

Return of Organization Exempt from Income Tax

2002

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

Open to Public Inspection

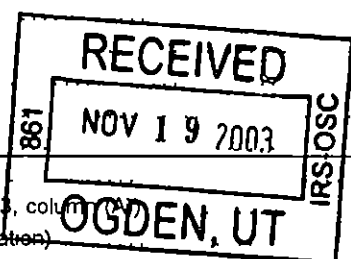
Department of the Treasury Internal Revenue Service

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

Form 990 header section including: A For the 2002 calendar year, or tax year beginning 2002, and ending; B Check if applicable; C Name of organization UNITED WAY OF THE RIVER CITIES, INC; D Employer Identification Number 55-0384704; E Telephone number (304) 523-8929; F Accounting method Accrual; G Web site; J Organization type 501(c) 3; K Check here; L Gross receipts 1,560,147

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

Table with 21 rows and 4 columns: Description, (A) Securities, (B) Other, Amount. Includes rows for Contributions (1,514,730), Program service revenue (43,881), Other investment income (1,536), Total revenue (1,560,147), Total expenses (1,999,670), and Net assets at end of year (1,778,125).



SCANNED DEC 09 2003

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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

| 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 (att sch) (cash \$ 1,240,126 non cash \$) | 1,240,126 | 1,240,126 | | |
| 23 | Specific assistance to individuals (att sch) | | | | |
| 24 | Benefits paid to or for members (att sch) | | | | |
| 25 | Compensation of officers, directors, etc | 55,072 | 17,873 | 20,623 | 16,576 |
| 26 | Other salaries and wages | 130,684 | 22,791 | 20,382 | 87,511 |
| 27 | Pension plan contributions | 15,342 | 3,358 | 3,386 | 8,598 |
| 28 | Other employee benefits | 26,370 | 5,772 | 5,820 | 14,778 |
| 29 | Payroll taxes | 14,453 | 3,164 | 3,190 | 8,099 |
| 30 | Professional fundraising fees | | | | |
| 31 | Accounting fees | 3,510 | 0 | 0 | 3,510 |
| 32 | Legal fees | | | | |
| 33 | Supplies | 8,176 | 1,790 | 1,805 | 4,581 |
| 34 | Telephone | 5,123 | 1,121 | 1,131 | 2,871 |
| 35 | Postage and shipping | 8,861 | 1,940 | 1,956 | 4,965 |
| 36 | Occupancy | 7,396 | 1,619 | 1,633 | 4,144 |
| 37 | Equipment rental and maintenance | 8,314 | 1,820 | 1,835 | 4,659 |
| 38 | Printing and publications | 17,351 | 3,798 | 3,829 | 9,724 |
| 39 | Travel | 2,622 | 574 | 579 | 1,469 |
| 40 | Conferences, conventions, and meetings | 3,485 | 763 | 769 | 1,953 |
| 41 | Interest | | | | |
| 42 | Depreciation, depletion, etc (attach schedule) | 20,386 | 4,463 | 4,499 | 11,424 |
| 43 | Other expenses not covered above (itemize) | | | | |
| 43a | EQUIPMENT PURCHASES | 170 | 37 | 38 | 95 |
| 43b | DUES & SUBSCRIPTIONS | 871 | 191 | 192 | 488 |
| 43c | INSURANCE & LIABILITY BOND | 2,754 | 603 | 608 | 1,543 |
| 43d | Provision for Uncollectibles | 161,125 | 161,125 | 0 | 0 |
| 43e | | | | | |
| 44 | Total functional expenses (add lines 22-43) Organizations completing columns (B) - (D), carry these totals to lines 13-15 | 1,732,191 | 1,472,928 | 72,275 | 186,988 |

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

What is the organization's primary exempt purpose? SUPPORTING OTHER NON PROFIT ENTITIES
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) & (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants & allocations to others.)

Program Service Expenses
(Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts but optional for others)

| | | | |
|---|--|--|-----------|
| a | SUPPORTED LOCAL NON PROFIT ORGANIZATIONS FROM CONTRIBUTIONS RECEIVED FROM THE PUBLIC WITHIN THE LOCAL AREA | (Grants and allocations \$ 1,240,126) | 1,472,928 |
| b | | (Grants and allocations \$) | |
| c | | (Grants and allocations \$) | |
| d | | (Grants and allocations \$) | |
| e | Other program services | (Grants and allocations \$) | |
| f | Total of Program Service Expenses (should equal line 44, column (B), program services) | | 1,472,928 |

Part IV Balance Sheets (See Instructions)

| Note | | (A) Beginning of year | | (B) End of year | |
|--|--|--|-------------|---------------------------|-----------|
| ASSETS | 45 Cash – non interest bearing | | 45 | | |
| | 46 Savings and temporary cash investments | | 1,688,876 | 46 | 1,483,159 |
| | 47 a Accounts receivable | 47 a 198,020 | | | |
| | b Less allowance for doubtful accounts | 47 b | 188,297 | 47 c | 198,020 |
| | 48 a Pledges receivable | 48 a 1,300,522 | | | |
| | b Less allowance for doubtful accounts | 48 b 355,549 | 1,160,423 | 48 c | 944,973 |
| | 49 Grants receivable | | | 49 | |
| | 50 Receivables from officers, directors, trustees, and key employees (attach schedule) | | | 50 | |
| | 51 a Other notes & loans receivable (attach sch) | 51 a | | | |
| | b Less allowance for doubtful accounts | 51 b | | 51 c | |
| | 52 Inventories for sale or use | | | 52 | |
| | 53 Prepaid expenses and deferred charges | | 5,068 | 53 | 4,599 |
| | 54 Investments – securities (attach schedule) | <input type="checkbox"/> Cost <input type="checkbox"/> FMV | | 54 | |
| | LIABILITIES | 55 a Investments – land, buildings, & equipment basis | 55 a | | |
| b Less accumulated depreciation (attach schedule) | | 55 b | | 55 c | |
| 56 Investments – other (attach schedule) | | | | 56 | |
| 57 a Land, buildings, and equipment basis | | 57 a 692,548 | | | |
| b Less accumulated depreciation (attach schedule) L-57 Stmt | | 57 b 132,277 | 580,657 | 57 c | 560,271 |
| 58 Other assets (describe ► _____) | | | | 58 | |
| 59 Total assets (add lines 45 through 58) (must equal line 74) | | 3,623,321 | 59 | 3,191,022 | |
| NET ASSETS OR FUND BALANCES | 60 Accounts payable and accrued expenses | | | 60 | |
| | 61 Grants payable | | 1,573,159 | 61 | 1,412,897 |
| | 62 Deferred revenue | | | 62 | |
| | 63 Loans from officers, directors, trustees, and key employees (attach schedule) | | | 63 | |
| | 64 a Tax exempt bond liabilities (attach schedule) | | | 64 a | |
| | b Mortgages and other notes payable (attach schedule) | | | 64 b | |
| | 65 Other liabilities (describe ► _____) | | | 65 | |
| 66 Total liabilities (add lines 60 through 65) | | 1,573,159 | 66 | 1,412,897 | |
| ORGANIZATIONS THAT FOLLOW SFAS 117, CHECK HERE | Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74 | | | | |
| | 67 Unrestricted | | 1,861,865 | 67 | 1,580,105 |
| | 68 Temporarily restricted | | 188,297 | 68 | 198,020 |
| | 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) | | 2,050,162 | 73 | 1,778,125 | |
| 74 Total liabilities and net assets/fund balances (add lines 66 and 73) | | 3,623,321 | 74 | 3,191,022 | |

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.

BAA

Part IV-A Reconciliation of Revenue per Audited Financial Statements with Revenue per Return (See instructions.)

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

| | | | |
|----------|--|----------|-----------|
| a | Total revenue, gains, and other support per audited financial statements | a | 1,561,155 |
| b | Amounts included on line a but not on line 12, Form 990 | | |
| (1) | Net unrealized gains on investments | | |
| (2) | Donated services and use of facilities | | 1,008 |
| (3) | Recoveries of prior year grants | | |
| (4) | Other (specify) | | |
| | Add amounts on lines (1) through (4) | b | 1,008 |
| c | Line a minus line b | c | 1,560,147 |
| d | Amounts included on line 12, Form 990 but not on line a | | |
| (1) | Investment expenses not included on line 6b, Form 990 | | |
| (2) | Other (specify) | | |
| | Add amounts on lines (1) and (2) | d | |
| e | Total revenue per line 12, Form 990 (line c plus line d) | e | 1,560,147 |

| | | | |
|----------|--|----------|-----------|
| a | Total expenses and losses per audited financial statements | a | 2,166,284 |
| b | Amounts included on line a but not on line 17, Form 990 | | |
| (1) | Donated services and use of facilities | | 1,008 |
| (2) | Prior year adjustments reported on line 20, Form 990 | | 165,606 |
| (3) | Losses reported on line 20, Form 990 | | |
| (4) | Other (specify) | | |
| | Add amounts on lines (1) through (4) | b | 166,614 |
| c | Line a minus line b | c | 1,999,670 |
| d | Amounts included on line 17, Form 990 but not on line a | | |
| (1) | Investment expenses not included on line 6b, Form 990 | | |
| (2) | Other (specify) | | |
| | Add amounts on lines (1) and (2) | d | |
| e | Total expenses per line 17, Form 990 (line c plus line d) | e | 1,999,670 |

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

| (A) Name and address | (B) Title and average hours per week devoted to position | (C) Compensation (if not paid, enter -0-) | (D) Contributions to employee benefit plans and deferred compensation | (E) Expense account and other allowances |
|---|--|---|---|--|
| <u>KHENG YAP-MCGUIRE</u> 823 MADISON AVENUE HUNTINGTON, WV 25701 | EXECUTIVE DIRECTOR 40 | 55,072 | 0 | 0 |
| <u>DR ANN CONJURA</u> 823 MADISON AVENUE HUNTINGTON, WV 25701 | PRESIDENT 1 | 0 | 0 | 0 |
| <u>JOHNSON L PURSOO</u> 823 MADISON AVENUE HUNTINGTON, WV 25701 | 1ST VICE PRESIDENT 1 | 0 | 0 | 0 |
| <u>BRENT MARSTELLAR</u> 823 MADISON AVENUE HUNTINGTON, WV 25701 | 2ND VICE PRESIDENT 1 | 0 | 0 | 0 |
| <u>J MERLE CORE</u> 823 MADISON AVENUE HUNTINGTON, WV 25701 | SECRETARY 1 | 0 | 0 | 0 |
| See List of Officers, Etc. Statement | | 0 | 0 | 0 |

75 Did any officer, director, trustee, or key employee receive aggregate compensation of more than \$100,000 from your organization and all related organizations, of which more than \$10,000 was provided by the related organizations?

Yes No

If 'Yes,' attach schedule - see instructions

Part VII Other Information (See instructions)

| | | Yes | No |
|-----|--|-----|-------|
| 76 | Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of each activity | | X |
| 77 | Were any changes made in the organizing or governing documents but not reported to the IRS? If 'Yes,' attach a conformed copy of the changes | | X |
| 78a | Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? | | X |
| 78b | If 'Yes,' has it filed a tax return on Form 990-T for this year? | | |
| 79 | Was there a liquidation, dissolution, termination, or substantial contraction during the year? If 'Yes,' attach a statement | | X |
| 80a | Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization? | X | |
| 80b | If 'Yes,' enter the name of the organization <u>UNITED WAY OF THE RIVER CITIES FOUNDATION, INC</u> and check whether it is <input checked="" type="checkbox"/> exempt or <input type="checkbox"/> nonexempt | | |
| 81a | Enter direct or indirect political expenditures See line 81 instructions | 81a | 0 |
| 81b | Did the organization file Form 1120-POL for this year? | | X |
| 82a | Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value? | X | |
| 82b | If 'Yes,' you may indicate the value of these items here Do not include this amount as revenue in Part I or as an expense in Part II (See instructions in Part III) | 82b | 1,008 |
| 83a | Did the organization comply with the public inspection requirements for returns and exemption applications? | X | |
| 83b | Did the organization comply with the disclosure requirements relating to quid pro quo contributions? | X | |
| 84a | Did the organization solicit any contributions or gifts that were not tax deductible? | | X |
| 84b | If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? | | |
| 85a | 501(c)(4), (5) or (6) organizations Were substantially all dues nondeductible by members? | | |
| 85b | Did the organization make only in house lobbying expenditures of \$2,000 or less? If 'Yes' was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year | | |
| 85c | Dues, assessments, and similar amounts from members | | |
| 85d | Section 162(e) lobbying and political expenditures | | |
| 85e | Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices | | |
| 85f | Taxable amount of lobbying and political expenditures (line 85d less 85e) | | |
| 85g | Does the organization elect to pay the section 6033(e) tax on the amount on line 85f? | | |
| 85h | If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year? | | |
| 86a | 501(c)(7) organizations Enter a Initiation fees and capital contributions included on line 12 | | |
| 86b | Gross receipts, included on line 12, for public use of club facilities | | |
| 87a | 501(c)(12) organizations Enter a Gross income from members or shareholders | | |
| 87b | Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) | | |
| 88 | At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If 'Yes,' complete Part IX | | X |
| 89a | 501(c)(3) organizations Enter Amount of tax imposed on the organization during the year under section 4911 <u>0</u> , section 4912 <u>0</u> , section 4955 <u>0</u> | | |
| 89b | 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If Yes, attach a statement explaining each transaction | | X |
| | 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 <u>N/A</u> | | |
| 90b | Number of employees employed in the pay period that includes March 12, 2002 (See instructions) | 90b | 7 |
| 91 | The books are in care of <u>JANICE LEONARD, DIRECTOR OF FINANCE</u> Telephone number <u>(304) 523-8929</u> Located at <u>820 MADISON AVENUE, HUNTINGTON WV</u> ZIP + 4 <u>25704</u> | | |
| 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 | |

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

**Organization Exempt Under
Section 501(c)(3)**

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

Supplementary Information — (See separate instructions)

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

OMB No 1545-0047

2002

Name of the organization

UNITED WAY OF THE RIVER CITIES, INC

Employer identification number

55-0384704

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

(See 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 and deferred compensation | (e) Expense account and other allowances |
|---|--|------------------|---|--|
| NONE | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| Total number of other employees paid over \$50,000 ▶ | NONE | | | |

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

(See 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 ▶ | NONE | |

Part III Statements About Activities (See 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 1 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 |
| 3 Does the organization make grants for scholarships, fellowships, student loans, etc? (See Note below) | 3 | X |
| 4 Do you have a section 403(b) annuity plan for your employees? | 4 | X |
| Note Attach a statement to explain how the organization determines that individuals or organizations receiving grants or loans from it in furtherance of its charitable programs 'qualify' to receive payments | | |

Part IV Reason for Non-Private Foundation Status (See 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)
- 11 a 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)
- 11 b 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 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 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) 2001 | (b) 2000 | (c) 1999 | (d) 1998 | (e) Total |
|---|-------------|-------------|-------------|-------------|--------------|
| 15 Gifts, grants, and contributions received (Do not include unusual grants See line 28) | 2,393,012 | 2,097,973 | 2,049,224 | 2,099,356 | 8,639,565 |
| 16 Membership fees received | | | | | |
| 17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc, purpose | | | | | |
| 18 Gross 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 | 71,445 | 96,081 | 123,321 | 133,591 | 424,438 |
| 19 Net income from unrelated business activities not included in line 18 | | | | | |
| 20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf | | | | | |
| 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 | | | | | |
| 22 Other income Attach a schedule Do not include gain or (loss) from sale of capital assets | | 0 | 60,765 | 57,556 | 118,321 |
| 23 Total of lines 15 through 22 | 2,464,457 | 2,194,054 | 2,233,310 | 2,290,503 | 9,182,324 |
| 24 Line 23 minus line 17 | 2,464,457 | 2,194,054 | 2,233,310 | 2,290,503 | 9,182,324 |
| 25 Enter 1% of line 23 | 24,645 | 21,941 | 22,333 | 22,905 | |

26 Organizations described on lines 10 or 11:

| | | |
|--|-----|-----------|
| a Enter 2% of amount in column (e), line 24 | 26a | 183,646 |
| 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 1998 through 2001 exceeded the amount shown in line 26a Do not file this list with your return Enter the total of all these excess amounts | 26b | 545,000 |
| c Total support for section 509(a)(1) test Enter line 24, column (e) | 26c | 9,182,324 |
| d Add Amounts from column (e) for lines 18 <u>424,438</u> 19 <u>545,000</u> 22 <u>118,321</u> 26b <u>545,000</u> | 26d | 1,087,759 |
| e Public support (line 26c minus line 26d total) | 26e | 8,094,565 |
| f Public support percentage (line 26e (numerator) divided by line 26c (denominator)) | 26f | 88.15 % |

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
(2001) _____ (2000) _____ (1999) _____ (1998) _____

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
(2001) _____ (2000) _____ (1999) _____ (1998) _____

| | | |
|--|-----|---|
| 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 1998 through 2001, 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 Y Private School Questionnaire (See 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? | | |
| b | Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? | | |
| c | Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? | | |
| 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? | | |
| b | Admissions policies? | | |
| c | Employment of faculty or administrative staff? | | |
| d | Scholarships or other financial assistance? | | |
| e | Educational policies? | | |
| f | Use of facilities? | | |
| g | Athletic programs? | | |
| h | Other extracurricular activities? 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? | | |
| 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 | | |
| 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 | | |

Continued

Supporting Statement of

Form 990 p 2/Line 22 column (B)

| Description | Amount |
|--|------------------|
| PEDIATRIC CLINIC | 43,170 |
| PRESTERA MENTAL HEALTH | 21,912 |
| TRI STATE LITERACY COUNCIL | 20,750 |
| FOOD BANK | 30,000 |
| SALVATION ARMY | 64,970 |
| STELLA FULLER | 30,495 |
| YWCA | 14,737 |
| AMERICAN RED CROSS-OH AND WV | 166,837 |
| HUNTINGTON CITY MISSION | 46,500 |
| CHESAPEAKE COMMUNITY CENTER | 5,810 |
| SPECIAL OLYMPICS-LAWRENCE CO, OH | 6,225 |
| UNITED HEALTH FOUNDATION | 18,287 |
| WELL CHILD CLINIC | 4,800 |
| YOUTH PROGRAM-INDIVIDUAL HIGH SCHOOL GRANT | 4,500 |
| SUCCESS BY SIX | 37,019 |
| COMMUNITY NEEDS | 1,000 |
| PHARMACY | 7,741 |
| WELFARE TO WORK | 18,000 |
| TECHNOLOGY GRANT | 24,127 |
| OTHER ALLOCATIONS | 26,049 |
| Total | <u>1,240,126</u> |

Supporting Statement of

Sch A, 990 p 3/Line 26b

| Description | Amount |
|-------------|----------------|
| Total | <u>545,000</u> |

Form 990, Page 3, Part IV, Lines 57a & 57b
Land, Buildings and Equipment Statement

| | (a) Cost/Other Basis | (b) Accumulated Depreciation | (c) Book Value |
|------------------------|----------------------------|------------------------------------|-------------------|
| FURNITURE & FIXTURES | 43,337 | 31,571 | 11,766 |
| COMPUTERS AND SOFTWARE | 75,779 | 69,341 | 6,438 |
| OTHER OFFICE EQUIPMENT | 10,467 | 10,467 | 0 |
| LAND | 35,000 | 0 | 35,000 |
| BUILDINGS | 527,965 | 20,898 | 507,067 |
| Total | <u>692,548</u> | <u>132,277</u> | <u>560,271</u> |

Form 990, Page 4, Part V
List of Officers, Etc. Statement

| (A) Name and address | (B) Title and average hours per week devoted to position | (C) Compensation (if not paid, enter -0-) | (D) Contributions to employee benefit plans and deferred compensation | (E) Expense account and other allowances |
|---|--|--|--|--|
| LISA L O'DELL 823 MADISON AVENUE HUNTINGTON WV | TREASURER 1 | 0 | 0 | 0 |
| SEE ATTACHED LIST OF BOARD OF DIRECTORS | N/A N/A | 0 | 0 | 0 |
| Total | | <u>0</u> | <u>0</u> | <u>0</u> |

Supporting Statement of.

Form 990 p 1/Line 16

| Description | Amount |
|---|----------------|
| NATIONAL AND INTERNATIONAL SERVICE AGENCIES | 40,301 |
| OTHER UNITED WAYS AND DESIGNATED AGENCIES | 196,487 |
| TRANSFERS TO FOUNDATION | 30,691 |
| Total | <u>267,479</u> |

Supporting Statement of

Form 990 p 1/Line 20

| Description | Amount |
|---|----------------|
| PRIOR YEAR ALLOCATION ADJUSTMENT | 155,883 |
| PRIOR PERIOD ADJUSTMENT FOR ACCOUNTING FOR CHANGE IN CHARITABLE LEAD TRUST | 11,603 |
| Total | <u>167,486</u> |

Supporting Statement of

Form 990 p 2/Line 22 column (B)

| Description | Amount |
|------------------------------------|--------|
| AGENCY AUDITS | 5,250 |
| BOY SCOUTS-SIMON KENTON | 12,458 |
| BOY SCOUTS-TRI STATE | 41,085 |
| GIRL SCOUTS-BLACK DIAMOND | 24,900 |
| GIRL SCOUTS-WILDERNESS ROAD | 11,620 |
| BIG BROTHERS/BIG SISTERS | 24,900 |
| BOYS AND GIRLS CLUBS-HUNTINGTON | 61,652 |
| CK COMMUNITY CENTER | 14,753 |
| SCOTT COMMUNITY CENTER | 49,802 |
| SPECIAL OLYMPICS-WV | 7,553 |
| TEAM FOR WV CHILDREN | 9,462 |
| YMCA | 41,521 |
| BARNETT CHILD CARE | 39,704 |
| CHILDREN'S PLACE | 8,292 |
| KIWANIS DAY CARE | 34,860 |
| BRANCHES-DOMESTIC VIOLENCE SHELTER | 33,366 |
| CAMMACK CHILDREN'S CENTER | 40,255 |
| CITY WELFARE MISSION-OHIO | 37,450 |
| COALITION FOR THE HOMELESS | 24,531 |
| BIRTHRIGHT | 1,743 |
| DEVELOPMENTAL THERAPY | 62,250 |
| EBENEZER MEDICAL OUTREACH | 9,575 |
| FAMILY SERVICE | 50,215 |

United Way of the River Cities Board of Directors

12/05/2002

| Phone | Name | Company | Address | Address | Fax | E-Mail |
|---------------------|---------------------------|--------------------------------------|--------------------------|---------------------------|------------------|------------------------------------|
| 740-533-4706 (Work) | Mr James B Barrett | US Bank | PO Box 707 | Ironton, OH 45638 | 740-533-4766 FAX | James_Barrett@firststar.com |
| 304-342-1695 (Work) | Mr Thomas M Boggs | WV Chamber of Commerce | 28 Hickory Drive | Barboersville, WV 25504 | 304-342-1130 FAX | TBoggs@wvchamber.com |
| 304-479-6975 (Home) | Mr William L Byrge | CSX Locomotive Shops | 69 Twin View Lane | Huntington, WV 25704 | | |
| 304-526-2796 (Work) | Mr James E Casto | The Herald Dispatch/Gannett Fnd | PO Box 2017 | Huntington, WV 25720 | 304-526-2857 FAX | jcasto@herald-dispatch.com |
| 304-529-5140 (Work) | Mr Denis C Chabot | U S Army Corps of Engineers | 502 Eighth Street | Huntington, WV 25701 | 304-529-5592 FAX | denis_c_chabot@rh01.usace.army.mil |
| 304-736-3678 (Work) | Mr David A Clark | Clark & Associates, CPAs | 6051 East Pea Ridge Road | Huntington, WV 25705 | 304-736-3691 FAX | clarkcpa@ezwv.com |
| 304-529-7282 (Home) | Ann Coajra, M D | | 63 Derby Lane | Huntington, WV 25705 | 304-529-7282 FAX | aconajra@aol.com |
| 304-736-6445 (Home) | Mr J Merle Cole | Ultimate Health Services, Inc | 150 Jefferson Park Drive | Huntington, WV 25705-2613 | 775-459-7623 FAX | jmcole@juno.com |
| 304-528-4692 (Work) | William H Cunningham, M D | Street of WV/USWA Local 37 | 1115 Twentieth Street | Huntington, WV 25703 | 304-697-2406 FAX | wcunning@marshall.edu |
| 304-496-8213 (Work) | Mr Timothy R Duke | | PO Box 2547 | Huntington, WV 25726 | 304-529-1479 FAX | tduke@swva-inc.com |
| 304-523-2272 (Home) | Mr Phillips C Emmons | Supervato WV Division | 1314 Twelfth Street | Huntington, WV 25701-4015 | 304-523-2272 FAX | |
| 304-302-6223 (Work) | Mr Jamie L Fincke | | PO Box 386 | Milton, WV 25541 | 304-302-6378 FAX | Jamie.L.Fincke@supervato.com |
| 304-523-1577 (Home) | Mrs Nancy L Francis | Hayflich & Steinberg, CPAs | 605 Hawthorne Way | Huntington, WV 25701 | 304-302-6336 FAX | |
| 304-523-6686 (Home) | Mr R Douglas Francis | USWA Local #40 | PO Box 284 | Kenova, WV 25530 | | |
| 304-523-5700 (Work) | Mr Michael W Gerber | | #8 Stone Crest Drive | Huntington, WV 25701 | 304-697-5704 FAX | raymond.francis@att.net |
| 740-886-8748 (Home) | Mr Roger D Gray | | 108 Township Road 1053 | Proctorville, OH 45669 | | gerber@hayflich.net |
| 304-453-2623 (Home) | Mr Glenn W Hall | Hamilton Chevrolet | PO Box 797 | Ceredo, WV 25507 | | |
| 740-886-7979 (Work) | Mrs Jeaa A Hamilton | Northwestern Mutual Life Insurance | 7982 Route 7 | Proctorville, OH 45669 | 740-886-6102 FAX | hamchey@aol.com |
| 304-522-7326 (Work) | Mr Stephen P Hatten | Marshall University | PO Box 2369 | Huntington, WV 25724 | 304-522-7316 FAX | shatten@zoomnet.net |
| 304-496-4443 (Work) | Carolyn B Hunter, Ed D | Special Metals Corp USWA Locals | 161 Camelot Drive | Huntington, WV 25701 | 304-496-2299 FAX | hunter@marshall.edu |
| 304-526-5613 (Work) | T Grant John, Ph D | Campbell Woods Bagley Emerson McHeer | 3200 Riverside Drive | Huntington, WV 25705-1771 | 304-526-5526 FAX | tjohn@mcwv.com |
| 304-529-2391 (Work) | J Patrick Jones, Esq | Cobell Huntington Hospital, Inc | PO Box 1835 | Huntington, WV 25719 | 304-529-1832 FAX | jjones@campbellwoods.com |
| 304-526-2052 (Work) | Mr Breat A Marsteller | Jenkins Fenstermaker PLLC | 1340 Hal Greer Blvd | Huntington, WV 25701 | 304-526-2008 FAX | jfalls@thhr.org |
| 304-523-2100 (Work) | William J McGee, Esq | McGuire Realty Company | PO Box 2688 | Huntington, WV 25726 | 304-523-9279 FAX | wjm@jenkinstenstermaker.com |
| 304-529-6033 (Work) | Mr Francis W McGuire | Southwestern District Labor Council | 1001 Sixth Avenue | Huntington, WV 25701-2307 | 304-529-2632 FAX | fmcguire@collinguire.com |
| 304-523-2353 (Work) | Mr Timothy S Millne | Verizon Communications | 912 Second Street W | Huntington, WV 25701 | 304-523-0756 FAX | timillne@aol.com |
| 304-526-0350 (Work) | Mr Michael P Newman | Somerville & Company, PLLC | 1135 Sixth Avenue | Huntington, WV 25701-2309 | 304-526-0478 FAX | michael.p.newman@verizon.com |
| 304-525-0301 (Work) | Ms Lisa L O'Dell | Bank One West Virginia, MA | PO Box 2096 | Huntington, WV 25721 | 304-522-1569 FAX | liorca@aol.com |
| 304-525-4479 (Home) | Mrs Mary Lou Ohl | Pritchard Electric Company, Inc | 273 Forest Road | Huntington, WV 25705 | 304-529-0805 FAX | DWOMLJ@aol.com |
| 304-526-4321 (Work) | Mr John M Patterson | BA5F Corporation | PO Box 179 | Huntington, WV 25706 | 304-526-4369 FAX | john_patterson@bankone.com |
| 304-523-1468 (Home) | Mr J Robert Pritchard | McCorkle Machine&Steelworkers-014 | 36 Parkway Drive | Huntington, WV 25705 | | |
| 304-2301 (Work) | Mr Johnson L Pursoo | Cabell County Public Defender's Of | PO Box 2166 | Huntington, WV 25722-2166 | 304-528-2358 FAX | pursooj@bass.com |
| 304-523-6428 (Work) | Mr David V Reynolds | St Mary's Medical Center | PO Box 2047 | Huntington, WV 25720 | 304-523-0651 FAX | mccorkle@ezwv.com |
| 304-522-1265 (Work) | Douglas V Reynolds, Esq | Guaranty Bank & Trust | P O Box 588 | Huntington, WV 25710-0588 | 304-522-1268 FAX | |
| 304-526-1270 (Work) | Mr Michael G Sellards | CSX Transportation | PO Box 3108 | Huntington, WV 25702 | 304-526-1538 FAX | msellards@stmarrys.org |
| 304-525-4637 (Work) | Mr John F Speer | Lieber | PO Box 1743 | Huntington, WV 25718 | | |
| 304-529-7910 (Work) | Mr Marc A. Sprouse | Fifth Third Bank | PO Box 2708 | Huntington, WV 25726 | 304-529-7911 FAX | msprouse@gbtrst.com |
| 304-529-1646 (Home) | Mrs Brenda L Thabel | State Electric Supply Co., Inc | 1646 Ritter Boulevard | Huntington, WV 25701 | | |
| 304-522-5533 (Work) | Mr John W Thompson | Basic Supply | 935 Seventh Avenue | Huntington, WV 25701 | 304-522-5543 FAX | stthabel@prodigy.net |
| 740-547-5132 (Work) | Mr Robert Walters | Y A. Medical Center | 3040 South Ninth Street | Huntington, OH 45638 | 740-533-9354 FAX | john_thompson@csx.com |
| 304-496-5301 (Work) | Mr Raymond J Webb | | 999 Fourth Avenue | Ironton, OH 45638 | 304-696-5309 FAX | bob.walters@liebert.com |
| 304-528-0742 (Work) | Mr Art Weisberg | | PO Box 5397 | Huntington, WV 25701 | 304-528-0214 FAX | ray.webb@53.com |
| 304-523-1587 (Work) | Mr Joseph P Williams | | PO Box 936 | Huntington, WV 25703 | 304-523-0973 FAX | art.weisberg@stateelectric.com |
| 304-429-6741 3621 | S Kenneth Wolfe, M D | | 316 North Boulevard | Huntington, WV 25712 | 304-525-0824 FAX | jotabrike@bww.com |

T C

United Way of the River Cities Board of Directors

| Phone | Name | Company | Address | Fax | E-Mail |
|---------------------|----------------------------|--------------------------------------|--------------------------|------------------|-------------------------------------|
| 740 533-4706 (Work) | Mr James R Barrett | US Bank | PO Box 707 | 740 533 4766 FAX | James_Barrett@firststar.com |
| 304-342-1695 (Work) | Mr Thomas M. Baggs | WV Chamber of Commerce | 28 Hickory Drive | 304 342 1130 FAX | TBaggs@wvchamber.com |
| 304 479 6975 (Home) | Mr William L. Byrge | CSX Locomotive Shops | 69 Twin View Lane | | |
| 304 526 2796 (Work) | Mr James E. Casfo | The Herald Dispatch/Gannett Fnd | PO Box 2017 | 304 526 2857 FAX | jcasfo@herald.dispatch.com |
| 304 529 5140 (Work) | Mr Denis C. Chabot | U S Army Corps of Engineers | 502 Eighth Street | 304 529 5592 FAX | denis_c_chabot@rlh01.usace.army.mil |
| 304 736 3628 (Work) | Mr David A. Clark | Clark & Associates, CPA's | 6051 East Pea Ridge Road | 304 736 3691 FAX | clarkcpa@ezwv.com |
| 304 529 7282 (Home) | Ann Conjara, M.D | | 63 Derby Lane | 304 529 7282 FAX | aconjura@aol.com |
| 304 736 6445 (Home) | Mr J Merle Core | | 150 Jefferson Park Drive | 775 459-7623 FAX | jmcare@juno.com |
| 304 528 4692 (Work) | William N. Cunningham, M.D | Ultimate Health Services, Inc | 1115 Twentieth Street | 304 697 7406 FAX | wcunning@marshall.edu |
| 304-696-8213 (Work) | Mr Timothy R. Duke | Steel of WV/USWA Local 37 | PO Box 2547 | 304 529 1479 FAX | tduke@swvaint.com |
| 304 523 2272 (Home) | Mr Phillips C. Emmons | | 1314 Twelfth Street | 304 523 2272 FAX | |
| 304 302 6223 (Work) | Mr Jamie L. Fincke | Supervalu WV Division | PO Box 386 | 304 302 6378 FAX | Jamie.L.Fincke@supervalu.com |
| 304 523 1572 (Home) | Mrs Nancy L. Francis | | 605 Hawthorne Way | 304-523-6636 FAX | |
| 304 / 586 (Home) | Mr R Douglas Francis | | PO Box 284 | | |
| 304 529 7100 (Work) | Mr Michael W. Gerber | Hayflich & Steinberg, CPAs | #8 Stone Crest Drive | 304 697 5704 FAX | raymond.francis@aol.net |
| 740 886 8748 (Home) | Mr Roger D. Gray | USWA Local #40 | 108 Township Road 1053 | 304-522-7316 FAX | gerber@hayflich.net |
| 304 453 2623 (Home) | Mr Glenn W. Hall | | PO Box 797 | | |
| 740 886 7979 (Work) | Mrs Jean A. Hamilton | Hamilton Chevrolet | 7982 Route 7 | | |
| 304 522 7326 (Work) | Mr Stephen P. Hatten | Northwestern Mutual Life Insurance | PO Box 2369 | | hamcher@aol.com |
| 304 525 2313 (Home) | Carolyn B. Hunter, Ed D | | 161 Camelot Drive | | shatten@zoom.net |
| 304 526 5613 (Work) | T Grant John, Ph D | Special Metals Corp USWA Locals | 3200 Riverside Drive | | |
| 304 529-2391 (Work) | J Patrick Jones, Esq | Campbell Woods Bagley Emerson McNeer | PO Box 1835 | 740 886-6102 FAX | tpjohn@smcwy.com |
| 304 526 2052 (Work) | Mr Brent A. Morstler | Cabell Huntington Hospital, Inc | 1340 Hal Greer Blvd | 304 529-1832 FAX | bjones@campbellwoods.com |
| 304 523 2100 (Work) | William J. McGee, Esq | Jenkins Fenstermaker PLLC | PO Box 2688 | 304-526-2008 FAX | jlalls@tthi.org |
| 304 529 6033 (Work) | Mr Francis W. McGwire | McGwire Realty Company | 1001 Sixth Avenue | 304-523-9279 FAX | wjm@jenkinsfenstermaker.com |
| 304 523 2353 (Work) | Mr Timothy S. Milline | Southwestern District Labor Council | 912 Second Street W | 304-529-2632 FAX | fmcwire@collimguire.com |
| 304 526 0350 (Work) | Mr Michael P. Newman | Verizon Communications | 1135 Sixth Avenue | 304-523-0756 FAX | fmilline@aol.com |
| 304 525 0301 (Work) | Ms Lisa L. O'Dell | Somerville & Company, PLLC | PO Box 2096 | 304 526 0478 FAX | michael.p.newman@verizon.com |
| 304 525 0479 (Home) | Mrs Mary Lou Ohi | | 273 Forest Road | 304-522-1569 FAX | lloepa@t-co.com |
| 304 526 4321 (Work) | Mr John M. Patterson | Bank One West Virginia, MA | PO Box 179 | 304 529 0805 FAX | DWOML@aol.com |
| 304 523 1468 (Home) | Mr J Robert Pritchard | Pritchard Electric Company, Inc | 36 Parkway Drive | 304-526-4369 FAX | john_patterson@bankone.com |
| 304 / 01 (Work) | Mr Johnson L. Parsoo | BASF Corporation | PO Box 2166 | | |
| 304 523 6428 (Work) | Mr David V. Reynolds | McCorkle Machine&Steelworkers4014 | PO Box 2047 | 304-528-2358 FAX | pursooq@basf.com |
| 304 522 1265 (Work) | Douglas V. Reynolds, Esq | Cabell County Public Defender's Of | P O Box 588 | 304-523-0651 FAX | mccorkle@ezwv.com |
| 304 526 1270 (Work) | Mr Michael G. Sellards | St Mary's Medical Center | PO Box 3108 | 304 522 1268 FAX | msellards@stmarys.org |
| 304 525 4637 (Work) | Mr John F. Speer | | PO Box 1743 | | |
| 304 529 7910 (Work) | Mr Marc A. Sprouze | Guaranty Bank & Trust | PO Box 2708 | 304 529 7911 FAX | msprouse@gbtrust.com |
| 304 529-1646 (Home) | Mrs Brenda L. Thabel | CSX Transportation | 1646 Butler Boulevard | | sthabet@prodigy.net |
| 304 522 5533 (Work) | Mr John W. Thompson | Lieberl | 935 Seventh Avenue | 304 522 5543 FAX | john_thompson@csx.com |
| 740 547 5132 (Work) | Mr Robert Walters | Fifth Third Bank | 3040 South Ninth Street | 740 533 9354 FAX | bob_walters@lieberl.com |
| 304 696 5301 (Work) | Mr Raymond J. Webb | State Electric Supply Co., Inc | 999 Fourth Avenue | 304-696-5309 FAX | ray_webb@53.com |
| 304 528-0242 (Work) | Mr Art Weisberg | Basic Supply | PO Box 5397 | 304 528-0214 FAX | art_weisberg@stateelectric.com |
| 304 523 1587 (Work) | Mr Joseph P. Williams | Y A Medical Center | PO Box 936 | 304 523-0973 FAX | jobabrika@bww.com |
| 304 429 6741 3621 | S. Kenneth Wolfe, M.D | | 316 North Boulevard | 304 525 0824 FAX | |

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

Note: Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868

If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1)

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

| | | |
|---|---|---|
| Type or print File by the extended due date for filing the return See instructions | Name of Exempt Organization UNITED WAY OF THE RIVER CITIES, INC | Employer identification number 55-0384704 |
| | Number street and room or suite number If a P O box see instructions 820 MADISON AVENUE, | For IRS Use Only |
| | City town or post office state and ZIP code For a foreign address see instructions HUNTINGTON, WV 25704 | |

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 EZ | <input type="checkbox"/> Form 990-T (Section 401(a) or 408(a) trust) | <input type="checkbox"/> Form 1041 A | <input type="checkbox"/> Form 5227 | <input type="checkbox"/> Form 8870 |
| <input type="checkbox"/> Form 990 BL | <input type="checkbox"/> Form 990 PF | <input type="checkbox"/> Form 990-T (trust other than above) | <input type="checkbox"/> Form 4720 | <input type="checkbox"/> Form 6069 | |

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

If the organization does not have an office or place of business in the United States, check this box

If this is for a **Group Return**, enter the organizations four digit Group Exemption Number (GEN) _____ If this is for the whole group check this box If it is 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 Nov 17, 2003

5 For calendar year 2002, 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 ADDITIONAL TIME IS NEEDED TO COMPLETE THE AUDIT WHICH WILL ALLOW FOR A MORE ACCURATE RETURN

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 [Signature] Title **CERTIFIED PUBLIC ACCOUNTANT** Date **08/04/03**

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 filed return Please attach this form to the organization's return

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

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

Other _____

EXTENSION APPROVED
AUG-15-2003
LINDA WEISKOPF, FIELD DIRECTOR,
SUBMISSION PROCESSING, OGDEN

Director _____ By _____

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 TRAINER, WRIGHT & PATERNO UNITED WAY OF THE RIVER CITIES |
| | Number and street (include suite room, or apartment number) or a P O box number POST OFFICE BOX 2608 |
| | City or town, province or state, and country (including postal or ZIP code) HUNTINGTON WV 25726 |
| | |