

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)

2004

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.

A For the 2004 calendar year, or tax year beginning, and ending

- B Check if applicable: Address change, Name change, Initial return, Final return, Amended return, Application pending

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

C Name of organization: FRANKLIN AREA UNITED WAY
Number and street (or P.O. box if mail is not delivered to street address): PO BOX 366
City or town, state or country, and ZIP + 4: FRANKLIN VA 23851

D Employer identification no. 54-6043915
E Telephone number
F Accounting method: [X] Accrual [ ] Other (specify)

Section 501(c)(3) organizations and 4047(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 [X] No
H(b) If "Yes," enter number of affiliates
H(c) Are all affiliates included? [ ] Yes [ ] No
H(d) Is this a separate return filed by an organization covered by a group ruling? [ ] Yes [ ] No

G Website: N/A

J Organization type (check only one) [X] 501(c)(3) (Insert no.) [ ] 4947(a)(1) or [ ] 527

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

I Group Exemption Number
M Check [ ] if the organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF).

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 274,602

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

Table with 21 rows and 4 columns. Rows include: 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 Contributions reported on line 1a; 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 DEC 21 2005

RECEIVED NOV 21 2005 OGDEN, UT

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**Part II Statement of Functional Expenses**

All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others. (See 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) <b>Stmnt 4</b> (cash \$ <u>212,034</u> non-cash \$ _____)	212,034	212,034		
23	Specific assistance to individuals				
24	Benefits paid to or for members				
25	Compensation of officers, directors, etc.				
26	Other salaries and wages	19,200		14,400	4,800
27	Pension plan contributions				
28	Other employee benefits				
29	Payroll taxes	1,469		1,102	367
30	Professional fundraising fees				
31	Accounting fees	1,500		1,500	
32	Legal fees				
33	Supplies	449		449	
34	Telephone	733		733	
35	Postage and shipping	412			412
36	Occupancy	674		674	
37	Equipment rental and maintenance				
38	Printing and publications	1,140			1,140
39	Travel				
40	Conferences, conventions, and meetings				
41	Interest				
42	Depreciation, depletion, etc. (attach schedule)	794		794	
43	Other expenses not covered above (itemize): a				
	b See Statement 5	6,413		2,659	3,754
	c				
	d				
	e				
44	<b>Total functional expenses (add lines 22 - 43). Organizations completing columns (B)-(D), carry these totals to lines 13-16</b>	<b>244,818</b>	<b>212,034</b>	<b>22,311</b>	<b>10,473</b>

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	<b>GRANTS TO WORTHY CIVIC AND CHARITABLE ORGANIZATIONS</b>				
	(Grants and allocations \$ <u>212,034</u> )				212,034
b					
	(Grants and allocations \$ _____)				
c					
	(Grants and allocations \$ _____)				
d					
	(Grants and allocations \$ _____)				
e	Other program services (attach schedule)				
	(Grants and allocations \$ _____)				
f	<b>Total of Program Service Expenses (should equal line 44, column (B), Program services)</b>				<b>212,034</b>

**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	1,826	45	4,294	
46	Savings and temporary cash investments	173,104	46	168,227	
47a	Accounts receivable	395			
b	Less: allowance for doubtful accounts		47c	395	
48a	Plodgos receivable				
b	Less: allowance for doubtful accounts		48c		
49	Grants receivable		49		
60	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 See Statement 7 <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV	862	54	842	
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	6,058			
b	Less: accumulated depreciation (attach schedule)	794	57c	5,264	
58	Other assets (describe )		58		
59	<b>Total assets (add lines 45 through 58) (must equal line 74)</b>	175,792	59	179,022	
60	Accounts payable and accrued expenses	6,462	60	62	
61	Grants payable		61		
62	Deferred revenue See Statement 8	91,653	62	93,783	
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 Statement 9 )	560	65	581	
66	<b>Total liabilities (add lines 60 through 65)</b>	98,675	66	94,426	
Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.					
67	Unrestricted	77,117	67	84,596	
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	<b>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)</b>	77,117	73	84,596	
74	<b>Total liabilities and net assets / fund balances (add lines 66 and 73)</b>	175,792	74	179,022	

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	76	X
77	Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes.	77	X
78a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	78a	X
b	If "Yes," has it filed a tax return on Form 990-T for this year?	78b	
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement	79	X
80a	Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?	80a	X
b	If "Yes," enter the name of the organization and check whether it is <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	X
82a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	82a	X
b	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.)	82b	
83a	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	X
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	X
84a	Did the organization solicit any contributions or gifts that were not tax deductible?	84a	X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	84b	N/A
85	501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?	85a	N/A
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less? If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.	85b	N/A
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(o) tax on the amount on line 85f?	85g	N/A
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	N/A
86	501(c)(7) orgs. Enter: a initiation fees and capital contributions included on line 12	86a	
b	Gross receipts, included on line 12, for public use of club facilities	86b	
87	501(c)(12) orgs. Enter: a Gross income from members or shareholders	87a	
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	87b	
88	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX	88	X
89a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 <input type="checkbox"/> 0 ; section 4912 <input type="checkbox"/> 0 ; section 4955 <input type="checkbox"/> 0		
b	501(c)(3) and 501(c)(4) orgs. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction	89b	X
c	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		0
d	Enter: Amount of tax on line 89c, above, reimbursed by the organization		0
90a	List the states with which a copy of this return is filed		None
b	Number of employees employed in the pay period that includes March 12, 2004 (See instructions.)	90b	1
91	The books are in care of <input type="checkbox"/> MARY DEPUY Located at <input type="checkbox"/> FRANKLIN, VA		
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041- Check here and enter the amount of tax-exempt interest received or accrued during the tax year	92	<input type="checkbox"/>

Telephone no.  757-569-8929 ZIP + 4  23851

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

Note: Enter gross amounts unless otherwise indicated.

	Unrelated business income		Excluded by sec. 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93 Program service revenue:					
a					
b					
c					
d					
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments			14	1,280	
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					-33
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue:					
a					
b WRITE OFF OLD O/S CHECKS					647
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))		0		1,280	614
105 Total (add line 104, columns (B), (D), and (E))					1,894

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).
100	SALE OF INVESTMENTS DONATED THAT IS USED TO CONTRIBUTE TO WORTHY CIVIC AND CHARITABLE ORGANIZATIONS IN THE AREA
103b	WRITE OFF OLD O/S CHECK

**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).

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

*Kendall L. Edwards*  
Signature of officer  
KENDALL L. EDWARDS

11/15/05  
Date

SEC.

8 CPA Date 6/08/05

Check if self-employed

Preparer's SSN or PTIN (See Gen Instr W) PAD 334283

**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

OMB No. 1545-0047

**2004**

Department of the Treasury  
Internal Revenue Service

**Supplementary Information—(See separate instructions.)**

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

Name of the organization

Employer identification number

**FRANKLIN AREA UNITED WAY**

**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 empl. ben. plans & deferred comp.	(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) 2004

**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.	1	X
2 During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)		
a Sale, exchange, or leasing of property?	2a	X
b Lending of money or other extension of credit?	2b	X
c Furnishing of goods, services, or facilities?	2c	X
d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	2d	X
e Transfer of any part of its income or assets?	2e	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.)	3a	X
b Do you have a section 403(b) annuity plan for your employees?	3b	X
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	X
b Do you provide credit counseling, debt management, credit repair, or debt negotiation services?	4b	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 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.)	257,182	299,752	374,290	278,196	1,209,420
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	1,429	2,640	7,631	9,965	21,665
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 Stmt 10		25	109		134
23 Total of lines 15 through 22	258,611	302,417	382,030	288,161	1,231,219
24 Line 23 minus line 17	258,611	302,417	382,030	288,161	1,231,219
25 Enter 1% of line 23	2,586	3,024	3,820	2,882	

26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24	26a	24,624
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	268,502
c Total support for section 509(a)(1) test: Enter line 24, column (e)	26c	1,231,219
d Add: Amounts from column (a) for lines: 18 21,665 19 134	26d	290,301
22 134 26b 268,502	26e	940,918
e Public support (line 26c minus line 26d total)	26f	76.4217%

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) 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: (2003) (2002) (2001) (2000) N/A

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)

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

Part VI-A

Lobbying Expenditures by Electing Public Charities (See page 9 of the instructions.)

(To be completed ONLY by an eligible organization that filed Form 5768) N/A

Check a If the organization belongs to an affiliated group. Check b If you checked "a" and "limited control" provisions apply.

Limits on Lobbying Expenditures

(The term "expenditures" means amounts paid or incurred.)

Table with columns for line numbers (36-44), descriptions of lobbying expenditures, and columns (a) Affiliated group totals and (b) To be completed for ALL electing organizations.

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 for (a) 2004, (b) 2003, (c) 2002, (d) 2001, and (e) Total. Rows include lines 45-50.

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.) 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 each activity listed in the previous block.

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 11 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:

Summary table with columns Yes, No and rows 51a(i), a(ii), b(i), b(ii), b(iii), b(iv), b(v), b(vi), c. All 'No' boxes are checked with an 'X'.

Main 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'.

62a 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) (checked)

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'.

Form **4562**

# Depreciation and Amortization

OMB No. 1545-0172

(Including Information on Listed Property)

**2004**

Department of the Treasury  
Internal Revenue Service

▶ See separate instructions.

▶ Attach to your tax return.

Attachment Sequence No. **67**

Name(s) shown on return

**FRANKLIN AREA UNITED WAY**

Identifying number

**54-6043915**

Business or activity to which this form relates

## Indirect Depreciation

### 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	
<b>(a) Description of property</b>		
<b>(b) Cost (business use only)</b>		
<b>(c) Elected cost</b>		
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	

**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 prop. (other than listed prop.) placed in service during the tax year (see pg. 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	794

### 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	0
18 If you are electing under section 168(l)(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	794
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	

For Paperwork Reduction Act Notice, see separate instructions.

Form **4562** (2004)

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.)

Table with columns for property type, date placed in service, business/investment use percentage, cost or other basis, depreciation basis, recovery period, method/convention, depreciation deduction, and elected section 179 cost. Includes rows 24a-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.

Table for Section B with columns (a) through (f) for miles driven and questions 34, 35, 36 regarding vehicle availability and 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).

Table for Section C with questions 37-41 regarding employer policies and requirements, and a Yes/No column.

Part VI Amortization

Table for Section VI with columns (a) through (f) for amortization details, including rows 42, 43, and 44.

620 FRANKLIN AREA UNITED WAY  
 54-6043915  
 FYE: 12/31/2004

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## 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
20 SH BB&T CORP	Purchase		9/30/04	10/12/04	\$ 766	\$ 791	\$	-25
5 SH BB&T CORP	Purchase		10/01/04	10/12/04	191	199		-8
Total					\$ 957	\$ 990	\$ 0	-33

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

Bus Name	Addr	Purpose	Amount
ALBEMARLE AREA UNITED WAY			\$ 872
ISLE OF WIGHT UNITED WAY			1,066
HIGH COUNTY UNITED WAY			4,000
ROANOKE VALLEY UNITED WAY			12,185
UNITED WAY OF SOUTH HAMPTON ROADS			960
SUFFOLK UNITED WAY			329
UNITED WAY OF AMERICA			1,882
Total			\$ 21,294

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

<u>Description</u>	<u>Amount</u>
UNREALIZED LOSS ON INVESTMENTS	\$ -21
Total	\$ -21

620 FRANKLIN AREA UNITED WAY  
 54-6043915  
 FYE: 12/31/2004

## Federal Statements

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

Name Address	Date of Gift	Description of Property	Relationship to Org		Class of Activity		FMV Explanthn
			Cash Contrib	NonCash Contrib	Book Value	BV Explanthn	
AMERICAN RED CROSS			\$ 5,089	\$			
THE CHILDRENS CENTER			20,000				
CHILDRENS HOME SOCIETY			3,302				
CHILDRENS RESOURCES			4,992				
COLONIAL VA BSA			14,102				
COL COAST GIRL SCOUTS			13,406				
EDMARC HOSPICE FOR CHILDREN			6,488				
CONSUMER FINANCIAL COUNSELING			6,286				
MENTAL RETARDATION SERVICES			9,079				
FOOD BANK OF SE VA			11,449				
FRANKLIN COOPERATIVE MINISTRY			971				
GRAZIN ACRES			2,397				
THE GENIEVE SHELTER			14,960				
HIGH STREET SENIORS			3,990				
JL CAMP JR YMCA BLACK ACHIEVERS			2,444				
LITTLE LEAGUE			2,513				
OAK STREET SENIORS			13,364				

620 FRANKLIN AREA UNITED WAY  
 54-6043915  
 FYE 12/31/2004

6/8/2005 1:25 PM

## Federal Statements

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

Name Address	Date of Gift	Description of Property	Relationship to Org	Class of Activity	Cash Contrib	NonCash Contrib	Book Value	BV Explantn	FMV Explantn
RAWLS SUMMER READING			\$		4,887	\$			
THE SALVATION ARMY					17,956				
SICKLE CELL ASSOCIATION					10,823				
SUFFOLK SHELTER FOR THE HOMELESS					10,272				
VA LEGAL AID SOCIETY					6,981				
JL CAMP JR YMCA					18,154				
BOYS & GIRLS CLUB					2,000				
SOUTHAMPTON COUNTY					5,986				
SURRY RESCUE SQUAD					60				
CHILDRENS HOSPITAL					83				
<b>Total</b>			\$		<u>212,034</u>	\$	<u>0</u>	\$	<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	\$	\$	\$	\$
INSURANCE	2,659		2,659	
CAMPAIGN EXPENSES	3,754			3,754
Total	\$ 6,413	\$ 0	\$ 2,659	\$ 3,754

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 20 SH IP	862	842	Market
	<u>862</u>	<u>842</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	\$ 91,653	\$ 93,783
Total	<u>\$ 91,653</u>	<u>\$ 93,783</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	\$ 560	\$ 581
Total	<u>\$ 560</u>	<u>\$ 581</u>

## Federal Statements

Form 990, Part I, Line 1a - Direct Public Support

<u>Description</u>	<u>Cash</u>	<u>Noncash</u>	<u>Total</u>
VARIOUS CONTRIBUTIONS	\$ 163,401	\$	\$ 163,401
Other Contributions	108,317		108,317
Total	\$ 271,718	\$ 0	\$ 271,718

- If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only Part II and check this box  **Note.** Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.
- If you are filing for an **Automatic 3-Month Extension**, complete only Part I (on page 1).

**Part II Additional (not automatic) 3-Month Extension of Time—Must File Original and One Copy.**

Type or print	Name of Exempt Organization <b>FRANKLIN AREA UNITED WAY</b>	Employer identification number <b>54 : 6043915</b>
	Number, street, and room or suite no. If a P.O. box, see instructions. <b>P. O. BOX 366</b>	For IRS use only
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>FRANKLIN, VA 23851</b>	

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

- Form 990
- Form 990-T (soc. 401(a) or 408(a) trust)
- Form 5227
- Form 990-BL
- Form 990-T (trust other than above)
- Form 6069
- Form 990-EZ
- Form 1041-A
- Form 8870
- Form 990-PF
- Form 4720

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

- The books are in the care of ▶ \_\_\_\_\_  
Telephone No. ▶ (\_\_\_\_\_) \_\_\_\_\_ FAX No. ▶ (\_\_\_\_\_) \_\_\_\_\_
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a **Group Return**, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_ If this is for the whole group, check this box . If it is for part of the group, check this box  and attach a list with the names and EINs of all members the extension is for.

4 I request an additional 3-month extension of time until NOVEMBER 15, 2005

5 For calendar year 2004, or other tax year beginning \_\_\_\_\_, 20\_\_\_\_, and ending \_\_\_\_\_, 20\_\_\_\_.

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

7 State in detail why you need the extension ALL INFORMATION NECESSARY TO FILE A COMPLETE AND ACCURATE RETURN IS NOT YET AVAILABLE.

8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions \$ \_\_\_\_\_

b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868 \$ \_\_\_\_\_

c **Balance Due.** Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. \$ \_\_\_\_\_

**Signature and Verification**

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

Signature ▶ [Handwritten Signature] Title ▶ COO Date ▶ 8/15/05

**Notice to Applicant—To Be Completed by the IRS**

- We have approved this application. Please attach this form to the organization's return.
- We have not approved this application. However, we have granted a 10-day grace period from the later of the date shown below or the due date of the organization's return (including any prior extensions). This grace period is considered to be a valid extension of time for elections otherwise required to be made on a timely return. Please attach this form to the organization's return.
- We have not approved this application. After considering the reasons stated in item 7, we cannot grant your request for an extension of time to file. We are not granting a 10-day grace period.
- We cannot consider this application because it was filed after the extended due date of the return for which an extension was requested.
- 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

Type or print	Name <b>BRITT &amp; PEAK, P.C.</b>
	Number and street (include suite, room, or apt. no.) or a P.O. box number <b>P. O. BOX 536</b>
	City or town, province or state, and country (including postal or ZIP code) <b>FRANKLIN, VA 23851</b>

**EXTENSION APPROVED**

**SEP 15 2005**

FEDERAL DIRECTOR  
SUBMISSION PROCESSING OFFICE

## Application for Extension of Time To File an Exempt Organization Return

OMB No. 1545-1709

▶ File a separate application for each return.

- If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box
  - If you are filing for an Additional (not automatic) 3-Month Extension, complete only Part II (on page 2 of this form).
- Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.**

**Part I Automatic 3-Month Extension of Time—Only submit original (no copies needed)**

**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.*

**Electronic Filing (e-file).** Form 8868 can be filed electronically if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for corporate Form 990-T filers). However, you cannot file it electronically if you want the additional (not automatic) 3-month extension. Instead you must submit the fully completed signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile).

<b>Type or print</b>	Name of Exempt Organization <b>FRANKLIN AREA UNITED WAY</b>	Employer identification number <b>54 : 6043915</b>
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. <b>P. O. BOX 368</b>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>FRANKLIN, VA 23851</b>	

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 |

• The books are in the care of ▶ .....

Telephone No. ▶ (.....)..... FAX No. ▶ (.....).....

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a **Group Return**, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_. If this is for the **whole group**, check this box . If it is for part of the group, check this box  and attach a list with the names and EINs of all members the extension will cover.

1 I request an automatic 3-month (6-months for a Form 990-T corporation) extension of time until AUGUST 15, 2005, to file the exempt organization return for the organization named above. The extension is for the organization's return for:  
 ▶  calendar year 2004 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 \$ \_\_\_\_\_

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 \$ \_\_\_\_\_

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 \$ \_\_\_\_\_

**Caution.** If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

**FRANKLIN-SOUTHAMPTON AREA UNITED WAY**  
**P. O. Box 366, Franklin, VA 23851**  
**2004**  
**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  
Mack Ballance.....Treasurer  
Frank Rickman.....Campaign Chair/VicePres  
Jim Yarborough.....Citizens Review Committee Chair  
Joe Hutt.....Past Pres/Nominating Chair

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Mary S. DePuy.....Executive Director

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

116 North Main Street, 2nd Floor

## **Terms Ending January 2005**

### **First Term**

Ellington, Tom  
Luck, Bob  
Turner, Charles

### **Second Term**

Brotzman, Bud  
Edwards, Kendall

## **Terms Ending January 2006**

### **First Term**

McMullan, Steve  
Gentry, Kay  
Ballance, Mack

### **Second Term**

Beale, Leland  
Hutt, Joe  
Rickman, Frank

## **Terms Ending January 2007**

### **First Term**

Farmer, Aline  
Johnson, Mike  
Miller, Mike  
Speight, Tommy  
Taylor, Bucky

### **Second Term**

Barksdale, Esther  
Coker, Mac  
Duffey, Ben  
Petty, Bob  
Tawney, William  
Yarborough, Jim

### **Special Appointees**

Camp Foundations  
International Paper

Worrell, Bobby  
Rankin, John

Franklin-Southampton Area United Way  
Board of Directors - 2004

Mr. Mack Ballance (2 yrs left in 1<sup>st</sup> term)  
33241 Edgehill Drive  
Franklin, VA 23851  
(H) 562-6923  
judyandmack@charter.net

Ms. Esther Barksdale (3 years left in 2nd term)  
P. O. Box 444  
Courtland, VA 23837  
(W)569-6286 (H) 653-9367

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

Mr. Lloyd E. Brotzman, Jr. (1 year left in 2<sup>nd</sup> term)  
23240 Dove Street  
Franklin, VA 23851  
(H)562-3944 (C)377-6004  
brotzman@mywebaccess.net

Mr. E. R. M. Coker (3 years left in 2<sup>nd</sup> term)  
109 Beechwood Drive  
Franklin, VA 23851  
(H)562-3673  
ecoker@charter.net

Rev. Ben Duffey (3 years left in 2nd term)  
232 Southampton Road  
Franklin, VA 23851  
(H)562-4838

Mr. Kendall Edwards (1 year left in 2<sup>nd</sup> term)  
18126 Johnson's Mill Road  
Sedley, VA 23878  
(H)562-5402 (W)562-5184(F)562-4941  
kedwards@bbandt.com

Mr. Tom Ellington (1 year left in 1<sup>st</sup> term)  
220 Hunterdale Road  
Franklin, VA 23851  
(H)562-2881  
treetarriver@aol.com

Dr. Alline Farmer (3 years left in first term)  
Franklin City School Superintendent  
209 W. Second Ave  
Franklin, VA 23851  
(W)569-8111 (2) (7)

Rev. Kay Gentry (2 years left in 1<sup>st</sup> term)  
22551 Main Street  
Courtland, VA 23837  
(W)653-2240 (H)653-0212  
k.gentry@peoplepc.com

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

Mr. Mike Johnson (3 years left in first term)  
Southampton County Administrator  
P. O. Box 400  
Courtland, VA 23837  
(W)653-3015

Mr. Bob Luck (1 year left in 1<sup>st</sup> term)  
132 Beechwood Drive  
Franklin, VA 23851  
(H)562-5412

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

Mr. John Rankin (special appointment)  
International Paper  
34040 Union Camp Drive  
Franklin, VA 23851  
(W) 569-4321

Mr. Tommy Speight (3 years left in first term)  
26494 Pine Haven  
Courtland, VA 23837  
(H) 653-9080

Mr. Bucky Taylor (3 years left in first term)  
Franklin City Manager  
P. O. Box 179  
Franklin, VA 23851  
(W) 569-8503 or -8502

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

Mr. Steve McMullan (2 years left in 1<sup>st</sup> term)  
715-B N. High Street  
Franklin, VA 23851  
(W)562-3187

Mr. Robert T. Petty (3 years left in 2<sup>nd</sup> term)  
Bronco Federal Credit Union  
135 Stewart Drive  
Franklin, VA 23851  
(H)569-9314 (W)569-6000 x3704  
Bobpetty@broncofcu.com

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

Mr. William Tawney (3 years left in 2<sup>nd</sup> term)  
160 Covey Circle  
Franklin, VA 23851  
(H) 562-5603 (W) 569-6000 x3707  
william@broncofcu.com

Mr. Charles E. Turner (1 year left in 1<sup>st</sup> term)  
Southampton County Superintendent  
P. O. Box 96  
Courtland, VA 23837  
(H)653-2009 (W)653-2692 x302

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