428,176	1,400,784
25 Enter 1% of line 23	3,024	3,820	2,882	4,282	
26 Organizations described on lines 10 or 11. a Enter 2% of amount in column (e), line 24					28,016
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 1999 through 2002 exceeded the amount shown in line 26a Do not file this list with your return. Enter the total of all these excess amounts					233,119
c Total support for section 509(a)(1) test Enter line 24, column (e)					1,400,784
d Add Amounts from column (e) for lines 18 26,050 19 334 22 334 26b 233,119					259,503
e Public support (line 26c minus line 26d total)					1,141,281
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					81.4744%
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	(2002)	(2001)	(2000)	(1999)	N/A
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	(2002)	(2001)	(2000)	(1999)	N/A
c Add Amounts from column (e) for lines 15 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 1999 through 2002, 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)

Table with 4 columns: Question, N/A, Yes, No. Rows include questions 29-35 regarding racial nondiscrimination policies, financial aid, and compliance with Rev Proc 75-50, 1975-2 C B 587.

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)

Table with columns (a) Affiliated group totals and (b) To be completed for ALL electing organizations. Rows 36-44 detailing lobbying expenditures and nontaxable amounts.

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)

Table for 4-Year Averaging Period with columns (a) 2003, (b) 2002, (c) 2001, (d) 2000, and (e) Total. Rows 45-50 detailing lobbying nontaxable amounts and 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 instructions.) 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

- 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.)

Table with columns Yes, No, and Amount for reporting lobbying activity.

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?

a Transfers from the reporting organization to a noncharitable exempt organization of

- (i) Cash
(ii) Other assets

b Other transactions

- (i) Sales or exchanges of assets with a noncharitable exempt organization
(ii) Purchases of assets from a noncharitable exempt organization
(iii) Rental of facilities, equipment, or other assets
(iv) Reimbursement arrangements
(v) Loans or loan guarantees
(vi) Performance of services or membership or fundraising solicitations

c Sharing of facilities, equipment, mailing lists, other assets, or paid employees

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.

Table with 3 columns: Question, Yes, No. Rows include 51a(i), a(ii), b(i), b(ii), b(iii), b(iv), b(v), b(vi), and c. 'No' column contains 'X' for all rows.

Table with 4 columns: (a) Line no, (b) Amount involved, (c) Name of noncharitable exempt organization, (d) Description of transfers, transactions, and sharing arrangements. Row 1 contains '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 (X) No

b If "Yes," complete the following schedule

Table with 3 columns: (a) Name of organization, (b) Type of organization, (c) Description of relationship. Row 1 contains 'N/A'.

620 FRANKLIN AREA UNITED WAY
 54-6043915
 FYE 12/31/2003

7/15/2004 2:26 PM

Federal Statements

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
13 SH EMC CORP	Purchase		7/26/00	6/19/03	\$ 113	\$ 1,128	\$	\$ -1,015
16 SH FRONTLINE CAPITAL	Purchase		1/04/00	6/19/03		882		-882
13 SH BANK OF AMERICA	Purchase		9/03/03	9/03/03	918	1,000		-82
33 SH BASSET FURNITURE	Purchase		10/30/03	10/30/03	432	515		-83
Total					\$ 1,463	\$ 3,525	\$ 0	\$ -2,062

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

Bus Name	Addr	Purpose	Amount
ALBEMARLE AREA UNITED WAY			\$ 1,272
ISLE OF WIGHT UNITED WAY			734
PENINSULA UNITED WAY			873
UNITED WAY OF RICHMOND			160
ROANOKE VALLEY UNITED WAY			14,435
UNITED WAY OF SOUTH HAMPTON ROADS			645
SUFFOLK UNITED WAY			347
UNITED WAY OF PITT COUNTY			80
TRIANGLE UNITED WAY			654

620 FRANKLIN AREA UNITED WAY
54-6043915
FYE: 12/31/2003

7/15/2004 2.26 PM

Federal Statements

Statement 2 - Form 990, Part I, Line 16 - Payments to affiliates (continued)

Bus Name	Addr	Purpose	Amount
ROCKY MOUNT UNITED WAY			\$ 23
UNITED WAY OF AMERICA			2,179
Total			<u>\$ 21,402</u>

Federal Statements

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

<u>Description</u>	<u>Amount</u>
UNREALIZED GAIN ON INVESTMENTS	\$ 2,009
Total	<u>\$ 2,009</u>

620 FRANKLIN AREA UNITED WAY
 54-6043915
 FYE: 12/31/2003

Federal Statements

7/15/2004 2:26 PM

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

Donee's Name	Donee's Address	City	St	Zip	Cash Contribution	Noncash Contribution
Donee's Relationship to Org	Class of Activity / Description					
AMERICAN RED CROSS					\$ 5,240	\$
THE CHILDRENS CENTER					21,572	
CHILDRENS HOME SOCIETY					3,400	
CHILDRENS RESOURCES					5,140	
COLONIAL VA BSA					14,520	
COL COAST GIRL SCOUTS					13,804	
EDMARC HOSPICE FOR CHILDREN					6,680	
CONSUMER FINANCIAL COUNSELING					6,472	
MENTAL RETARDATION SERVICES					9,348	
FOOD BANK OF SE VA					11,788	
FRANKLIN COOPERATIVE MINISTRY					1,000	
GRAZIN ACRES					2,468	
THE GENIEVE SHELTER					15,404	
HIGH STREET SENIORS					4,108	
JL CAMP JR YMCA BLACK ACHIEVERS					2,516	
LITTLE LEAGUE					2,588	
OAK STREET SENIORS					13,760	

620 FRANKLIN AREA UNITED WAY
 54-6043915
 FYE: 12/31/2003

Federal Statements

7/15/2004 2:26 PM

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

Donee's Name	Donee's Relationship to Org	Donee's Address	City	St	Zip	
						Cash Contribution
						Noncash Contribution
RAWLS SUMMER READING						\$ 5,032 \$
THE SALVATION ARMY						18,488
SICKLE CELL ASSOCIATION						11,144
SO CO CHARITY FUND						6,164
SUFFOLK SHELTER FOR THE HOMELESS						10,272
VA LEGAL AID SOCIETY						7,188
MAKE A WISH FOUNDATION						2,525
JL CAMP JR YMCA						18,692
Total						\$ 219,313 \$
						<u>0</u>

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

Description	Total Expenses	Program Service	Mgt & General	Fund- Raising
	\$	\$	\$	\$
Expenses				
BANK CHARGES	10		10	
INSURANCE	3,313		3,313	
MISCELLANEOUS	60		60	
CAMPAIGN EXPENSES	2,264			2,264
Total	<u>\$ 5,647</u>	<u>\$ 0</u>	<u>\$ 3,383</u>	<u>\$ 2,264</u>

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

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

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

<u>Description</u>	<u>Beginning of Year</u>	<u>End of Year</u>	<u>Basis of Valuation</u>
Corporate Stock			
16 SH FRONTLINE CAPITAL GROUP	1		Market
13 SH EMC CORP	79		Market
20 SH IP		862	Market
	<u>80</u>	<u>862</u>	

Statement 8 - Form 990, Part IV, Line 62 - Deferred Revenue

<u>Description</u>	<u>Beginning of Year</u>	<u>End of Year</u>
DEFERRED REVENUE	\$ 85,870	\$ 91,653
Total	<u>\$ 85,870</u>	<u>\$ 91,653</u>

Statement 9 - Form 990, Part IV, Line 65 - Other Liabilities

<u>Description</u>	<u>Beginning of Year</u>	<u>End of Year</u>
PAYROLL TAXES PAYABLE	\$ 538	\$ 560
Total	<u>\$ 538</u>	<u>\$ 560</u>

Federal Statements**Statement 10 - Schedule A, Part IV-A, Line 22 - Other Income**

<u>Description</u>	<u>2002</u>	<u>2001</u>	<u>2000</u>	<u>1999</u>
	\$ 25	\$ 109	\$	\$ 200
Total	<u>\$ 25</u>	<u>\$ 109</u>	<u>\$ 0</u>	<u>\$ 200</u>

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. P. O. 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)

- | | | |
|--|---|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation) | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL | <input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 990-T (trust other than above) | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF | <input type="checkbox"/> Form 1041-A | <input type="checkbox"/> 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 **AUGUST 15**, 20**04**, to file the exempt organization return for the organization named above. The extension is for the organization's return for
 ▶ calendar year 20**03** or
 ▶ tax year beginning _____, 20____, and ending _____, 20____

2 If this tax year is for less than 12 months, check reason: Initial return Final return Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions \$ 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 ▶ **CRA** Date ▶ **5/14/04**

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.

Form with fields for Name of Exempt Organization (FRANKLIN AREA UNITED WAY), Employer identification number (54-6043915), and address (PO BOX 366, FRANKLIN VA 23851).

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

Form with checkboxes for various tax forms: Form 990 (checked), Form 990-EZ, Form 990-T, 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 11/15/04
5 For calendar year 2003, 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 ... \$
c Balance Due Subtract line 8b from line 8a Include your payment with this form, or, it 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: [Handwritten Signature] Title: CPA Date: 8/13/04

Notice to Applicant-To Be Completed by the IRS

Form with checkboxes for IRS approval status: We have approved this application, We have not approved this application (10-day grace period), We have not approved this application (cannot grant extension), We cannot consider this application because it was filed after the due date, Other

Director _____ By _____ 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

Form with fields for Name (BRITT & PEAK, P.C.), Number and street (P.O. BOX 536), and City or town, province or state, and country (FRANKLIN VA 23851). Includes stamp: EXTENSION APPROVED SEP 02 2004 SUBMISSION PROCESSING OFFICE

FRANKLIN-SOUTHAMPTON AREA UNITED WAY
P. O. Box 366, Franklin, VA 23851
2003
Board of Directors

c:\office\wpwin\wpdocs\board\direct03

Officers

Lloyd Bud Brotzman.....President
John Rankin.....Vice President of Planning
Robert Luck.....Vice President of Communications
Kendall Edwards.....Secretary
Sion Carr.....Treasurer
Frank Rickman.....Campaign Chair/VicePres
Jim Yarborough.....Citizens Review Committee Chair
Joe Hutt.....Past Pres/Nominating Chair

Mary S. DePuy.....Executive Director

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

116 North Main Street, 2nd Floor

Franklin-Southampton Area United Way
Board of Directors - 2003

Mr. Mack Ballance (3 yrs left in 1st term)
33241 Edgehill Drive
Franklin, VA 23851
(H) 562-6923
judyandmack@charter.net

Mr. Leland Beale, Jr. (3 years left in 2nd term)
34147 Joyner's Bridge Road
Franklin, VA 23851
(H)562-5042

Mr. Sion Carr (1 year left in 2nd term)
172 Bob White Lane
Franklin, VA 23851
(H)562-7702 (W)569-7979 (P)569-3510
jomart@mindspring.com

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

Mr. Kendall Edwards (2 years left in 2nd term)
18126 Johnson's Mill Road
Sedley, VA 23878
(H)562-5402 (W)562-5184(F)562-4941
kedwards@bbandt.com

Rev. Kay Gentry (3 years left in 1st term)
22551 Main Street
Courtland, VA 23837
(W)653-2240 (H)653-0212
k.gentry@peoplepc.com

Ms. Esther Barksdale (1 year left in 1st term)
P. O. Box 444
Courtland, VA 23837
(W)569-6286 (H) 653-1849 9367

Mr. Lloyd E. Brotzman, Jr. (2 years left in 2nd term)
23240 Dove Street
Franklin, VA 23851
(H)562-3944 (C)377-6004
brotzman@mywebaccess.net

Mr. E. R. M. Coker (1 year left in 1st term)
109 Beechwood Drive
Franklin, VA 23851
(H)562-3673
ecoker@charter.net

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

Mr. Tom Ellington (2 years left in 1st term)
220 Hunterdale Road
Franklin, VA 23851
(H)562-2881
treetariver@aol.com

Mr. Joe Hutt, Jr. (3 years left in 2nd term)
1038 Clay Street
Franklin, VA 23851
(H)562-5468
huttone@mindspring.com

Mr. Bob Luck (2 years left in 1st term)
132 Beechwood Drive
Franklin, VA 23851
(H)562-5412

Mr. Steve McMullan (3 years left in 1st term)
715-B N. High Street
Franklin, VA 23851
(W) (H)562-3187

Mr. Robert T. Petty (1 year left in 1st term)
Bronco Federal Credit Union
135 Stewart Drive
Franklin, VA 23851
(H)569-9314 (W)569-6000 x3704
Bobpetty@broncofcu.com

Mr. John Rankin (*special appointment*)
International Paper
34040 Union Camp Drive
Franklin, VA 23851

Mr. Frank Rickman (3 years left in 2nd term)
101 Carrie Street
Franklin, VA 23851
(H)562-2601 (W)569-5331 (P)562-8832 (F)569-5208
frank.rickmanjr@ipaper.com
fan4unc@yahoo.com

Peggy Simmons (1 year left in 2nd term)
17626 Carys Bridge Road
Courtland, VA 23837
(H)653-2218
deadelm@beldar.com

Mr. William Tawney (1 year left in 1st term)
160 Covey Circle
Franklin, VA 23851
(H) 562-5603 (W) 569-6000 x3707
william@broncofcu.com

Mr. Charles E. Turner (2 years left in 1st term)
Southampton County Superintendent
P. O. Box 96
Courtland, VA 23837
(H)653-2009 (W)653-2692 X 302

Mr. Bobby Worrell (special appointment)
100 Sunset Drive
Franklin, VA 23851
(H)562-3149 (W)562-3439
theelms@beldar.com

Mr. Jim Yarborough (1 year left in 1st term)
201 Queens Lane
Franklin, VA 23851
(H)562-3070 (W)569-4810 ~~562-3070~~
rickyandjimmy@wmconnect.com