

Return of Organization Exempt from Income Tax

2004

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 2004 calendar year, or tax year beginning, 2004, 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. D Employer Identification Number: 55-0384704. E Telephone number: (304) 523-8929. F Accounting method: Accrual.

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

G Web site: www.unitedwayriverscities.org

J Organization type: 501(c) 3

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: 1,414,167.

H and I are not applicable to section 527 organizations. H (a) Is this a group return for affiliates? No. H (b) If 'Yes,' enter number of affiliates. H (c) Are all affiliates included? No. H (d) Is this a separate return filed by an organization covered by a group ruling? No. I Group Exemption Number. M Check if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

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

Table with 21 rows and 3 columns: Description, Sub-rows, and Amount. Includes sections for Revenue (lines 1-12), Expenses (lines 13-17), and Net Assets (lines 18-21). Total revenue: 1,414,167. Total expenses: 1,549,180. Net assets at end of year: 1,785,119.

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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 \$ 1,222,383. non-cash \$)	1,222,383.	1,222,383.		
23	Specific assistance to individuals (att sch)	10,826.	10,826.		
24	Benefits paid to or for members (att sch)	0.	0.		
25	Compensation of officers, directors, etc	56,650.	7,931.	19,261.	29,458.
26	Other salaries and wages	103,324.	14,465.	35,130.	53,729.
27	Pension plan contributions	7,598.	1,064.	2,659.	3,875.
28	Other employee benefits	19,064.	2,669.	6,673.	9,722.
29	Payroll taxes	12,584.	1,762.	4,404.	6,418.
30	Professional fundraising fees	3,650.	0.	0.	3,650.
31	Accounting fees				
32	Legal fees				
33	Supplies	7,771.	1,088.	2,720.	3,963.
34	Telephone	5,274.	738.	1,846.	2,690.
35	Postage and shipping	8,480.	1,187.	2,968.	4,325.
36	Occupancy	4,555.	638.	1,594.	2,323.
37	Equipment rental and maintenance	15,945.	2,232.	5,581.	8,132.
38	Printing and publications	19,042.	0.	0.	19,042.
39	Travel	1,761.	247.	616.	898.
40	Conferences, conventions, and meetings	5,474.	766.	1,916.	2,792.
41	Interest				
42	Depreciation, depletion, etc (attach schedule)	17,521.	2,453.	6,132.	8,936.
43	Other expenses not covered above (itemize)				
a	EQUIPMENT PURCHASES	1,793.	251.	628.	914.
b	DUES & SUBSCRIPTIONS	965.	135.	338.	492.
c	INSURANCE & LIABILITY BOND	4,098.	574.	1,434.	2,090.
d	MISCELLANEOUS EXPENSE	3,278.	459.	1,147.	1,672.
e					
44	Total functional expenses (add lines 22-43) Organizations completing columns (B) - (D), carry these totals to lines 13 - 15	1,532,036.	1,271,868.	95,047.	165,121.

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 \$ 298,827. , (ii) the amount allocated to Program services \$ 36,816. , (iii) the amount allocated to Management and general \$ 172,079. , and (iv) the amount allocated to Fundraising \$ 89,932.

Part III Statement of Program Service Accomplishments

What is the organization's primary exempt purpose? <u>SUPPORTING OTHER NON-PROFIT ENTITIES</u>	Program Service Expenses (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts, but optional for others)
a <u>SUPPORTED LOCAL NON PROFIT ORGANIZATIONS FROM CONTRIBUTIONS RECEIVED FROM THE PUBLIC WITHIN THE LOCAL AREA</u> (Grants and allocations \$ 1,222,383.)	1,271,868.
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)	1,271,868.

Part IV Balance Sheets (See Instructions)

Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only

		(A) Beginning of year		(B) End of year
ASSETS	45 Cash – non-interest-bearing		45	
	46 Savings and temporary cash investments	1,432,069.	46	1,403,220.
	47a Accounts receivable	47a 186,210.		
	b Less allowance for doubtful accounts	47b 0.	198,019.	47c 186,210.
	48a Pledges receivable	48a 716,615.		
	b Less allowance for doubtful accounts	48b 0.	853,743.	48c 716,615.
	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		8,262.	53 2,993.
	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) L-56 Stmt		0.	56 249,759.	
57a Land, buildings, and equipment basis	57a 702,708.			
b Less accumulated depreciation (attach schedule) L-57 Stmt	57b 167,177.	542,891.	57c 535,531.	
58 Other assets (describe <input type="checkbox"/> _____)			58	
59 Total assets (add lines 45 through 58) (must equal line 74)		3,034,984.	59 3,094,328.	
LIABILITIES	60 Accounts payable and accrued expenses		60	
	61 Grants payable	1,317,607.	61	1,309,209.
	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 <input type="checkbox"/> _____)			65
66 Total liabilities (add lines 60 through 65)		1,317,607.	66 1,309,209.	
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	1,519,358.	67	1,371,707.
	68 Temporarily restricted	198,019.	68	413,412.
	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)	1,717,377.	73	1,785,119.
	74 Total liabilities and net assets/fund balances (add lines 66 and 73)	3,034,984.	74	3,094,328.

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	1,491,470.
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)		
	SEE STATEMENT \$ 79,744.		
	Add amounts on lines (1) through (4)	b	80,752.
c	Line a minus line b	c	1,410,718.
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)		
	CHANGE IN VALUE OF BENEFICIAL TRUS \$ 3,449.		
	Add amounts on lines (1) and (2)	d	3,449.
e	Total revenue per line 12, Form 990 (line c plus line d)	e	1,414,167.

a	Total expenses and losses per audited financial statements	a	1,618,123.
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)		
	PROVISION FOR UNCOLLECTIBLE PLEDG \$ 67,935.		
	Add amounts on lines (1) through (4)	b	68,943.
c	Line a minus line b	c	1,549,180.
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	1,549,180.

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	56,650.	4,532.	0.
WILLIAM J. MCGEE 823 MADISON AVENUE HUNTINGTON, WV 25701	PRESIDENT 1	0.	0.	0.
MICHAEL D. SELLARDS 823 MADISON AVENUE HUNTINGTON, WV 25701	VICE PRESIDENT 1	0.	0.	0.
J. MERLE CORE 823 MADISON AVENUE HUNTINGTON, WV 25701	SECRETARY 1	0.	0.	0.
JOHN M. PATTERSON 823 MADISON AVENUE HUNTINGTON, WV 25701	TREASURER 1	0.	0.	0.
SEE ATTACHED LIST OF BOARD OF DIRECTORS	N/A	N/A	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
78 a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		X
78 b	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
80 a	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	
	b 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		
81 a	Enter direct and indirect political expenditures See line 81 instructions	81 a	0.
81 b	Did the organization file Form 1120-POL for this year?	81 b	N/A
82 a	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?	82 a	X
	b If 'Yes,' you may indicate the value of these items here Do not include this amount as revenue in Part I or as an expense in Part II (See instructions in Part III)	82 b	1,008.
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?	83 a	X
83 b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83 b	X
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?	84 a	X
	b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	84 b	
85	501(c)(4), (5), or (6) organizations a Were substantially all dues nondeductible by members?	85 a	
	b Did the organization make only in-house lobbying expenditures of \$2,000 or less? If 'Yes' was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.	85 b	
	c Dues, assessments, and similar amounts from members	85 c	
	d Section 162(e) lobbying and political expenditures	85 d	
	e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85 e	
	f Taxable amount of lobbying and political expenditures (line 85d less 85e)	85 f	
	g Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85 g	
	h If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	85 h	
86	501(c)(7) organizations Enter a Initiation fees and capital contributions included on line 12	86 a	
	b Gross receipts, included on line 12, for public use of club facilities	86 b	
87	501(c)(12) organizations Enter a Gross income from members or shareholders	87 a	
	b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	87 b	
88	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If 'Yes,' complete Part IX	88	X
89 a	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>		
	b 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	89 b	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.
90 a	List the states with which a copy of this return is filed <u>N/A</u>		
	b Number of employees employed in the pay period that includes March 12, 2004 (See instructions)	90 b	5
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 <u>92</u>		

Part VII Analysis of Income-Producing Activities (See instructions)

Note: Enter gross amounts unless otherwise indicated

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93 Program service revenue					
a _____					
b _____					
c _____					
d _____					
e _____					
f Medicare/Medicaid payments					
g Fees & contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings & temporary cash invmnts			14	31,825.	
96 Dividends & interest from securities					
97 Net rental income or (loss) from real estate					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from pers prop					
99 Other investment income					3,449.
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue					
a _____					
b _____					
c _____					
d _____					
e _____					
104 Subtotal (add columns (B), (D), and (E))				31,825.	3,449.
105 Total (add line 104, columns (B), (D), and (E))					35,274.

Note: Line 105 plus line 1d, Part I, should equal the amount on line 12, Part I

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See instructions)

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes)
99	VALUE OF CHANGE IN CHARITABLE TRUST GIVEN TO FURTHER PURPOSE OF ORGANIZATION OVER THE NEXT FIFTEEN YEARS

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See instructions)

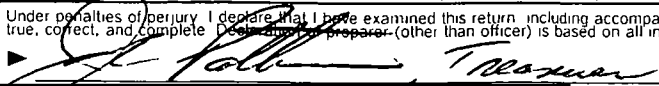
N/A

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
	%			
	%			
	%			
	%			

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See instructions)

- a Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Yes No
- b Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? Yes No

Note: If 'Yes' to (b), file Form 8870 and Form 4720 (see instructions)

Please  Date 11-15-2005

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Preparer (other than officer) is based on all information of which preparer has any knowledge.

Date	Check if	Preparer's SSN or PTIN (See General Instruction W)
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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

2004

Name of the organization UNITED WAY OF THE RIVER CITIES, INC.	Employer identification number 55-0384704
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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 i of Part VI B) Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking 'Yes' must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.		X
2	During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is 'Yes,' attach a detailed statement explaining the transactions)		
a	Sale, exchange, or leasing of property?		X
b	Lending of money or other extension of credit?		X
c	Furnishing of goods, services, or facilities? See Part V, Form 990		X
d	Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	X	
e	Transfer of any part of its income or assets?		X
3a	Do you make grants for scholarships, fellowships, student loans, etc? (If 'Yes,' attach an explanation of how you determine that recipients qualify to receive payments)		X
b	Do you have a section 403(b) annuity plan for your employees?	X	
4a	Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds?		X
b	Do you provide credit counseling, debt management, credit repair, or debt negotiation services?		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) 2003	(b) 2002	(c) 2001	(d) 2000	(e) Total
15 Gifts, grants, and contributions received (Do not include unusual grants. See line 28.)	1,858,384.	1,730,180.	2,393,012.	2,097,973.	8,079,549.
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	37,848.	43,881.	71,445.	96,081.	249,255.
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.	0.
23 Total of lines 15 through 22	1,896,232.	1,774,061.	2,464,457.	2,194,054.	8,328,804.
24 Line 23 minus line 17	1,896,232.	1,774,061.	2,464,457.	2,194,054.	8,328,804.
25 Enter 1% of line 23	18,962.	17,741.	24,645.	21,941.	

26 Organizations described on lines 10 or 11:	a Enter 2% of amount in column (e), line 24	26a	166,576.
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2000 through 2003 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts.		26b	470,000.
c Total support for section 509(a)(1) test. Enter line 24, column (e).		26c	8,328,804.
d Add: Amounts from column (e) for lines 18 249,255. 19 0. 22 0.	26b 470,000.	26d	719,255.
e Public support (line 26c minus line 26d total)		26e	7,609,549.
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))		26f	91.36 %

27 Organizations described on line 12:	a For amounts included in lines 15, 16, and 17 that were received from a 'disqualified person,' prepare a list for your records to show the name of, and total amounts received in each year from, each 'disqualified person.' Do not file this list with your return. Enter the sum of such amounts for each year: (2003) _____ (2002) _____ (2001) _____ (2000) _____	
b For any amount included in line 17 that was received from each person (other than 'disqualified persons'), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year: (2003) _____ (2002) _____ (2001) _____ (2000) _____		
c Add: Amounts from column (e) for lines 15 _____ 16 _____ 17 _____ 20 _____ 21 _____		27c _____
d Add: Line 27a total _____ and line 27b total _____		27d _____
e Public support (line 27c total minus line 27d total)		27e _____
f Total support for section 509(a)(2) test. Enter amount from line 23, column (e)	27f _____	
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))		27g _____ %
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))		27h _____ %

28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2000 through 2003, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.

Part V Private School Questionnaire (See 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 a	Does the organization maintain the following a Records indicating the racial composition of the student body, faculty, and administrative staff?		
32 b	b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?		
32 c	c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?		
32 d	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 a	Does the organization discriminate by race in any way with respect to a Students' rights or privileges?		
33 b	b Admissions policies?		
33 c	c Employment of faculty or administrative staff?		
33 d	d Scholarships or other financial assistance?		
33 e	e Educational policies?		
33 f	f Use of facilities?		
33 g	g Athletic programs?		
33 h	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?		
34 b	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		

Part VI-A Lobbying Expenditures by Electing Public Charities (See instructions)
 (To be completed ONLY by an eligible organization that filed Form 5768)

N/A

Check **a** if the organization belongs to an affiliated group Check **b** if you checked 'a' and 'limited control' provisions apply

Limits on Lobbying Expenditures		(a) Affiliated group totals	(b) To be completed for ALL electing organizations												
(The term 'expenditures' means amounts paid or incurred)															
36	Total lobbying expenditures to influence public opinion (grassroots lobbying)	36													
37	Total lobbying expenditures to influence a legislative body (direct lobbying)	37													
38	Total lobbying expenditures (add lines 36 and 37)	38													
39	Other exempt purpose expenditures	39													
40	Total exempt purpose expenditures (add lines 38 and 39)	40													
41	Lobbying nontaxable amount Enter the amount from the following table –	41													
<table border="0" style="width: 100%;"> <tr> <td style="width: 50%;">If the amount on line 40 is –</td> <td style="width: 50%;">The lobbying nontaxable amount is –</td> </tr> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 40</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000</td> </tr> </table>				If the amount on line 40 is –	The lobbying nontaxable amount is –	Not over \$500,000	20% of the amount on line 40	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000	Over \$17,000,000	\$1,000,000
If the amount on line 40 is –	The lobbying nontaxable amount is –														
Not over \$500,000	20% of the amount on line 40														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000														
Over \$17,000,000	\$1,000,000														
42	Grassroots nontaxable amount (enter 25% of line 41)	42													
43	Subtract line 42 from line 36 Enter -0- if line 42 is more than line 36	43													
44	Subtract line 41 from line 38 Enter -0- if line 41 is more than line 38	44													
Caution: If there is an amount on either line 43 or line 44, you must file Form 4720															

4 -Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below
 See the instructions for lines 45 through 50)

	Lobbying Expenditures During 4 -Year Averaging Period				
	(a) 2004	(b) 2003	(c) 2002	(d) 2001	(e) Total
45	Lobbying nontaxable amount				
46	Lobbying ceiling amount (150% of line 45(e))				
47	Total lobbying expenditures				
48	Grassroots non-taxable amount				
49	Grassroots ceiling amount (150% of line 48(e))				
50	Grassroots lobbying expenditures				

Part VI-B Lobbying Activity by Nonelecting Public Charities
 (For reporting only by organizations that did not complete Part VI-A) (See instructions)

N/A

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of

- a Volunteers
- b Paid staff or management (Include compensation in expenses reported on lines c through h.)
- c Media advertisements
- d Mailings to members, legislators, or the public
- e Publications, or published or broadcast statements
- f Grants to other organizations for lobbying purposes
- g Direct contact with legislators, their staffs, government officials, or a legislative body
- h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means
- i Total lobbying expenditures (add lines c through h.)

Yes	No	Amount

If 'Yes' to any of the above, also attach a statement giving a detailed description of the lobbying activities

Form 990, Page 3, Part IV, Line 56

Investments - Other Statement

Line 56 – Investments - Other:	Beginning of Year	End of Year
INVESTMENTS HELD BY UWRC FOUNDATION, INC.	0.	249,759.
Total	<u>0.</u>	<u>249,759.</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.	33,406.	9,931.
COMPUTERS AND SOFTWARE	96,406.	86,474.	9,932.
LAND	35,000.	0.	35,000.
BUILDINGS	527,965.	47,297.	480,668.
Total	<u>702,708.</u>	<u>167,177.</u>	<u>535,531.</u>

Supporting Statement of:

Form 990 p 1/Line 16

Description	Amount
PAYMENTS TO AFFILIATES-UW OF AMERICA DUES	11,867.
PAYMENTS TO AFFILIATES-UWRC FOUNDATION	5,277.
Total	<u>17,144.</u>

Supporting Statement of:

Form 990 p 1/Line 20

Description	Amount
PRIOR YEAR ALLOCATION ADJUSTMENT	-28,971.
PRIOR PERIOD ADJUSTMENT	231,726.
Total	<u>202,755.</u>

Supporting Statement of:

Form 990 p 2/Line 22 column (B)

Description	Amount
AGENCY AUDITS	9,175.
AMERICAN RED CROSS-OH & WV	166,837.
BARNETT CHILD CARE	39,704.
BIG BROTHERS/BIG SISTERS	24,900.
BIRTHRIGHT	2,100.
BOYS/GIRLS CLUBS OF HUNTINGTON	61,652.
BOY SCOUTS-SIMON KENTON	12,400.
BOY SCOUTS-TRI STATE	41,085.
BRANCHES DOMESTIC VIOLENCE SHELTER	33,366.
CK COMMUNITY CENTER	17,500.
CAMMACK CHILDREN'S CENTER	43,255.
CHESAPEAKE COMMUNITY CENTER	5,810.
CHILDREN'S PLACE	8,292.
CITY WELFARE MISSION-OH	37,450.
COALITION FOR THE HOMELESS	24,531.
DEVELOPMENTAL THERAPY	62,250.
EBENEZER MEDICAL OUTREACH	9,575.
FAMILY SERVICE	41,297.
FOOD BANK	30,000.
GIRL SCOUTS-BLACK DIAMOND	24,900.
GIRL SCOUTS-WILDERNESS ROAD	11,262.
HUNTINGTON CITY MISSION	46,500.
KIWANIS DAY CARE	34,860.
PEDIATRIC CLINIC	43,170.
RENNESANCE PROGRAM-PRESTERA MENTAL HEALTH	21,912.
SALVATION ARMY	64,970.
SPECIAL OLYMPICS-CABELL CO.	6,391.

Continued

Supporting Statement of:

Form 990 p 2/Line 22 column (B)

Description	Amount
SPECIAL OLYMPICS-LAWRENCE CO., OH	6,000.
SPECIAL OLYMPICS-WAYNE CO.	1,328.
STELLA FULLER SETTLEMENT	30,495.
TEAM FOR WV CHILDREN	9,462.
TRI-STATE LITERACY COUNCIL	20,750.
UNITED HEALTH FOUNDATION	18,287.
WELL CHILD CLINIC	2,500.
YMCA	41,500.
YWCA	14,737.
YOUTH PROGRAM-INDIVIDUAL HIGH SCHOOL GRANT	9,397.
OTHER UNITED WAYS AND DESIGNATED AGENCIES	109,373.
NATIONAL AND INTERNATIONAL AGENCIES	45,277.
PAYMENTS TO AFFILIATES-UW OF AMERICA DUES	-11,867.
Total	<u>1,222,383.</u>

Supporting Statement of:

Form 990 p 2/Line 23 column (B)

Description	Amount
COATS	2,000.
BEST BUY	182.
COMPASS	-2,188.
GRANT WRITER	247.
SUCCESS BY SIX	7,701.
TECHNOLOGY	2,884.
Total	<u>10,826.</u>

Supporting Statement of:

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

Description	Amount
CHARITABLE TRUST REPORTING REQUIREMENTS	11,809
PROVISION FOR UNCOLLECTIBLE PLEDGES	67,935.
Total	<u>79,744.</u>

United Way of the River Cities Board of Directors

Phone	Name	Company	Address	Fax	E-Mail
40-533-4706	E Mr. James R. Barrett	US Bank, N.A.	PO Box 707 Ironton, OH 45638	740-533-4766 FAX	james.barrett1@usbank.com
40-526-5215	E Mr. Darrin L. Bird	Special Metals Corp USWA Locals	3200 Riverside Drive Huntington, WV 25705-1771	304-526-5743 FAX	dbird@smc.wv.com
40-342-1695	E Mr. Thomas M. Boggis	WV Chamber of Commerce	28 Hickory Drive Barboursville, WV 25504	304-342-1130 FAX	tboggis@adelphia.net
40-429-6975	Mr. William L. Byrge	CSX Locomotive Shops	3434 Park Avenue Huntington, WV 25704		
40-526-2796	E Mr. James E. Casto	The Herald Dispatch/Gannett End	PO Box 2017 Huntington, WV 25720	304-526-2857 FAX	jcasto@herald-dispatch.com
40-529-5140	E 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
40-736-3628	F Mr. David A. Clark	Clark & Associates, CPA's	6051 East Pea Ridge Road Huntington, WV 25705	304-736-3691 FAX	clarkpa@ezwv.com
40-529-7282	E Ann Conjuro, M.D.		63 Derby Lane Huntington, WV 25705	304-529-7282 FAX	aconjuro@aol.com
40-733-0205	Mrs. Deborah E. Cooley	Lazarus-Marys	PO Box 4099 Barboursville, WV 25504-4099	304-733-0203 FAX	
40-736-6445	E Mr. J. Merle Core		150 Jefferson Park Drive Huntington, WV 25705-2613	775-459-7623 FAX	jmcore@juno.com
40-528-4692	E William N. Cunningham, M.D.	HIMG Huntington Internal Medicine Group	1115 Twentieth Street Huntington, WV 25703	304-691-2406 FAX	wcunning@marshall.edu
40-696-8213	E Mr. Timothy R. Duke	Steel of WV/USWA Local 37	PO Box 2547 Huntington, WV 25726	304-529-1479 FAX	tduke@swainc.com
40-523-2272	F Mr. Phillips C. Emmons		1314 Twelfth Street Huntington, WV 25701-4015	304-523-2272 FAX	
04- 723	E Mr. Jamie L. Fincke	Supervalu WV Division	PO Box 386 Milton, WV 25541	304-302-6378 FAX	jamie.fincke@supervalu.com
40-453-6686	E Mr. R. Douglas Francis		PO Box 284 Kenova, WV 25530		b1180d@peoplepc.com
40-697-5700	E Mr. Michael W. Gerber	Hayflich & Steinberg, CPAs	#8 Stone Crest Drive Huntington, WV 25701	304-697-5704 FAX	gerber@hayflich.net
40-886-8748	Mr. Roger D. Gray	USWA Local #40	108 Township Road 1053 Proctorville, OH 45669		
40-453-2623	Mr. Glenn W. Hall		PO Box 797 Ceredo, WV 25507		
40-886-7979	F Mrs. Jean A. Hamilton	Hamilton Chevrolet	7982 Route 7 Proctorville, OH 45669	740-886-6102 FAX	hamiltonchev@yahoo.com
40-522-7326	F Mr. Stephen P. Hatten	Northwestern Mutual Life Insurance	PO Box 2369 Huntington, WV 25724	304-522-7316 FAX	shatten@zoomnet.net
40-525-2313	Carolyn B. Hunter, Ed D	Marshall University	161 Camelot Drive Huntington, WV 25719		carolynb55@verizon.net
40-529-2391	E J Patrick Jones, Esq	Campbell Woods Bagley Emerson McNear	PO Box 1835 Huntington, WV 25719	304-529-1832 FAX	jjones@campbellwoods.com
40-526-2052	E Mr. Brent A. Marsteller	Cabell Huntington Hospital, Inc.	1340 Hal Greer Blvd Huntington, WV 25701	304-526-2008 FAX	fballs@chh.org
40-523-2100	E William J. McGee, Esq	Jenkins Fenstermaker PLLC	PO Box 2688 Huntington, WV 25726	304-523-9279 FAX	wjm@jenkinsfenstermaker.com
40-529-6033	E Mr. Francis W. McGuire	McGuire Realty Company	1001 Sixth Avenue Huntington, WV 25701-2307	304-529-2632 FAX	fmcguire@mcguireallyco.com
40-523-2353	E Mr. Timothy S. Milline	Southwestern District Labor Council	PO Box 2142 Huntington, WV 25721-2142	304-523-0756 FAX	timline@aol.com
40-525-5607	E Mr. Michael P. Newman		PO Box 752 Lovalette, WV 25535		mcfncry@yahoo.com
40-525-0301	E Ms Lisa L O'Dell	Somerville & Company, PLLC	PO Box 2096 Huntington, WV 25721	304-522-1569 FAX	llodpa@s-co.com
40-696-4310	E Mr. Jeffery S O'Malley	Marshall University	PO Box 1360 Huntington, WV 25715	304-696-6448 FAX	omalley@marshall.edu
40-525-8479	E Mrs Mary Lou Ohi	Bank One West Virginia, NA	273 Forest Road Huntington, WV 25705	304-529-0805 FAX	dwomlj@aol.com
40-524-4321	E Mr. John M. Patterson	United Bank	PO Box 179 Huntington, WV 25706	304-526-4369 FAX	john_patterson@bankone.com
404 352	Mrs Linda J. Pleasants	Pritchard Electric Company, Inc	PO Box 2765 Huntington, WV 25727	304-781-2360 FAX	linda.pleasant@subst-wv.com
40-523-1468	Mr J. Robert Pritchard	BASF Corporation	36 Parkway Drive Huntington, WV 25705		
40-528-2301	E Mr. Johnson L Pursood	Law Office of Douglas Reynolds	PO Box 2166 Huntington, WV 25722-2166	304-528-2358 FAX	pursooj@basf-corp.com
40-522-9700	E Douglas V Reynolds, Esq		703 Fifth Avenue Huntington, WV 25701	304-522-8302 FAX	reynolds1497@aol.com
40-526-1270	F Mr Michael G. Seilards	St. Mary's Medical Center	PO Box 3108 Huntington, WV 25702	304-526-1538 FAX	mseilards@st-marys.org
40-525-4637	Mr John F. Speer		PO Box 1743 Huntington, WV 25718		jspeer@aol.com
40-529-7910	E Mr. Marc A. Sprouse	Guaranty Bank & Trust	PO Box 2708 Huntington, WV 25726	304-529-7911 FAX	msprouse@gbrtrust.com
40-525-6905	F Dr. Stanley S. Tao	Scott Orthopedic Center, Inc.	2828 First Ave, Suite 400 Huntington, WV 25702	304-525-4316 FAX	ssstabi@hotmail.com
40-529-1646	E Mrs Brenda Thabel	Liebert	1646 Ritter Boulevard Huntington, WV 25701-4926	740-533-9354 FAX	sthabel@prodigy.net
40-547-5132	E Mr. Robert A. Walters	Fifth Third Bank	3040 South Ninth Street Ironton, OH 45638	304-691-6709 FAX	bob.walters@liebert.com
40-696-5301	E Mr Raymond J. Webb	State Electric Supply Co., Inc	999 Fourth Avenue Huntington, WV 25701	304-528-0214 FAX	ray.webb@53.com
40-528-0242	F Mr. Art Weisberg	Basic Supply	PO Box 5346 Huntington, WV 25703	304-523-0973 FAX	art.weisberg@stateelectric.com
40-523-1587	F Mr. Joseph P. Williams	HuddlestonBolenBeattyPorter&Copen	PO Box 936 Huntington, WV 25712	304-523-0973 FAX	joseph.williams90@verizon.net
40-529-6181	E Marc E. Williams, Esq		PO Box 2185 Huntington, WV 25722	304-522-4312 FAX	mwilliams@huddlestonbolen.com

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

Name of Exempt Organization: UNITED WAY OF THE RIVER CITIES, INC.
Employer identification number: 55-0384704
Number street, and room or suite number: 820 MADISON AVENUE,
City town or post office, state, and ZIP code: HUNTINGTON, WV 25704

Check type of return to be filed (File a separate application for each return)
[X] Form 990
Form 990-T (section 401(a) or 408(a) trust)
Form 5227
Form 990-BL
Form 990-T (trust other than above)
Form 6069
Form 990-EZ
Form 1041-A
Form 8870
Form 990-PF
Form 4720

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

- The books are in care of JANICE LEONARD, DIRECTOR OF FINANCE
Telephone No (304) 523-8929 FAX No
If the organization does not have an office or place of business in the United States, check this box
If this is for a Group Return, enter the organizations four digit Group Exemption Number (GEN)
whole group, check this box
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, 20 05
5 For calendar year 2004, or other tax year beginning 20 and ending 20
6 If this tax year is for less than 12 months, check reason: Initial return Final return Change in accounting period
7 State in detail why you need the extension ADDITIONAL TIME IS NEEDED TO COMPLETE THE AUDIT SO THAT A MORE ACCURATE RETURN CAN BE FILED
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 \$ 0.
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 \$ 0.
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 \$ 0.

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete and that I am authorized to prepare this form
Signature [Signature] Title CERTIFIED PUBLIC ACCOUNTANT Date 07/21/05

Notice to Applicant - To be Completed by the IRS

- We have approved this application Please attach this form to the organization's return.
We have not approved this application However, we have granted a 10-day grace period from the later of the date shown below or the due date of the organization's return (including any prior extensions) This grace period is considered to be a valid extension of time for elections otherwise required to be made on a timely 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 extended due date of the return for which an extension was requested
Other

Director By Date

Alternate Mailing Address - Enter the address if you want the copy of this application for an additional 3-month extension of time returned to an address different than the one entered above

Name: CHARLES WILLIAM WRIGHT, CPA
Number and street (include suite, room, or apartment number) or a P.O. box number: P.O. BOX 2608
City or town, province or state, and country (including postal or ZIP code): HUNTINGTON, WV 25726
Date: AUG 18 2005
SUBMISSION PROCESSING CODE: WV 25726