

Return of Organization Exempt from Income Tax

2003

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

A For the 2003 calendar year, or tax year beginning, 2003, and ending

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

C Name of organization: UNITED WAY OF THE RIVER CITIES, INC.
Number and street (or P O box if mail is not delivered to street addr) Room/suite: 820 MADISON AVENUE
City, town or country: HUNTINGTON, WV ZIP code + 4: 25704

D Employer Identification Number: 55-0384704
E Telephone number: (304) 523-8929
F Accounting method: Cash, Accrual, Other (specify)

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

- H and I are not applicable to section 527 organizations
H (a) Is this a group return for affiliates?
H (b) If 'Yes,' enter number of affiliates
H (c) Are all affiliates included?
H (d) Is this a separate return filed by an organization covered by a group ruling?

G Web site: www.unitedwayrivercities.org

J Organization type (check only one): 501(c) 3 (insert no) 4947(a)(1) or 527

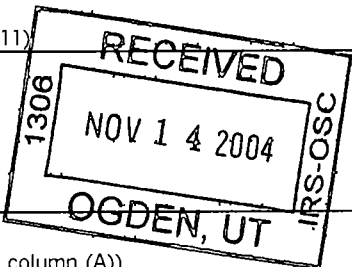
K Check here if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS, but if the organization received a Form 990 Package in the mail, it should file a return without financial data. Some states require a complete return.

L Gross receipts Add lines 6b, 8b, 9b, and 10b to line 12: 1,804,580.

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

Table with 21 rows and 4 columns: Description, Sub-description, Amount, Total. Includes revenue from contributions, program services, and expenses for program services, management, and fundraising.

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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 \$ 1,339,202. non-cash \$ _____)	22 1,339,202.	1,339,202.		
23 Specific assistance to individuals (att sch)	23 72,146.	72,146.		
24 Benefits paid to or for members (att sch)	24			
25 Compensation of officers, directors, etc	25 55,000.	7,700.	18,700.	28,600.
26 Other salaries and wages	26 120,249.	16,835.	42,140.	61,274.
27 Pension plan contributions	27 19,366.	2,711.	6,722.	9,933.
28 Other employee benefits	28 25,061.	3,509.	8,699.	12,853.
29 Payroll taxes	29 13,395.	1,875.	4,649.	6,871.
30 Professional fundraising fees	30			
31 Accounting fees	31 4,555.	0.	0.	4,555.
32 Legal fees	32			
33 Supplies	33 6,759.	947.	2,346.	3,466.
34 Telephone	34 4,550.	637.	1,579.	2,334.
35 Postage and shipping	35 7,668.	1,074.	2,662.	3,932.
36 Occupancy	36 5,182.	726.	1,799.	2,657.
37 Equipment rental and maintenance	37 11,117.	1,556.	3,859.	5,702.
38 Printing and publications	38 19,808.	0.	0.	19,808.
39 Travel	39 1,946.	272.	675.	999.
40 Conferences, conventions, and meetings	40 3,076.	431.	1,068.	1,577.
41 Interest	41			
42 Depreciation, depletion, etc (attach schedule)	42 17,381.	2,433.	6,033.	8,915.
43 Other expenses not covered above (itemize)				
a EQUIPMENT PURCHASES	43a 2,770.	388.	961.	1,421.
b DUES & SUBSCRIPTIONS	43b 921.	129.	320.	472.
c INSURANCE & LIABILITY BOND	43c 2,572.	360.	893.	1,319.
d PROVISION FOR UNCOLLECTIBLES	43d 249,256.	249,256.	0.	0.
e	43e			
44 Total functional expenses (add lines 22 - 43). Organizations completing columns (B) - (D), carry these totals to lines 13 - 15	44 1,981,980.	1,702,187.	103,105.	176,688.

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	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 \$ 1,339,202.)	1,702,187.
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)	1,702,187.

Part IV Balance Sheets (See Instructions)

		(A) Beginning of year	(B) End of year
Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.			
ASSETS	45 Cash – non-interest-bearing		45
	46 Savings and temporary cash investments	1,483,159.	46 1,432,069.
	47a Accounts receivable	47a 198,019.	
	b Less allowance for doubtful accounts	47b	47c 198,020. 198,019.
	48a Pledges receivable	48a 1,091,498.	
	b Less allowance for doubtful accounts	48b 237,755.	48c 944,973. 853,743.
	49 Grants receivable		49
	50 Receivables from officers, directors, trustees, and key employees (attach schedule)		50
	51a Other notes & loans receivable (attach sch)	51a	
	b Less allowance for doubtful accounts	51b	51c
	52 Inventories for sale or use		52
	53 Prepaid expenses and deferred charges		53 4,599. 8,262.
	54 Investments – securities (attach schedule)	<input type="checkbox"/> Cost <input type="checkbox"/> FMV	54
	55a Investments – land, buildings, & equipment basis	55a	
	b Less accumulated depreciation (attach schedule)	55b	55c
	56 Investments – other (attach schedule)		56
	57a Land, buildings, and equipment: basis	57a 692,548.	
	b Less accumulated depreciation (attach schedule) L-57 Stmt	57b 149,657.	57c 560,271. 542,891.
	58 Other assets (describe ▶ _____)		58
59 Total assets (add lines 45 through 58) (must equal line 74)		59 3,191,022. 3,034,984.	
LIABILITIES	60 Accounts payable and accrued expenses		60
	61 Grants payable	1,412,897.	61 1,317,607.
	62 Deferred revenue		62
	63 Loans from officers, directors, trustees, and key employees (attach schedule)		63
	64a Tax-exempt bond liabilities (attach schedule)		64a
	b Mortgages and other notes payable (attach schedule)		64b
	65 Other liabilities (describe ▶ _____)		65
66 Total liabilities (add lines 60 through 65)		66 1,412,897. 1,317,607.	
NET ASSETS OR FUND BALANCES	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74		
	67 Unrestricted	1,580,105.	67 1,519,358.
	68 Temporarily restricted	198,020	68 198,019.
	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)		73 1,778,125. 1,717,377.
	74 Total liabilities and net assets/fund balances (add lines 66 and 73)		74 3,191,022. 3,034,984.

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	1,817,538.
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) CHARTIABLE TRUST REPORTING REQUIREM \$ 11,950.		
	Add amounts on lines (1) through (4)	b	12,958.
c	Line a minus line b	c	1,804,580.
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	1,804,580.

a	Total expenses and losses per audited financial statements	a	2,004,423.
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 \$		
(3)	Losses reported on line 20, Form 990 \$		
(4)	Other (specify) ----- \$		
	Add amounts on lines (1) through (4)	b	1,008.
c	Line a minus line b	c	2,003,415.
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	2,003,415.

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
KHENG YAP-MCGUIRE 823 MADISON AVENUE HUNTINGTON, WV 25701	EXECUTIVE DIRECTOR 40	55,000.	4,400.	0.
JOHNSON L. PURSOO 823 MADISON AVENUE HUNTINGTON, WV 25701	PRESIDENT 1	0.	0.	0.
WILLIAM J. MCGEE 823 MADISON AVENUE HUNTINGTON, WV 25701	1ST VICE PRESIDENT 1	0.	0.	0.
MICHGAEL G. SELLARDS 823 MADISON AVENUE HUNTINGTON, WV 25701	2ND VICE PRESIDENT 1	0.	0.	0.
J. MERLE CORE 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 VI 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		
81a	Enter direct and indirect political expenditures See line 81 instructions	81a	0.	
81b	Did the organization file Form 1120-POL for this year?		N/A	
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	85c		
85d	Section 162(e) lobbying and political expenditures	85d		
85e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e		
85f	Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f		
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	86a		
86b	Gross receipts, included on line 12, for public use of club facilities	86b		
87a	501(c)(12) organizations. Enter. a Gross income from members or shareholders	87a		
87b	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			X
89a	501(c)(3) organizations Enter Amount of tax imposed on the organization during the year under: section 4911 ▶ 0., section 4912 ▶ 0., section 4955 ▶ 0.			
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 ▶ N/A			
90b	Number of employees employed in the pay period that includes March 12, 2003 (See instructions)		7	
91	The books are in care of ▶ JANICE LEONARD, DIRECTOR OF FINANCE Telephone number ▶ (304) 523-8929 Located at ▶ 820 MADISON AVENUE, HUNTINGTON WV ZIP + 4 ▶ 25704			
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)

Organization Exempt Under
Section 501(c)(3)

OMB No 1545-0047

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

2003

Department of the Treasury
Internal Revenue Service

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

Name of the organization
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
<p>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 ▶ \$ _____</p> <p>(Must equal amounts on line 38, Part VI-A, or line i of Part VI-B)</p> <p>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</p>	1	X
<p>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)</p>		
<p>a Sale, exchange, or leasing of property?</p>	2a	X
<p>b Lending of money or other extension of credit?</p>	2b	X
<p>c Furnishing of goods, services, or facilities?</p>	2c	X
<p>d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?</p> <p style="text-align: right;">See Part V, Form 990</p>	2d	X
<p>e Transfer of any part of its income or assets?</p>	2e	X
<p>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)</p>	3a	X
<p>b Do you have a section 403(b) annuity plan for your employees?</p>	3b	X
<p>4 Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds?</p>	4	X

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)
- 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 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) 2002	(b) 2001	(c) 2000	(d) 1999	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	1,730,180.	2,393,012.	2,097,973.	2,049,224.	8,270,389.
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	43,881.	71,445.	96,081.	123,321.	334,728.
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.	0.	0.	60,765.	60,765.
23 Total of lines 15 through 22	1,774,061.	2,464,457.	2,194,054.	2,233,310.	8,665,882.
24 Line 23 minus line 17	1,774,061.	2,464,457.	2,194,054.	2,233,310.	8,665,882.
25 Enter 1% of line 23	17,741.	24,645.	21,941.	22,333.	

26 Organizations described on lines 10 or 11:	a Enter 2% of amount in column (e), line 24	26a	173,318.
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 1999 through 2002 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts.		26b	530,000.
c Total support for section 509(a)(1) test. Enter line 24, column (e).		26c	8,665,882.
d Add: Amounts from column (e) for lines.	18 334,728. 19	26d	925,493.
	22 60,765. 26b 530,000.	26e	7,740,389.
e Public support (line 26c minus line 26d total)		26e	7,740,389.
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))		26f	89.32 %

27 Organizations described on line 12:	a For amounts included in lines 15, 16, and 17 that were received from a 'disqualified person,' prepare a list for your records to show the name of, and total amounts received in each year from, each 'disqualified person.' Do not file this list with your return. Enter the sum of such amounts for each year.	(2002) _____ (2001) _____ (2000) _____ (1999) _____
b For any amount included in line 17 that was received from each person (other than 'disqualified persons'), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year.	(2002) _____ (2001) _____ (2000) _____ (1999) _____	
c Add: Amounts from column (e) for lines	15 _____ 16 _____	27c _____
	17 _____ 20 _____ 21 _____	27d _____
d Add: Line 27a total _____ and line 27b total _____		27e _____
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 _____	27g _____ %
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))		27g _____ %
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))		27h _____ %

28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 1999 through 2002, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.

Part V Private School Questionnaire (See 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) ----- ----- -----		
34 a 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		

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.	32,488.	10,849.
COMPUTERS AND SOFTWARE	75,779.	72,604.	3,175.
OTHER OFFICE EQUIPMENT	10,467.	10,467.	0.
LAND	35,000.	0.	35,000.
BUILDINGS	527,965.	34,098.	493,867.
Total	<u>692,548.</u>	<u>149,657.</u>	<u>542,891.</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
JOHN M. PATTERSON 823 MADISON AVENUE HUNTINGTON, WV 25701 SEE ATTACHED LIST OF BOARD OF DIRECTORS	TREASURER 1 N/A N/A	0. 0.	0. 0.	0. 0.
Total		<u>0.</u>	<u>0.</u>	<u>0.</u>

United Way of the River Cities Board of Directors

01/03/2003

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. Boggs	WV Chamber of Commerce	28 Hickory Drive	304-342-1130 FAX	TBoggs@wvchamber.com
304-429-6975 (Home)	Mr. William L. Byrge	CSX Locomotive Shops	69 Twin View Lane		
304-526-2796 (Work)	Mr. James E. Casio	The Herald Dispatch/Gannett Fnd	PO Box 2017	304-526-2857 FAX	jcasio@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@rh01.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 Conjura, 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	jmcore@junio.com
304-528-4692 (Work)	William N. Cunningham, M.D.	Ultimate Health Services, Inc.	1115 Twentieth Street	304-697-2406 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@swyanc.com
304-523-2277 (Home)	Mr. Phillips C. Emmons		1314 Twelfth Street	304-523-2272 FAX	
304-307-6223 (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		
304-586 (Home)	Mr. R. Douglas Francis		PO Box 284	304-523-6636 FAX	
304-523-700 (Work)	Mr. Michael W. Gerber	Hayflich & Steinberg, CPAs	#8 Stone Crest Drive		raymond.francis@att.net
740-886-8748 (Home)	Mr. Roger D. Gray	USWA Local #40	108 Township Road 1053	304-697-5704 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	740-886-6102 FAX	hamchev@aol.com
304-525-2313 (Home)	Carolyn B. Hunter, Ed.D.		161 Camelot Drive	304-522-7316 FAX	shatten@zoomnet.net
304-526-5613 (Work)	T. Grant John, Ph.D.	Special Metals Corp USWA Locals	3200 Riverside Drive		tgjohn@smcww.com
304-529-2391 (Work)	J. Patrick Jones, Esq.	Campbell Woods Bagley Emerson McNeer	PO Box 1835	304-529-1832 FAX	jones@campbellwoods.com
304-526-2052 (Work)	Mr. Brent A. Marsteller	Cabell Huntington Hospital, Inc.	1340 Hal Greer Blvd.	304-526-2008 FAX	jfallis@chhl.org
304-523-2100 (Work)	William J. McGee, Esq.	Jenkins Fenstermaker PLLC	PO Box 2688	304-523-9279 FAX	wjm@jenkinsfenstermaker.com
304-529-6033 (Work)	Mr. Francis W. McGuire	McGuire Realty Company	1001 Sixth Avenue	304-529-2632 FAX	fmcguire@callmcguire.com
304-523-2353 (Work)	Mr. Timothy S. Millne	Southwestern District Labor Council	912 Second Street W	304-523-0756 FAX	timline@aol.com
304-526-0350 (Work)	Mr. Michael P. Newman	Yerron Communications	1135 Sixth Avenue	304-526-0478 FAX	michael.p.newman@yerron.com
304-525-0301 (Work)	Ms. Lisa L. O'Dell	Somerville & Company, PLLC	PO Box 2096	304-522-1569 FAX	lloopa@s-co.com
304-525-8479 (Home)	Mrs. Mary Lou Ohl		273 Forest Road	304-529-0805 FAX	john_patterson@bankone.com
304-526-4321 (Work)	Mr. John M. Patterson	Bank One West Virginia, NA	PO Box 179		
304-523-1468 (Home)	Mr. J. Robert Pritchard	Pritchard Electric Company, Inc.	36 Parkway Drive	304-526-4369 FAX	
304-523-0101 (Work)	Mr. Johnson L. Pursoo	BASF Corporation	PO Box 2166		
304-523-6428 (Work)	Mr. David V. Reynolds	McCorkle Machine & Steelworkers 4014	PO Box 2047	304-528-2358 FAX	pursooj@basf.com
304-522-1265 (Work)	Douglas V. Reynolds, Esq.	Cabell County Public Defender's Of	P.O. Box 588	304-523-0651 FAX	mmcorkle@ezwv.com
304-526-1270 (Work)	Mr. Michael G. Seilards	St. Mary's Medical Center	PO Box 3108	304-522-1268 FAX	
304-525-4637 (Work)	Mr. John F. Speer		PO Box 1743	304-526-1538 FAX	msellards@st-marys.org
304-529-7910 (Work)	Mr. Marc A. Sprouse	Guaranty Bank & Trust	PO Box 2708		
304-529-1646 (Home)	Mrs. Brenda L. Thabet		1646 Ritter Boulevard	304-529-7911 FAX	msprouse@gbitrust.com
304-522-5533 (Work)	Mr. John W. Thompson	CSX Transportation	935 Seventh Avenue		
740-547-5132 (Work)	Mr. Robert Walters	Liebert	3040 South Ninth Street	304-522-5543 FAX	sthabel@prodigy.net
304-696-5301 (Work)	Mr. Raymond J. Webb	Fifth Thrd Bank	999 Fourth Avenue	740-533-9354 FAX	john_thompson@csx.com
304-528-0242 (Work)	Mr. Art Weisberg	State Electric Supply Co., Inc.	PO Box 5397	304-696-5309 FAX	bob_walters@liebert.com
304-523-1587 (Work)	Mr. Joseph P. Williams	Bosic Supply	PO Box 936	304-528-0214 FAX	ray_webb@53.com
304-429-6741 3621	S. Kenneth Wolfe, M.D.	Y.A. Medical Center	316 North Boulevard	304-523-0973 FAX	art.weisberg@stateelectric.com
				304-525-0824 FAX	jobabriko@bww.com

United Way of the River Cities Board of Directors

Phone	Name	Company	Address	Fax	E-Mail
740-533-4706	E Mr. James R. Barrett	US Bank, N.A.	PO Box 707	740-533-4766 FAX	james.barrett1@usbank.com
304-526-5215	E Mr. Darrin L. Bird	Special Metals Corp USWA Locals	3200 Riverside Drive	304-526-5743 FAX	dbird@smcww.com
304-342-1695	E Mr. Thomas M. Boggs	WY Chamber of Commerce	28 Hickory Drive	304-342-1130 FAX	tboggs@adelphia.net
304-479-4975	Mr. William L. Byrge	CSX Locomotive Shops	3434 Park Avenue		
304-526-2796	E Mr. James E. Costo	The Herald Dispatch/Gannett Fnd	PO Box 2017	304-526-2857 FAX	jasco@herald-dispatch.com
304-529-5140	E Mr. Denis C. Chabot	U.S. Army Corps of Engineers	502 Eighth Street	304-529-5592 FAX	denis.c.chabot@frh01.usace.army.mil
304-736-3628	F Mr. David A. Clark	Clark & Associates, CPA's	6051 East Pea Ridge Road	304-736-3691 FAX	clarkcpa@ezww.com
304-529-7282	E Ann Conjuro, M.D.		63 Derby Lane	304-529-7282 FAX	aconjuro@aol.com
304-733-0205	Mrs. Deborah E. Cooley	Lazarus-Macys	PO Box 4099	304-733-0203 FAX	
304-736-6445	E Mr. J. Merle Core		150 Jefferson Park Drive	775-459-7623 FAX	jmcore@juno.com
304-528-4692	E William M. Cunningham, M.D.	HIMC Huntington Internal Medicine Group	1115 Twentieth Street	304-697-2406 FAX	wcunning@marshall.edu
304-696-8213	E Mr. Timothy R. Duke	Steel of WY/USWA Local 37	PO Box 2547	304-529-1479 FAX	tduke@swvairc.com
304-523-7272	F Mr. Phillips C. Emmons		1314 Twelfth Street	304-523-2272 FAX	
304- 723	E Mr. Jamie L. Fincke	Supervalu WY Division	PO Box 386	304-302-6378 FAX	
304-453-6686	E Mr. R. Douglas Francis		PO Box 284		
304-697-5700	E Mr. Michael W. Gerber	Hayflich & Steinberg, CPAs	#8 Stone Crest Drive	304-697-5704 FAX	jamie.fincke@supervalu.com
740-886-8748	Mr. Roger D. Gray	USWA Local #40	108 Township Road 1053		b1180d@peoplepc.com
304-453-2623	Mr. Glenn W. Hall		PO Box 797		gerber@hayflich.net
740-886-7979	F Mrs. Jean A. Hamilton	Hamilton Chevrolet	7982 Route 7		
304-522-7326	F Mr. Stephen P. Hatten	Northwestern Mutual Life Insurance	PO Box 2369	740-886-6107 FAX	hamiltonchev@yahoo.com
304-525-2313	Carolyn B. Hunter, Ed.D.	Marshall University	161 Camelot Drive	304-522-7316 FAX	shatten@zoomnet.net
304-529-2391	E J. Patrick Jones, Esq.	Campbell Woods Bagley Emerson McNear	PO Box 1835	304-529-1832 FAX	carolynh55@verizon.net
304-526-2052	E Mr. Brent A. Marsteller	Cabell Huntington Hospital, Inc.	1340 Hal Greer Blvd.	304-526-2008 FAX	ijones@campbellwoods.com
304-523-2100	E William J. McGee, Esq.	Jenkins Fenstermaker PLLC	PO Box 2688	304-523-9279 FAX	jfalls@chhi.org
304-529-4033	E Mr. Francis W. McGaure	McGuire Realty Company	1001 Sixth Avenue	304-529-2632 FAX	wjm@jenkinstermaker.com
304-523-2353	E Mr. Timothy S. Milline	Southwestern District Labor Council	PO Box 2142	304-523-0756 FAX	fmcgaure@mcguireallyco.com
304-525-5607	E Mr. Michael P. Newman		PO Box 752		fmilline@aol.com
304-525-0301	E Ms. Lisa L. O'Dell	Somerville & Company, PLLC	PO Box 2096	304-522-1569 FAX	mcfray@yahoo.com
304-696-4310	E Mr. Jeffery S. O'Malley	Marshall University	PO Box 1360	304-696-6448 FAX	llocpo@s-co.com
304-525-8479	E Mrs. Mary Lou Ohl	Bank One West Virginia, NA	273 Forest Road	304-529-0805 FAX	omalley@marshall.edu
304-525-4321	E Mr. John M. Patterson	United Bank	PO Box 179	304-526-4369 FAX	dwomij@aol.com
304-525-352	Mrs. Linda J. Pleasants	Pritchard Electric Company, Inc.	PO Box 2765	304-781-2360 FAX	john_patterson@bankone.com
304-523-1468	Mr. J. Robert Pritchard	BASF Corporation	36 Parkway Drive		linda.pleasants@bsi-wv.com
304-528-2301	E Mr. Johnson L. Pursow	Law Office of Douglas Reynolds	PO Box 2166	304-528-2358 FAX	pursooj@basf-corp.com
304-522-9700	F Douglas V. Reynolds, Esq	St. Mary's Medical Center	703 Fifth Avenue	304-522-8302 FAX	reynolds1497@aol.com
304-526-1270	F Mr. Michael G. Sellards	Guaranty Bank & Trust	PO Box 3108	304-526-1538 FAX	msellards@st-marys.org
304-525-4637	Mr. John F. Speer	Scott Orthopedic Center, Inc.	PO Box 1743		jfosterspeer@aol.com
304-529-7910	E Mr. Marc A. Sprouse	Liebert	PO Box 2708	304-529-7911 FAX	msprouse@gbtrast.com
304-525-6905	F Dr. Stanley S. Tao	Fifth Third Bank	2828 First Ave, Suite 400	304-525-4316 FAX	ssstabi@hotmail.com
304-529-1646	E Mrs. Brenda Thabel	State Electric Supply Co., Inc.	1646 Ritter Boulevard		silhabet@prodigy.net
740-547-5132	E Mr. Robert A. Walters	Basic Supply	3040 South Ninth Street	740-533-9354 FAX	bob.walters@liebert.com
304-696-5301	E Mr. Raymond J. Webb	HuddlestoneBolenBeautyParter&Copen	999 Fourth Avenue	304-691-6709 FAX	roy.webb@53.com
304-528-0242	F Mr. Art Weisberg		PO Box 5346	304-528-0214 FAX	art.weisberg@stateelectric.com
304-523-1587	F Mr. Joseph P. Williams		PO Box 936	304-523-0973 FAX	joseph.williams90@verizon.net
304-529-6181	E Marc E. Williams, Esq.		PO Box 2185	304-522-4312 FAX	mwilliams@huddlestonebolen.com

Supporting Statement of:

Form 990 p 1/Line 16

Description	Amount
TRANSFERS TO FOUNDATION	21,435.
Total	<u>21,435.</u>

Supporting Statement of:

Form 990 p 1/Line 20

Description	Amount
PRIOR YEAR ALLOCATION ADJUSTMENT	138,087.
Total	<u>138,087.</u>

Supporting Statement of:

Form 990 p 2/Line 22 column (B)

Description	Amount
AGENCY AUDITS	5,250.
BOY SCOUTS-SIMON KENTON	12,400.
BOY SCOUTS-TRI STATE	41,085.
GIRL SCOUTS-BLACK DIAMOND	24,900.
GIRL SCOUTS-WILDERNESS ROAD	11,392.
BIG BROTHERS/BIG SISTERS	24,900.
BOYS AND GIRLS CLUBS-HUNTINGTON	61,652.
CK COMMUNITY CENTER	14,500.
SCOTT COMMUNITY CENTER	42,375.
SPECIAL OLYMPICS-WV	7,719.
TEAM FOR WV CHILDREN	9,462.
YMCA	41,500.
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	43,255.
CITY WELFARE MISSION-OH	37,450.
COALITION FOR THE HOMELESS	24,531.
BIRTHRIGHT	1,743.
DEVELOPMENTAL THERAPY	62,250.
EBENEZER MEDICAL OUTREACH	9,575.
FAMILY SERVICE	41,297.
PEDIATRIC CLINIC	43,170.
PRESTERA MENTAL HEALTH	21,912.
TRI-STATE LITERACY COUNCIL	20,750.
FOOD BANK	30,000.

Continued

Supporting Statement of:

Form 990 p 2/Line 22 column (B)

Description	Amount
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	2,500.
YOUTH PROGRAM-INDIVIDUAL HIGH SCHOOL GRANT	6,000.
OTHER ALLOCATIONS	2,329.
OTHER DISTRIBUTIONS	67,738.
OTHER UNITED WAYS AND DESIGNATED AGENCIES	120,574.
NATIONAL AND INTERNATIONAL AGENCIES	36,910.
Total	<u>1,339,202.</u>

Supporting Statement of:

Form 990 p 2/Line 23 column (B)

Description	Amount
SUCCESS BY SIX	31,634.
TECHNOLOGY	1,955.
WELFARE TO WORK	11,000.
BEST BUY	8,673.
COATS	2,500.
COMPASS	16,384.
Total	<u>72,146.</u>

Supporting Statement of:

Form 990 p 4/Part IV-A, Line b(4)

Description	Amount
CHANGE IN VALUE OF CHARITABLE TRUST	421.
NET ASSETS RELEASED FROM RESTRICTIONS-TEMP RESTR.	11,529.
Total	<u>11,950.</u>

• 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	Employer identification number
	UNITED WAY OF THE RIVER CITIES, INC.	55-0384704
File by the extended due date for filing the return. See instructions	Number, street, and room or suite number. If a P.O. box, see instructions	For IRS Use Only
	820 MADISON AVENUE, HUNTINGTON, WV 25704	

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

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

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

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

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

• If this is for a **Group Return**, enter the 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 15, 2004.

5 For calendar year 2003, 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  Title **CERTIFIED PUBLIC ACCOUNTANT** Date **08/10/04**

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

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	TRAINER, WRIGHT & PATERNO
	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
		WV 25726

FIELD DIRECTOR
SUBMISSION PROCESSING