

Form

990Department 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

2004**Open to Public Inspection****A For the 2004 calendar year, or tax year beginning January 01, 2004, and ending December 31, 20 04****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**UNITED WAY OF JUNCTION CITY-GEARY COUNTY**

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

PO BOX 567

City or town, state or country, and ZIP + 4

JUNCTION CITY KS 66441**D Employer identification number****48 : 0679506****E Telephone number****(785) 238-2117****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 number of affiliates ▶**H(c)** Are all affiliates included? ☐ Yes ☐ No
(If "No," attach a list See instructions)**H(d)** Is this a separate return filed by an organization covered by a group ruling? ☐ Yes ☐ No**I** Group Exemption Number ▶**M** Check ☒ if the organization is **not** required to attach Sch B (Form 990, 990-EZ, or 990-PF)**G Website:** ▶**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****L** Gross receipts Add lines 6b, 8b, 9b, and 10b to line 12 ▶ **116346****Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (See page 18 of the instructions.)

Revenue	1 Contributions, gifts, grants, and similar amounts received				
	a Direct public support	1a		82268	
	b Indirect public support	1b			
	c Government contributions (grants)	1c		33992	
	d Total (add lines 1a through 1c) (cash \$ 110692 noncash \$ 5568)				1d 116260
	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 86
	5 Dividends and interest from securities				5
	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	
Revenue	8a Gross amount from sales of assets other than inventory	(A) Securities		(B) Other	
		8a			
	b Less cost or other basis and sales expenses		8b	42	
	c Gain or (loss) (attach schedule)		8c	-42	
	d Net gain or (loss) (combine line 8c, columns (A) and (B))				8d -42
	9 Special events and activities (attach schedule) If any amount is from gaming, check here <input type="checkbox"/>				
	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	
Revenue	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 (attach schedule) (subtract line 10b from line 10a)				10c
11 Other revenue (from Part VII, line 103)				11	
12 Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)				12 116304	
Expenses	13 Program services (from line 44, column (B))				13 136776
	14 Management and general (from line 44, column (C))				14 18477
	15 Fundraising (from line 44, column (D))				15 49093
	16 Payments to affiliates (attach schedule)				16 1172
	17 Total expenses (add lines 16 and 44, column (A))				17 205518
Net Assets	18 Excess or (deficit) for the year (subtract line 17 from line 12)				18 -89214
	19 Net assets or fund balances at beginning of year (from line 73, column (A))				19 41011
	20 Other changes in net assets or fund balances (attach explanation)				20 -6827
	21 Net assets or fund balances at end of year (combine lines 18, 19, and 20)				21 -55030

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) (cash \$ <u>117450</u> noncash \$ _____)	22 117450	117450		
23	Specific assistance to individuals (attach schedule)	23			
24	Benefits paid to or for members (attach schedule).	24			
25	Compensation of officers, directors, etc	25			
26	Other salaries and wages	26 28000	4200	8400	15400
27	Pension plan contributions	27			
28	Other employee benefits	28			
29	Payroll taxes	29 2042	306	613	1123
30	Professional fundraising fees	30			
31	Accounting fees	31 2309		2309	
32	Legal fees	32			
33	Supplies	33 286	43	86	157
34	Telephone	34 800	120	240	440
35	Postage and shipping	35 587	88	176	323
36	Occupancy	36 2225	334	667	1224
37	Equipment rental and maintenance	37			
38	Printing and publications	38			
39	Travel	39			
40	Conferences, conventions, and meetings	40			
41	Interest	41			
42	Depreciation, depletion, etc (attach schedule)	42 1667	250	500	917
43	Other expenses not covered above (itemize) a	43a			
	b Attachment #1: PART II OTHER EXPENSES	43b 48980	13985	5486	29509
	c	43c			
	d	43d			
	e	43e			
44	Total functional expenses (add lines 22 through 43) Organizations completing columns (B)-(D), carry these totals to lines 13-15 .	44 204346	136776	18477	49093

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? LOCAL CHAPTER OF UNITED WAY		Program Service Expenses (Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts, but optional for others.)	
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.)			
a	DISTRIBUTIONS TO 16 NONPROFIT HEALTH, WELFARE, YOUTH, AND COMMUNITY ORGANIZATIONS PER STATEMENT ATTACHED (Grants and allocations \$ 117450)	136776	
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)	136776	

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) Beginning of year		(B) End of year
Assets	45 Cash—non-interest-bearing	5937	45	0
	46 Savings and temporary cash investments	33300	46	5567
	47a Accounts receivable	66515		
	b Less allowance for doubtful accounts	8002	0 47c	58513
	48a Pledges receivable			
	b Less allowance for doubtful accounts		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)			
	b Less allowance for doubtful accounts		51c	
	52 Inventories for sale or use		52	
	53 Prepaid expenses and deferred charges		53	
	54 Investments—securities (attach schedule) <input type="checkbox"/> Cost <input type="checkbox"/> FMV		54	
	55a Investments—land, buildings, and equipment basis			
	b Less accumulated depreciation (attach schedule)		55c	
56 Investments—other (attach schedule)		56		
57a Land, buildings, and equipment basis	5022			
b Less accumulated depreciation (attach schedule)	3328	3405 57c	1694	
58 Other assets (describe ►)		58		
59 Total assets (add lines 45 through 58) (must equal line 74)	42642	59	65774	
Liabilities	60 Accounts payable and accrued expenses	1631	60	3354
	61 Grants payable	0	61	117450
	62 Deferred revenue		62	
	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 ►)		65	
66 Total liabilities (add lines 60 through 65)	1631	66	120804	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74			
	67 Unrestricted	41011	67	-55030
	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)	41011	73	-55030
74 Total liabilities and net assets / fund balances (add lines 66 and 73)	42642	74	65774	

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-B	Reconciliation of Expenses per Audited Financial Statements with Expenses per Return
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a Total revenue, gains, and other support per audited financial statements . . . ▶	a 116346	a Total expenses and losses per audited financial statements . . . ▶	a 205560
b Amounts included on line a but not on line 12, Form 990		b Amounts included on line a but not on line 17, Form 990	
(1) Net unrealized gains on investments . . . \$		(1) Donated services and use of facilities \$	
(2) Donated services and use of facilities \$		(2) Prior year adjustments reported on line 20, Form 990. . . . \$	
(3) Recoveries of prior year grants . . . \$		(3) Losses reported on line 20, Form 990. \$	
(4) Other (specify) _____ \$		(4) Other (specify) _____ \$	
Add amounts on lines (1) through (4) ▶	b	Add amounts on lines (1) through (4) ▶	b
c Line a minus line b ▶	c 116346	c Line a minus line b ▶	c 205560
d Amounts included on line 12, Form 990 but not on line a :		d Amounts included on line 17, Form 990 but not on line a :	
(1) Investment expenses not included on line 6b, Form 990. . . . \$		(1) Investment expenses not included on line 6b, Form 990 . . . \$	
(2) Other (specify)		(2) Other (specify)	
Attachment #2: PARTIVA NONINCL REVENUE \$ -42	d -42	Attachment #3: PARTIVB NONINCL EXPENSES \$ -42	d -42
Add amounts on lines (1) and (2) ▶	e 116304	Add amounts on lines (1) and (2) ▶	e 205518
e Total revenue per line 12, Form 990 (line c plus line d). ▶		e Total expenses per line 17, Form 990 (line c plus line d) ▶	

Part V List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated, see page 27 of the instructions.)

[illegible]

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 page 28 of the instructions

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.	76	<input checked="" type="checkbox"/>
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	<input checked="" type="checkbox"/>
78a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	78a	<input checked="" type="checkbox"/>
b If "Yes," has it filed a tax return on Form 990-T for this year?	78b	
79 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement	79	<input checked="" type="checkbox"/>
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	<input checked="" type="checkbox"/>
b If "Yes," enter the name of the organization ► 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 . . . 81a		
b Did the organization file Form 1120-POL for this year?	81b	<input checked="" type="checkbox"/>
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	<input checked="" type="checkbox"/>
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	<input checked="" type="checkbox"/>
b Did the organization comply with the disclosure requirements relating to quid pro quo contributions? . . .	83b	
84a Did the organization solicit any contributions or gifts that were not tax deductible?	84a	<input checked="" type="checkbox"/>
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	84b	
85 501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?	85a	
b Did the organization make only in-house lobbying expenditures of \$2,000 or less?	85b	
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		
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 on line 85f?	85g	
h 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?	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	<input checked="" type="checkbox"/>
89a 501(c)(3) organizations. Enter Amount of tax imposed on the organization during the year under section 4911 ►, section 4912 ►, section 4955 ►		
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	<input checked="" type="checkbox"/>
c Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ►		
d Enter Amount of tax on line 89c, above, reimbursed by the organization ►		
90a List the states with which a copy of this return is filed ►		
b Number of employees employed in the pay period that includes March 12, 2004 (See instructions) . . . 90b		1
91 The books are in care of ► TATUM COUTURE Telephone no ► (785) 238-2117 Located at ► BOX 567 JUNCTION CITY, KS ZIP + 4 ► 66441-0567		
92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 —Check here. <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year 92		

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

	Unrelated business income		Excluded by section 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					86
96 Dividends and interest from securities					
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					-42
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))					44
105 Total (add line 104, columns (B), (D), and (E))					44

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)
95	INTEREST EARNED ADDS TO FUNDS TO BE ALLOCATED TO AGENCIES
100	LOSS ON DISPOSAL DUE TO OBSOLECENSE

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
	%			
	%			
	%			
	%			

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).

Please Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.			
	<div style="display: flex; justify-content: space-between;"> <div> Signature of officer TATUM COUTURE, EXECUTIVE DIRECTOR Type or print name and title </div> <div> Date Jul 05, 2005 </div> </div>			
Paid Preparer's Use Only	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	Preparer's SSN or PTIN (See Gen. Inst. W)
	Firm's name (or yours if self-employed), address, and ZIP + 4 POTTBERG GASSMAN AND HOFFMAN CHTD 529 Humboldt Suite I Manhattan, KS 66502	07/18/2005	EIN	Phone no

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

2004Department 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

UNITED WAY OF JUNCTION CITY-GEARY COUNTY

Employer identification number

48 : 0679506

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 benefit 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 ▶		

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)	1	✓
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.			
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	✓
b	Lending of money or other extension of credit?	2b	✓
c	Furnishing of goods, services, or facilities?	2c	✓
d	Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	2d	✓
e	Transfer of any part of its income or assets?	2e	✓
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)	3a	✓
b	Do you have a section 403(b) annuity plan for your employees?	3b	✓
4a	Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds?	4a	✓
b	Do you provide credit counseling, debt management, credit repair, or debt negotiation services?	4b	✓

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 33⅓% 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 33⅓% 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 5 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) 2003	(b) 2002	(c) 2001	(d) 2000	(e) Total
15 Gifts, grants, and contributions received (Do not include unusual grants. See line 28).	186727	130323	109410	137457	563917
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 payments 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	182	121	135	808	1246
19 Net income from unrelated business activities not included in line 18.					0
20 Tax revenues levied for the organization's benefit 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					0
23 Total of lines 15 through 22	186909	130444	109545	138265	565163
24 Line 23 minus line 17	186909	130444	109545	138265	565163
25 Enter 1% of line 23	1869	1304	1095	1383	

26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24 ►	26a	11303
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 2000 through 2003 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts ►	26b	
c Total support for section 509(a)(1) test. Enter line 24, column (e) ►	26c	565163
d Add Amounts from column (e) for lines 18 <u>1246</u> 19 <u>0</u> 22 <u> </u> 26b <u> </u> ►	26d	1246
e Public support (line 26c minus line 26d total) ►	26e	563917
f Public support percentage (line 26e (numerator) divided by line 26c (denominator)) ►	26f	0.9978 %

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

(2003) _____ (2002) _____ (2001) _____ (2000) _____

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

(2003) _____ (2002) _____ (2001) _____ (2000) _____

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 from 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 2000 through 2003, 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)

	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? If "Yes," please describe, if "No," please explain (If you need more space, attach a separate statement)	31	
32 Does the organization maintain the following	32a	
a Records indicating the racial composition of the student body, faculty, and administrative staff?	32b	
b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32c	
c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32d	
d Copies of all material used by the organization or on its behalf to solicit contributions? 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? If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement)	33h	
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)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— <div style="display: flex; justify-content: space-between;"> <div> If the amount on line 40 is— Not over \$500,000 Over \$500,000 but not over \$1,000,000 Over \$1,000,000 but not over \$1,500,000 Over \$1,500,000 but not over \$17,000,000 Over \$17,000,000 </div> <div> The lobbying nontaxable amount is— 20% of the amount on line 40 \$100,000 plus 15% of the excess over \$500,000 \$175,000 plus 10% of the excess over \$1,000,000 \$225,000 plus 5% of the excess over \$1,500,000 \$1,000,000 </div> </div>	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	

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)

Calendar year (or fiscal year beginning in) ►	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 2004	(b) 2003	(c) 2002	(d) 2001	(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 11 of the instructions.)

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

Form **4562**Department of the Treasury
Internal Revenue Service**Depreciation and Amortization**
(Including Information on Listed Property)

▶ See separate instructions. ▶ Attach to your tax return.

OMB No 1545-0172

2004Attachment
Sequence No **67**

Name(s) shown on return

UNITED WAY OF JUNCTION CITY-GEARY COUNTY

Business or activity to which this form relates

INDIRECT DEPRECIATION

Identifying number

48-0679506

Part I Election To Expense Certain Property Under Section 179**Note:** If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount See page 2 of the instructions for a higher limit for certain businesses	1	\$102,000
2	Total cost of section 179 property placed in service (see page 3 of the instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation	3	\$410,000
4	Reduction in limitation Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year Subtract line 4 from line 1. If zero or less, enter -0- If married filing separately, see page 3 of the instructions.	5	
(a) Description of property		(b) Cost (business use only)	(c) Elected cost
6			
7	Listed property Enter the amount from line 29	7	
8	Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction Enter the smaller of line 5 or line 8.	9	
10	Carryover of disallowed deduction from line 13 of your 2003 Form 4562	10	
11	Business income limitation Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11	
12	Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2005 Add lines 9 and 10, less line 12 ▶	13	102000

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.**Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.)**

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see page 3 of the instructions)	14	
15	Property subject to section 168(f)(1) election (see page 4 of the instructions)	15	
16	Other depreciation (including ACRS) (see page 4 of the instructions)	16	1667

Part III MACRS Depreciation (Do not include listed property.) (See page 5 of the instructions.)**Section A**

17	MACRS deductions for assets placed in service in tax years beginning before 2004	17	
18	If you are electing under section 168(i)(4) to group any assets placed in service during the tax year into one or more general asset accounts, check here <input type="checkbox"/>		

Section B—Assets Placed in Service During 2004 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property			27.5 yrs.	MM	S/L	
			27.5 yrs.	MM	S/L	
i Nonresidential real property			39 yrs.	MM	S/L	
				MM	S/L	

Section C—Assets Placed in Service During 2004 Tax Year Using the Alternative Depreciation System

20a Class life					S/L	
b 12-year			12 yrs.		S/L	
c 40-year			40 yrs.	MM	S/L	

Part IV Summary (see page 8 of the instructions)

21	Listed property Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21 Enter here and on the appropriate lines of your return Partnerships and S corporations—see instr	22	1667
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

Part V Listed Property (Include automobiles, certain other vehicles, cellular telephones, certain computers, and property used for entertainment, recreation, or amusement.)**Note:** For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete **only** 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.**Section A—Depreciation and Other Information** (Caution: See page 9 of the instructions for limits for passenger automobiles.)**24a** Do you have evidence to support the business/investment use claimed? ☐ Yes ☐ No **24b** If "Yes," is the evidence written? ☐ Yes ☐ No

(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/Convention	(h) Depreciation deduction	(i) Elected section 179 cost
25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use (see page 8 of the instructions)						25		
26 Property used more than 50% in a qualified business use (see page 8 of the instructions)		%						
		%						
		%						
27 Property used 50% or less in a qualified business use (see page 8 of the instructions)		%				S/L -		
		%				S/L -		
		%				S/L -		
28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1.						28		
29 Add amounts in column (i), line 26. Enter here and on line 7, page 1.							29	

Section B—Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person.

If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

	(a) Vehicle 1	(b) Vehicle 2	(c) Vehicle 3	(d) Vehicle 4	(e) Vehicle 5	(f) Vehicle 6
30 Total business/investment miles driven during the year (do not include commuting miles—See page 2 of the instructions)						
31 Total commuting miles driven during the year						
32 Total other personal (noncommuting) miles driven						
33 Total miles driven during the year. Add lines 30 through 32						
34 Was the vehicle available for personal use during off-duty hours?	Yes	No	Yes	No	Yes	No
35 Was the vehicle used primarily by a more than 5% owner or related person?						
36 Is another vehicle available for personal use?						

Section C—Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons (see page 10 of the instructions).

	Yes	No
37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?		
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See page 10 of the instructions for vehicles used by corporate officers, directors, or 1% or more owners.		
39 Do you treat all use of vehicles by employees as personal use?		
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
41 Do you meet the requirements concerning qualified automobile demonstration use? (See page 10 of the instructions)		

Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles.**Part VI Amortization**

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
42 Amortization of costs that begins during your 2004 tax year (see page 11 of the instructions)					
43 Amortization of costs that began before your 2004 tax year.				43	
44 Total. Add amounts in column (f). See page 12 of the instructions for where to report.				44	

Organization Name: UNITED WAY OF JUNCTION CITY-GEARY COUNTY**EIN:** 48-0679506

Return: 990

OTHER EXPENSES

Statement: 1

Page 1 of 1

DESCRIPTION	OTHER EXPENSES	OTHER EXPENSES (PROGRAM)	OTHER EXPENSES (MANAGEMENT)	OTHER EXPENSES (FUNDRAISING)
EXPENSES				
CFC MATERIALS AND EXPENSES	12509			12509
MISCELLANEOUS	10570	9672	408	490
OFFICE SERVICES	5568	1392	4176	
CAMPAIGN COSTS	5344			5344
SPECIAL EVENTS	4749	2500		2249
SOFTWARE UPDATE	783			783
INSURANCE	577		577	
DUES AND SUBSCRIPTIONS	498	385	113	
UTILITIES/INTERNET	240	36	72	132
BANK CHARGES	115		115	
TRAINING	25		25	
UNCOLLECTIBLE CONTRIBUTIONS	8002			8002

Organization Name: UNITED WAY OF JUNCTION CITY-GEARY COUNTY

EIN: 48-0679506

Return: 990

PART IV-A NON-INCLUDED REVENUE

Statement: 2

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DESCRIPTION

AMOUNT

Loss On Disposal Of Equipment

-42

Organization Name: UNITED WAY OF JUNCTION CITY-GEARY COUNTY

EIN: 48-0679506

Return: 990

PART IV-B NON-INCLUDED EXPENSES

Statement: 3

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DESCRIPTION

AMOUNT

Loss On Disposal Of Equipment

-42

Organization Name: UNITED WAY OF JUNCTION CITY-GEARY COUNTY				EIN: 48-0679506	
Return: 990		OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES		Statement: 4 Page 1 of 4	
Name	Tatum Couture	Hours/ week	Compensation	Contributions to Benefit Plans	Expense Account
Title:		40.00	26817	0	0
EXEC DIR					
Address:					
518 W Chestnut St Junction City KS 66441					
Name	Mike Guinn	Hours/ week	Compensation	Contributions to Benefit Plans	Expense Account
Title:		3.00	0	0	0
PAST PRES					
Address:					
1919 Apache St Junction City KS 66441					
Name	Ben Kitchens	Hours/ week	Compensation	Contributions to Benefit Plans	Expense Account
Title:		5.00	0	0	0
PRESIDENT					
Address:					
611 County Club Terrace Junction City KS 66441					
Name	Tricia Gowen	Hours/ week	Compensation	Contributions to Benefit Plans	Expense Account
Title:		3.00	0	0	0
SECRETARY					
Address:					
618 W Vine Junction City KS 66441					
Name	Dawn Hagemeister	Hours/ week	Compensation	Contributions to Benefit Plans	Expense Account
Title:		3.00	0	0	0
TREASURER					
Address:					
1129 Marshall Circle Junction City KS 66441					
Name	Linnea Alt	Hours/ week	Compensation	Contributions to Benefit Plans	Expense Account
Title:		1.00	0	0	0
MEMBER					
Address:					
117 W 8th St Junction City KS 66441					

Organization Name: UNITED WAY OF JUNCTION CITY-GEARY COUNTY				EIN: 48-0679506	
Return: 990				Statement: 4	
OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES				Page 2 of 4	
Name Gary Drake		Hours/	Compensation	Contributions	Expense
Title:		week		to Benefit Plans	Account
MEMBER		1.00	0	0	0
Address:					
Box 267 Junction City KS 66441					
Name Laurie Crites		Hours/	Compensation	Contributions	Expense
Title:		week		to Benefit Plans	Account
MEMBER		1.00	0	0	0
Address:					
339 West 6th St Junction City KS 66441					
Name Becky Lay		Hours/	Compensation	Contributions	Expense
Title:		week		to Benefit Plans	Account
MEMBER		1.00	0	0	0
Address:					
Fort Riley Elementary School Fort Riley KS 66442					
Name Donna Martinson		Hours/	Compensation	Contributions	Expense
Title:		week		to Benefit Plans	Account
MEMBER		1.00	0	0	0
Address:					
Box 28 Junction City KS 66441					
Name Melissa Gager		Hours/	Compensation	Contributions	Expense
Title:		week		to Benefit Plans	Account
MEMBER		1.00	0	0	0
Address:					
2521 Mockingbird Road Milford KS 66504					
Name Joye Gfellar		Hours/	Compensation	Contributions	Expense
Title:		week		to Benefit Plans	Account
VICE PRES		1.00	0	0	0
Address:					
1022 Caroline Ave Junction City KS 66441					

Organization Name: UNITED WAY OF JUNCTION CITY-GEARY COUNTY				EIN: 48-0679506	
Return: 990				Statement: 4	
OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES				Page 3 of 4	
Name Allison Poppe		Hours/	Compensation	Contributions	Expense
Title:		week		to Benefit Plans	Account
MEMBER		1.00	0	0	0
Address:					
6th Eisenhower Junction City KS 66441					
Name Cleo Jones		Hours/	Compensation	Contributions	Expense
Title:		week		to Benefit Plans	Account
MEMBER		1.00	0	0	0
Address:					
802 N Washington Junction City KS 66441					
Name Ron Johnson		Hours/	Compensation	Contributions	Expense
Title:		week		to Benefit Plans	Account
MEMBER		1.00	0	0	0
Address:					
730 S Jefferson St Junction City KS 66441					
Name Wendy King		Hours/	Compensation	Contributions	Expense
Title:		week		to Benefit Plans	Account
MEMBER		1.00	0	0	0
Address:					
208 S Washington Junction City KS 66441					
Name Ronnie Roberts		Hours/	Compensation	Contributions	Expense
Title:		week		to Benefit Plans	Account
MEMBER		1.00	0	0	0
Address:					
1429 St Marys Road Junction City KS 66441					
Name Jonathan Mitchell		Hours/	Compensation	Contributions	Expense
Title:		week		to Benefit Plans	Account
MEMBER		1.00	0	0	0
Address:					
700 N Jefferson Junction City KS 66441					

Organization Name: UNITED WAY OF JUNCTION CITY-GEARY COUNTY				EIN: 48-0679506	
Return: 990				Statement: 4	
OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES				Page 4 of 4	
Name Terrah Pendarvis	Hours/	Compensation	Contributions	Expense	
Title:	week		to Benefit Plans	Account	
MEMBER	1.00	0	0	0	
Address:					
327 S Kaw Dr Junction City KS 66441					
Name Charles Volland	Hours/	Compensation	Contributions	Expense	
Title:	week		to Benefit Plans	Account	
MEMBER	1.00	0	0	0	
Address:					
518 Wheatland Drive Junction City KS 66441					
Name Scott Samders	Hours/	Compensation	Contributions	Expense	
Title:	week		to Benefit Plans	Account	
MEMBER	1.00	0	0	0	
Address:					
Box 287 Junction City KS 66441					
Name Melody Saxton	Hours/	Compensation	Contributions	Expense	
Title:	week		to Benefit Plans	Account	
MEMBER	1.00	0	0	0	
Address:					
6715 Erichsen Road Junction City KS 66441					
Name Kathy Tremont	Hours/	Compensation	Contributions	Expense	
Title:	week		to Benefit Plans	Account	
MEMBER	1.00	0	0	0	
Address:					
Box 825 Junction City KS 66441					
Name	Hours/	Compensation	Contributions	Expense	
Title:	week		to Benefit Plans	Account	
Address:					

Organization Name: UNITED WAY OF JUNCTION CITY-GEARY COUNTY

EIN: 48-0679506

Return: 990

Cash Grants and Allocations Paid

Statement: 5

Page 1 of 3

Recipient Name	Recipient Business Name	Amount	Relationship	Class of Activity
	AMERICAN RED CROSS	12000		ALLOCATION

Address: 626 N WASHINGTON JUNCTION CITY KS 66441

Recipient Name	Recipient Business Name	Amount	Relationship	Class of Activity
	ARMED SERVICES YMCA	7000		ALLOCATION

Address: 111 E 16TH ST JUNCTION CITY KS 66441

Recipient Name	Recipient Business Name	Amount	Relationship	Class of Activity
	BIG BROTHERSBIG SISTERS	5000		ALLOCATION

Address: 132 EISENHOWER DRIVE JUNCTION CITY KS 66441

Recipient Name	Recipient Business Name	Amount	Relationship	Class of Activity
	BOY SCOUTS OF AMERICA	3500		ALLOCATION

Address: PO BOX 912 SALINA KS 67401

Recipient Name	Recipient Business Name	Amount	Relationship	Class of Activity
	BOYS AND GIRLS CLUB	4000		ALLOCATION

Address: 1002 W 12TH ST JUNCTION CITY KS 66441

Recipient Name	Recipient Business Name	Amount	Relationship	Class of Activity
	CRISIS CENTER	16000		ALLOCATION

Address: 1132 GARDENWAY MANHATTAN KS 66502

Organization Name: UNITED WAY OF JUNCTION CITY-GEARY COUNTY

EIN: 48-0679506

Return: 990

Cash Grants and Allocations Paid

Statement: 5

Page 2 of 3

Recipient Name	Recipient Business Name	Amount	Relationship	Class of Activity
	FOOD PANTRY	7000		ALLOCATION

Address: 136 W 3RD ST JUNCTION CITY KS 66441

Recipient Name	Recipient Business Name	Amount	Relationship	Class of Activity
	FRIENDS OF ANIMALS	1200		ALLOCATION

Address: BOX 580 JUNCTION CITY KS 66441

Recipient Name	Recipient Business Name	Amount	Relationship	Class of Activity
	GIRL SCOUTS OF AMERICA	1000		ALLOCATION

Address: 921 W 4TH ST JUNCTION CITY KS 66441

Recipient Name	Recipient Business Name	Amount	Relationship	Class of Activity
	GEARY COUNTY GIRLS SOFTBALL	750		ALLOCATION

Address: 1013 WAINWRIGHT JUNCTION CITY KS 66441

Recipient Name	Recipient Business Name	Amount	Relationship	Class of Activity
	JUNCTION CITY FAMILY YMCA	14500		ALLOCATION

Address: 1703 MCFARLAND RD JUNCTION CITY KS 66441

Recipient Name	Recipient Business Name	Amount	Relationship	Class of Activity
	KONZA PRAIRIE COMMUNITY HEALTH	12500		ALLOCATION

Address: 361 GRANT AVE JUNCTION CITY KS 66441

Organization Name: UNITED WAY OF JUNCTION CITY-GEARY COUNTY

EIN: 48-0679506

Return: 990

Cash Grants and Allocations Paid

Statement: 5

Page 3 of 3

Recipient Name	Recipient Business Name	Amount	Relationship	Class of Activity
	OPEN DOOR COMMUNITY HOUSE	15000		ALLOCATION

Address: 136 W 3RD ST JUNCTION CITY KS 66441

Recipient Name	Recipient Business Name	Amount	Relationship	Class of Activity
	SPECIAL OLYMPICS	8500		ALLOCATION

Address: 1601 JOHNSON DRIVE JUNCTION CITY KS 66441

Recipient Name	Recipient Business Name	Amount	Relationship	Class of Activity
	UNITED CEREBRAL PALSY	2500		ALLOCATION

Address: BOX 8217 WICHITA KS 67208

Recipient Name	Recipient Business Name	Amount	Relationship	Class of Activity
	KANSAS LEGAL SERVICES	7000		ALLOCATION

Address: 104 S 4TH MANHATTAN KS 66502

Recipient Name	Recipient Business Name	Amount	Relationship	Class of Activity
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Address:

Recipient Name	Recipient Business Name	Amount	Relationship	Class of Activity
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Address:

Organization Name: UNITED WAY OF JUNCTION CITY-GEARY COUNTY

EIN: 48-0679506

Return: 990

CHANGES IN NET ASSETS

Statement: 6

Page 1 of 1

DESCRIPTION

AMOUNT

CHANGE FROM CASH TO ACCRUAL BASIS ACCOUNTING

-6827

Organization Name: UNITED WAY OF JUNCTION CITY-GEARY COUNTY

EIN: 48-0679506

Return: 990

LAND SCHEDULE

Statement: 7

Page 1 of 1

Category or Item	Cost or Other Basis	Accumulated Depreciation	Book Value	EOY Fair Market Value
	5022	3328	3328	

Organization Name: UNITED WAY OF JUNCTION CITY-GEARY COUNTY

EIN: 48-0679506

Return: 990

Statement: 8

Payments to Affiliates

Page 1 of 1

Business Name	Purpose	Amount
UNITED WAY OF AMERICA	DUES	1172

Address:

Business Name	Purpose	Amount
---------------	---------	--------

Address:

Business Name	Purpose	Amount
---------------	---------	--------

Address:

Business Name	Purpose	Amount
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Address:

Business Name	Purpose	Amount
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Address:

Business Name	Purpose	Amount
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Address:

Business Name	Purpose	Amount
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Address:

Business Name	Purpose	Amount
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Address:

Sale of Other Assets

Asset Name	Date Acquired	How Acquired	Date Sold	Purchaser Name
COMPUTER	Jul 1999	PURCHASE	Dec 2004	
Purchaser Business Name:				
Gross Sales Price	Basis	Accumulated Depreciation	Sales Expenses	Total Net
	1440	1440		

Asset Name	Date Acquired	How Acquired	Date Sold	Purchaser Name
FAX MACHINE	Apr 2000	PURCHASE	Dec 2004	
Purchaser Business Name:				
Gross Sales Price	Basis	Accumulated Depreciation	Sales Expenses	Total Net
	643	601		-42

Asset Name	Date Acquired	How Acquired	Date Sold	Purchaser Name
Purchaser Business Name:				
Gross Sales Price	Basis	Accumulated Depreciation	Sales Expenses	Total Net

Asset Name	Date Acquired	How Acquired	Date Sold	Purchaser Name
Purchaser Business Name:				
Gross Sales Price	Basis	Accumulated Depreciation	Sales Expenses	Total Net