

Return of Organization Exempt From Income Tax

2005

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

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

A For the 2005 calendar year, or tax year beginning 2005, 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.unitedwayrivercities.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 chooses to file a return, be sure to file a complete return. Some states require a complete return.

L Gross receipts Add lines 6b, 8b, 9b, and 10b to line 12: 1,492,230.

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)

SCANNED NOV 17 2006

Table with 3 main columns: Description, Sub-Description, and Amount. Rows include: 1 Contributions, gifts, grants, and similar amounts received (Total: 1,462,504); 2 Program service revenue including government fees and contracts; 3 Membership dues and assessments; 4 Interest on savings and temporary cash investments (27,050); 5 Dividends and interest from securities; 6a Gross rents; 6b Less rental expenses; 6c Net rental income or (loss); 7 Other investment income (CHANGE IN VALUE OF CHARITABLE LEAD TRUST) (2,676); 8a Gross amount from sales of assets other than inventory; 8b Less cost or other basis and sales expenses; 8c Gain or (loss); 8d Net gain or (loss); 9 Special events and activities; 9a Gross revenue; 9b Less direct expenses other than fundraising expenses; 9c Net income or (loss) from special events; 10a Gross sales of inventory, less returns and allowances; 10b Less cost of goods sold; 10c Gross profit or (loss) from sales of inventory; 11 Other revenue; 12 Total revenue (1,492,230); 13 Program services; 14 Management and general; 15 Fundraising; 16 Payments to affiliates; 17 Total expenses (1,562,846); 18 Excess or (deficit) for the year (-70,616); 19 Net assets or fund balances at beginning of year (1,785,119); 20 Other changes in net assets or fund balances (68,649); 21 Net assets or fund balances at end of year (1,783,152).

Handwritten numbers: 615 23

**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

<i>Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I</i>		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22 Grants and allocations (att sch) (cash \$ 1,179,024. non-cash \$ _____)					
If this amount includes foreign grants, check here <input type="checkbox"/>	22	1,179,024.	1,179,024.		
23 Specific assistance to individuals (att sch)	23	42,779.	42,779.		
24 Benefits paid to or for members (att sch)	24				
25 Compensation of officers, directors, etc	25	40,173.	5,624.	13,659.	20,890.
26 Other salaries and wages	26	140,150.	19,621.	47,651.	72,878.
27 Pension plan contributions	27	14,597.	2,044.	5,109.	7,444.
28 Other employee benefits	28	15,699.	2,198.	5,495.	8,006.
29 Payroll taxes	29	14,323.	2,005.	5,013.	7,305.
30 Professional fundraising fees	30	6,964.	0.	0.	6,964.
31 Accounting fees	31	3,887.	544.	1,360.	1,983.
32 Legal fees	32				
33 Supplies	33	8,431.	1,181.	2,950.	4,300.
34 Telephone	34	5,110.	715.	1,789.	2,606.
35 Postage and shipping	35	660.	92.	231.	337.
36 Occupancy	36	5,414.	758.	1,895.	2,761.
37 Equipment rental and maintenance	37	10,901.	1,526.	3,815.	5,560.
38 Printing and publications	38	13,994.	0.	0.	13,994.
39 Travel	39	1,960.	274.	686.	1,000.
40 Conferences, conventions, and meetings	40	3,409.	477.	1,193.	1,739.
41 Interest	41				
42 Depreciation, depletion, etc (attach schedule)	42	17,127.	2,398.	5,994.	8,735.
43 Other expenses not covered above (itemize)					
a EQUIPMENT PURCHASES	43a	1,947.	273.	681.	993.
b DUES & SUBSCRIPTIONS	43b	874.	122.	306.	446.
c INSURANCE & LIABILITY BOND	43c	3,834.	537.	1,342.	1,955.
d MISCELLANEOUS EXPENSE	43d	7,686.	1,076.	2,690.	3,920.
e OTHER EXPENSE	43e	12,112.	12,112.	0.	0.
f _____	43f				
g _____	43g				
44 Total functional expenses Add lines 22 through 43 (Organizations completing columns (B) - (D), carry these totals to lines 13 - 15)	44	1,551,055.	1,275,380.	101,859.	173,816.

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 \$ 296,183. , (ii) the amount allocated to Program services \$ 41,466. , (iii) the amount allocated to Management and general \$ 103,663. , and (iv) the amount allocated to Fundraising \$ 151,054. .

BAA

**Part III Statement of Program Service Accomplishments**

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.

What is the organization's primary exempt purpose? ▶ <u>SUPPORTING OTHER NON-PROFIT ENTITIES</u> All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)	Program Service Expenses (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts, but optional for others.)
<b>a</b> <u>SUPPORTED LOCAL NON-PROFIT ORGANIZATIONS FROM CONTRIBUTIONS RECEIVED FROM THE PUBLIC WITHIN THE LOCAL AREA</u> ----- ----- ----- (Grants and allocations \$ 1,179,024.) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	1,275,380.
<b>b</b> ----- ----- ----- (Grants and allocations \$ ) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	
<b>c</b> ----- ----- ----- (Grants and allocations \$ ) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	
<b>d</b> ----- ----- ----- (Grants and allocations \$ ) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	
<b>e</b> Other program services (Grants and allocations \$ ) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	
<b>f Total of Program Service Expenses</b> (should equal line 44, column (B), Program services) ▶	1,275,380.

**Part IV Balance Sheets** (See Instructions)

		(A) Beginning of year	(B) End of year
<b>Note:</b> 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	1,403,220.	46 1,354,861.
	47a Accounts receivable	47a 178,447.	
	b Less allowance for doubtful accounts	47b 0.	47c 178,447.
	48a Pledges receivable	48a 919,828.	
	b Less allowance for doubtful accounts	48b 189,458.	48c 730,370.
	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	2,993.	53 3,061.
	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 249,759.	56 262,794.
	57a Land, buildings, and equipment basis	57a 707,423.	
	b Less accumulated depreciation (attach schedule) L-57 Stmt	57b 184,305.	57c 523,118.
	58 Other assets (describe ▶ _____)		58
59 <b>Total assets</b> (must equal line 74) Add lines 45 through 58	3,094,328.	59 3,052,651.	
LIABILITIES	60 Accounts payable and accrued expenses		60
	61 Grants payable	1,309,209.	61 1,269,499.
	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 <b>Total liabilities.</b> Add lines 60 through 65	1,309,209.	66 1,269,499.	
NET ASSETS OR FUND BALANCES	<b>Organizations that follow SFAS 117, check here</b> <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.		
	67 Unrestricted	1,371,707.	67 1,377,503.
	68 Temporarily restricted . . .	413,412.	68 405,649.
	69 Permanently restricted .		69
	<b>Organizations that do not follow SFAS 117, check here</b> <input type="checkbox"/> and complete lines 70 through 74		
	70 Capital stock, trust principal, or current funds		70
	71 Paid-in or capital surplus, or land, building, and equipment fund		71
	72 Retained earnings, endowment, accumulated income, or other funds		72
	73 <b>Total net assets or fund balances</b> (add lines 67 through 69 or lines 70 through 72, column (A) must equal line 19, column (B) must equal line 21)	1,785,119.	73 1,783,152.
	74 <b>Total liabilities and net assets/fund balances.</b> Add lines 66 and 73	3,094,328.	74 3,052,651.

BAA

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

<b>a</b>	Total revenue, gains, and other support per audited financial statements		<b>a</b>	1,636,128.
<b>b</b>	Amounts included on line <b>a</b> but not on Part I, line 12			
	1 Net unrealized gains on investments	<b>b1</b>		
	2 Donated services and use of facilities	<b>b2</b>		
	3 Recoveries of prior year grants	<b>b3</b>		
	4 Other (specify) <u>SEE STATEMENT</u>	<b>b4</b>	146,574.	
	Add lines <b>b1</b> through <b>b4</b>		<b>b</b>	146,574.
<b>c</b>	Subtract line <b>b</b> from line <b>a</b>		<b>c</b>	1,489,554.
<b>d</b>	Amounts included on Part I, line 12, but not on line <b>a</b> :			
	1 Investment expenses not included on Part I, line 6b	<b>d1</b>		
	2 Other (specify) <u>CHANGE IN VALUE OF BENEFICIAL TRUST</u>	<b>d2</b>	2,676.	
	Add lines <b>d1</b> and <b>d2</b>		<b>d</b>	2,676.
<b>e</b>	<b>Total revenue</b> (Part I, line 12) Add lines <b>c</b> and <b>d</b>		<b>e</b>	1,492,230.

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

<b>a</b>	Total expenses and losses per audited financial statements		<b>a</b>	1,696,407.
<b>b</b>	Amounts included on line <b>a</b> but not on Part I, line 17			
	1 Donated services and use of facilities	<b>b1</b>		
	2 Prior year adjustments reported on Part I, line 20	<b>b2</b>		
	3 Losses reported on Part I, line 20	<b>b3</b>		
	4 Other (specify) <u>PROVISION FOR UNCOLLECTIBLE PLEDGES</u>	<b>b4</b>	133,561.	
	Add lines <b>b1</b> through <b>b4</b>		<b>b</b>	133,561.
<b>c</b>	Subtract line <b>b</b> from line <b>a</b>		<b>c</b>	1,562,846.
<b>d</b>	Amounts included on Part I, line 17, but not on line <b>a</b> :			
	1 Investment expenses not included on Part I, line 6b	<b>d1</b>		
	2 Other (specify) _____	<b>d2</b>		
	Add lines <b>d1</b> and <b>d2</b>		<b>d</b>	
<b>e</b>	<b>Total expenses</b> (Part I, line 17) Add lines <b>c</b> and <b>d</b>		<b>e</b>	1,562,846.

**Part V-A Current Officers, Directors, Trustees, and Key Employees** (List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated) (See the 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 plans	(E) Expense account and other allowances
<u>KHENG MCGUIRE/LAURA GILLIAM</u> <u>823 MADISON AVENUE</u> <u>HUNTINGTON, WV 25701</u>	EXECUTIVE DIRECTOR 40	40,173.	0.	0.
<u>WILLIAM J. MCGEE</u> <u>823 MADISON AVENUE</u> <u>HUNTINGTON, WV 25701</u>	PRESIDENT 1	0.	0.	0.
<u>MICHAEL D. SELLARDS</u> <u>823 MADISON AVENUE</u> <u>HUNTINGTON, WV 25701</u>	FIRST VICE PRESIDENT 1	0.	0.	0.
<u>WILLIAM CUNNINGHAM</u> <u>823 MADISON AVENUE</u> <u>HUNTINGTON, WV 25701</u>	SECOND VICE PRESIDENT 1	0.	0.	0.
<u>J. MERLE CORE</u> <u>823 MADISON AVENUE</u> <u>HUNTINGTON, WV 25701</u>	SECRETARY 1	0.	0.	0.
<u>See List of Officers, Etc Statement</u>				



Part VI Other Information (continued)	Yes	No
<b>82 a</b> 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>b</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	
<b>83 a</b> Did the organization comply with the public inspection requirements for returns and exemption applications?	83 a	X
<b>b</b> Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83 b	X
<b>84 a</b> Did the organization solicit any contributions or gifts that were not tax deductible?	84 a	X
<b>b</b> If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	84 b	
<b>85 501(c)(4), (5), or (6) organizations a</b> Were substantially all dues nondeductible by members?	85 a	
<b>b</b> Did the organization make only in-house lobbying expenditures of \$2,000 or less?	85 b	
If 'Yes' was answered to either 85a or 85b, <b>do not</b> complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.		
<b>c</b> Dues, assessments, and similar amounts from members	85 c	
<b>d</b> Section 162(e) lobbying and political expenditures	85 d	
<b>e</b> Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85 e	
<b>f</b> Taxable amount of lobbying and political expenditures (line 85d less 85e)	85 f	
<b>g</b> Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85 g	
<b>h</b> 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	
<b>86 501(c)(7) organizations</b> Enter <b>a</b> Initiation fees and capital contributions included on line 12	86 a	
<b>b</b> Gross receipts, included on line 12, for public use of club facilities.	86 b	
<b>87 501(c)(12) organizations</b> Enter <b>a</b> Gross income from members or shareholders	87 a	
<b>b</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	
<b>88</b> 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
<b>89 a 501(c)(3) organizations</b> Enter Amount of tax imposed on the organization during the year under section 4911 ▶ 0. , section 4912 ▶ 0. , section 4955 ▶ 0.		
<b>b 501(c)(3) and 501(c)(4) organizations</b> 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
<b>c</b> Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		0.
<b>d</b> Enter Amount of tax on line 89c, above, reimbursed by the organization		0.
<b>90 a</b> List the states with which a copy of this return is filed ▶ N/A		
<b>b</b> Number of employees employed in the pay period that includes March 12, 2005 (See instructions.)	90 b	6
<b>91 a</b> 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		
<b>b</b> At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If 'Yes,' enter the name of the foreign country ▶	91 b	X
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Statements		
<b>c</b> At any time during the calendar year, did the organization maintain an office outside of the United States? If 'Yes,' enter the name of the foreign country ▶	91 c	X
<b>92</b> Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 92		<input type="checkbox"/>

**Part VII Analysis of Income-Producing Activities** (See the 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	27,050.	
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					2,676.
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))				27,050.	2,676.
105 Total (add line 104, columns (B), (D), and (E))					29,726.

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 the instructions)

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).
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 the instructions)

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

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

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

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

Please Sign Here

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

Signature of officer: Laura Gilliam Date: 10/26/06

LAURA GILLIAM, EXECUTIVE DIRECTOR

Paid Preparer's Use Only

Preparer's signature: [Signature] Date: 10/24/06 Check if self-employed:

Firm's name (or yours if self-employed), address, and ZIP + 4: TRAINER, WRIGHT & ASSOCIATES  
P.O. BOX 2608  
HUNTINGTON WV 25726

EIN: \_\_\_\_\_ Phone no: (304) 697-7083

**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 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

**2005**

Name of the organization <b>UNITED WAY OF THE RIVER CITIES, INC.</b>	Employer identification number <b>55-0384704</b>
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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 – A 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		
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-----		
Total number of others receiving over \$50,000 for professional services ▶		NONE

**Part II – B Compensation of the Five Highest Paid Independent Contractors for Other Services**  
(List each contractor who performed services other than professional services, whether individuals or firms If there are none, enter 'None' See instructions)

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
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-----		
-----		
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-----		
Total number of other contractors receiving over \$50,000 for other services ▶		NONE

**Part III Statements About Activities** (See instructions)

	Yes	No
<b>1</b> 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 <b>▶</b> \$ _____ (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
<b>2a</b> Sale, exchange, or leasing of property?		X
<b>2b</b> Lending of money or other extension of credit?		X
<b>2c</b> Furnishing of goods, services, or facilities?		X
<b>2d</b> Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	X	
<b>2e</b> Transfer of any part of its income or assets?		X
<b>3a</b> 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>3b</b> Do you have a section 403(b) annuity plan for your employees?	X	
<b>3c</b> During the year, did the organization receive a contribution of qualified real property interest under section 170(h)?		X
<b>4a</b> 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>4b</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)
- 11 a**  An organization that normally receives a substantial part of its support from a governmental unit or from the general public Section 170(b)(1)(A)(vi) (Also complete the **Support Schedule** in Part IV-A)
- 11 b**  A community trust Section 170(b)(1)(A)(vi) (Also complete the **Support Schedule** in Part IV-A)
- 12**  An organization that normally receives **(1) more than 33-1/3%** of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc, functions – subject to certain exceptions, and **(2) no more than 33-1/3%** of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2) (Also complete the **Support Schedule** in Part IV-A)
- 13**  An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in **(1)** lines 5 through 12 above; or **(2)** section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2) Check the box that describes the type of supporting organization  Type 1  Type 2  Type 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) 2004	(b) 2003	(c) 2002	(d) 2001	(e) Total
<b>15</b> Gifts, grants, and contributions received (Do not include unusual grants. See line 28.)	1,372,901.	1,858,384.	1,730,180.	2,393,012.	7,354,477.
<b>16</b> Membership fees received					
<b>17</b> 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					
<b>18</b> 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	31,825.	37,848.	43,881.	71,445.	184,999.
<b>19</b> Net income from unrelated business activities not included in line 18					
<b>20</b> Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
<b>21</b> 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.					
<b>22</b> Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets.	0.	0.	0.	0.	0.
<b>23</b> Total of lines 15 through 22	1,404,726.	1,896,232.	1,774,061.	2,464,457.	7,539,476.
<b>24</b> Line 23 minus line 17	1,404,726.	1,896,232.	1,774,061.	2,464,457.	7,539,476.
<b>25</b> Enter 1% of line 23	14,047.	18,962.	17,741.	24,645.	

<b>26 Organizations described on lines 10 or 11:</b>	<b>a</b> Enter 2% of amount in column (e), line 24	<b>26a</b>	150,790.
<b>b</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 2001 through 2004 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts.		<b>26b</b>	
<b>c</b> Total support for section 509(a)(1) test. Enter line 24, column (e).		<b>26c</b>	7,539,476.
<b>d</b> Add: Amounts from column (e) for lines	<b>18</b> 184,999. <b>19</b> _____	<b>26d</b>	184,999.
	<b>22</b> 0. <b>26b</b> _____	<b>26e</b>	7,354,477.
<b>e</b> Public support (line 26c minus line 26d total)		<b>26e</b>	
<b>f</b> Public support percentage (line 26e (numerator) divided by line 26c (denominator))		<b>26f</b>	97.55 %

<b>27 Organizations described on line 12:</b>			
<b>a</b> 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.	(2004) _____ (2003) _____ (2002) _____ (2001) _____		
<b>b</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 11b, 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.	(2004) _____ (2003) _____ (2002) _____ (2001) _____		
<b>c</b> Add: Amounts from column (e) for lines	<b>15</b> _____ <b>16</b> _____	<b>27c</b>	
	<b>17</b> _____ <b>20</b> _____ <b>21</b> _____	<b>27d</b>	
<b>d</b> Add: Line 27a total _____ and line 27b total _____		<b>27e</b>	
<b>e</b> Public support (line 27c total minus line 27d total)		<b>27e</b>	
<b>f</b> Total support for section 509(a)(2) test. Enter amount from line 23, column (e)	<b>27f</b> _____	<b>27g</b>	%
<b>g</b> Public support percentage (line 27e (numerator) divided by line 27f (denominator))		<b>27g</b>	
<b>h</b> Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))		<b>27h</b>	%

**28 Unusual Grants:** For an organization described in line 10, 11, or 12 that received any unusual grants during 2001 through 2004, 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
<b>29</b>	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?		
<b>30</b>	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?		
<b>31</b>	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 ) ----- ----- -----		
<b>32</b>	Does the organization maintain the following		
<b>a</b>	Records indicating the racial composition of the student body, faculty, and administrative staff?	<b>32a</b>	
<b>b</b>	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	<b>32b</b>	
<b>c</b>	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	<b>32c</b>	
<b>d</b>	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 ) ----- -----	<b>32d</b>	
<b>33</b>	Does the organization discriminate by race in any way with respect to		
<b>a</b>	Students' rights or privileges?	<b>33a</b>	
<b>b</b>	Admissions policies?	<b>33b</b>	
<b>c</b>	Employment of faculty or administrative staff?	<b>33c</b>	
<b>d</b>	Scholarships or other financial assistance?	<b>33d</b>	
<b>e</b>	Educational policies?	<b>33e</b>	
<b>f</b>	Use of facilities?	<b>33f</b>	
<b>g</b>	Athletic programs?	<b>33g</b>	
<b>h</b>	Other extracurricular activities?  If you answered 'Yes' to any of the above, please explain (If you need more space, attach a separate statement ) ----- ----- -----	<b>33h</b>	
<b>34a</b>	Does the organization receive any financial aid or assistance from a governmental agency?	<b>34a</b>	
<b>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	<b>34b</b>	
<b>35</b>	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.	<b>35</b>	

**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

<b>Limits on Lobbying Expenditures</b> (The term 'expenditures' means amounts paid or incurred )		(a) Affiliated group totals	(b) To be completed for ALL electing organizations												
<b>36</b>	Total lobbying expenditures to influence public opinion (grassroots lobbying)	<b>36</b>													
<b>37</b>	Total lobbying expenditures to influence a legislative body (direct lobbying)	<b>37</b>													
<b>38</b>	Total lobbying expenditures (add lines 36 and 37)	<b>38</b>													
<b>39</b>	Other exempt purpose expenditures	<b>39</b>													
<b>40</b>	Total exempt purpose expenditures (add lines 38 and 39)	<b>40</b>													
<b>41</b>	Lobbying nontaxable amount Enter the amount from the following table – <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;"><b>If the amount on line 40 is –</b></td> <td style="width: 50%; border: none;"><b>The lobbying nontaxable amount is –</b></td> </tr> <tr> <td style="border: none;">Not over \$500,000</td> <td style="border: none;">20% of the amount on line 40</td> </tr> <tr> <td style="border: none;">Over \$500,000 but not over \$1,000,000</td> <td style="border: none;">\$100,000 plus 15% of the excess over \$500,000</td> </tr> <tr> <td style="border: none;">Over \$1,000,000 but not over \$1,500,000</td> <td style="border: none;">\$175,000 plus 10% of the excess over \$1,000,000</td> </tr> <tr> <td style="border: none;">Over \$1,500,000 but not over \$17,000,000</td> <td style="border: none;">\$225,000 plus 5% of the excess over \$1,500,000</td> </tr> <tr> <td style="border: none;">Over \$17,000,000</td> <td style="border: none;">\$1,000,000</td> </tr> </table>	<b>If the amount on line 40 is –</b>	<b>The lobbying nontaxable amount is –</b>	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	<b>41</b>	
<b>If the amount on line 40 is –</b>	<b>The lobbying nontaxable amount is –</b>														
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														
<b>42</b>	Grassroots nontaxable amount (enter 25% of line 41)	<b>42</b>													
<b>43</b>	Subtract line 42 from line 36 Enter -0- if line 42 is more than line 36	<b>43</b>													
<b>44</b>	Subtract line 41 from line 38 Enter -0- if line 41 is more than line 38	<b>44</b>													
<b>Caution:</b> 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 )

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 2005	(b) 2004	(c) 2003	(d) 2002	(e) Total
<b>45</b>	Lobbying nontaxable amount				
<b>46</b>	Lobbying ceiling amount (150% of line 45(e))				
<b>47</b>	Total lobbying expenditures				
<b>48</b>	Grassroots non-taxable amount				
<b>49</b>	Grassroots ceiling amount (150% of line 48(e))				
<b>50</b>	Grassroots lobbying expenditures				

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

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 5, Part V-A

**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	TREASURER 1	0.	0.	0.
RENE MONIQUE 823 MADISON AVENUE HUNTINGTON, WV 25701	INTERIM DIRECTOR 40	0.	0.	0.
SEE ATTACHED LIST OF BOARD OF DIRECTORS	N/A N/A	0.	0.	0.

Form 990, Page 4, Part IV, Line 56

**Investments - Other Statement**

Line 56 – Investments - Other:	Beginning of Year	End of Year
INVESTMENTS HELD BY UWRC FOUNDATION, INC.	249,759.	
Total	<u>249,759.</u>	

Form 990, Page 4, Part IV, Lines 57a & 57b

**Land, Buildings and Equipment Statement**

	(a) Cost/Other Basis	(b) Accumulated Depreciation	(c) Book Value
FURNITURE & FIXTURES	43,337.	34,324.	9,013.
COMPUTERS AND SOFTWARE	99,791.	89,468.	10,323.
LAND	35,000.	0.	35,000.
BUILDINGS	529,295.	60,513.	468,782.
Total	<u>707,423.</u>	<u>184,305.</u>	<u>523,118.</u>

**Supporting Statement of:**

Form 990 p 1/Line 16

Description	Amount
PAYMENTS TO AFFILIATES-UW OF AMERICA DUES	11,791.
PAYMENTS TO AFFILIATES-UWRC FOUNDATION	0.
Total	<u>11,791.</u>

**Supporting Statement of:**

Form 990 p 1/Line 20

Description	Amount
PRIOR YEAR ALLOCATION ADJUSTMENT	68,649.
Total	<u>68,649.</u>

**Supporting Statement of:**

Form 990 p 2/Line 22 column (B)

Description	Amount
AMERICAN RED CROSS-OH & WV	166,837.
BARNETT CHILD CARE	30,000.
BIG BROTHERS/BIG SISTER	24,900.
BIRTHRIGHT	1,750.
BOYS/GIRLS CLUBS-HUNTING	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-OHIO	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.
RENNEISSANCE PROGRAM-PRESTERA MENTAL HEALTH	21,912.
SALVATION ARMY	64,970.
SPECIAL OLYMPICS-CABELL COUNTY, WV	6,391.
SPECIAL OLYMPICS-LAWRENCE COUNTY, OH	5,200.
SPECIAL OLYMPICS-WAYNE COUNTY, WV	1,328.

Continued

**Supporting Statement of:**

Form 990 p 2/Line 22 column (B)

Description	Amount
STELLA FULLER SETTLEMENT	30,495.
TRI-STATE LITERACY COUNCIL	18,750.
UNITED HEALTH FOUNDATION	18,287.
WELL CHILD CLINIC	2,500.
YMCA	41,500.
YWCA	14,737.
YOUTH PROGRAM	5,500.
OTHER UNITED WAYS AND DESIGNATED AGENCIES	96,045.
NATIONAL AND INTERNATIONAL AGENCIES	43,058.
AGENCY AUDITS	7,500.
PAYMENTS TO AFFILIATES-UW OF AMERICA DUES	-11,791.
Total	<u>1,179,024.</u>

**Supporting Statement of:**

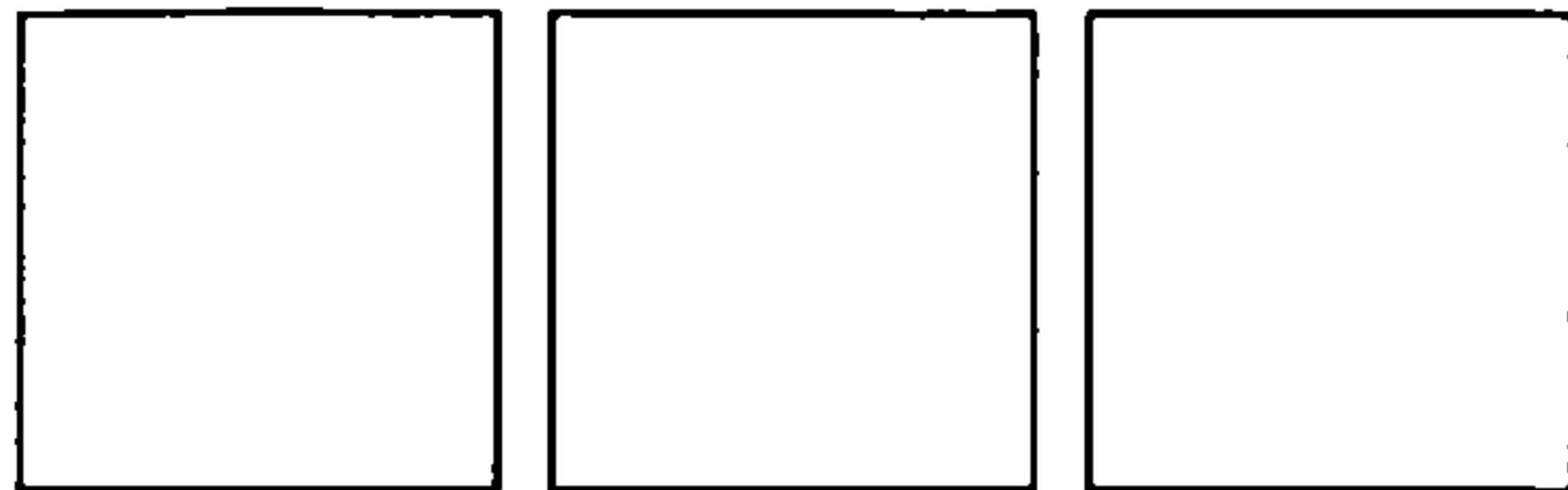
Form 990 p 2/Line 23 column (B)

Description	Amount
BEST BUY	9.
EVENING SCHOOL	40,000.
SEARCH COMMITTEE	1,664.
WELLNESS	158.
SUCCESS BY SIX	948.
Total	<u>42,779.</u>

**Supporting Statement of:**

Form 990 p 5/Part IV-A, Line b(4)

Description	Amount
CHARITABLE TRUST REPORTING REQUIREMENTS	13,013.
PROVISION FOR UNCOLLECTIBLE PLEDGES	133,561.
Total	<u>146,574.</u>



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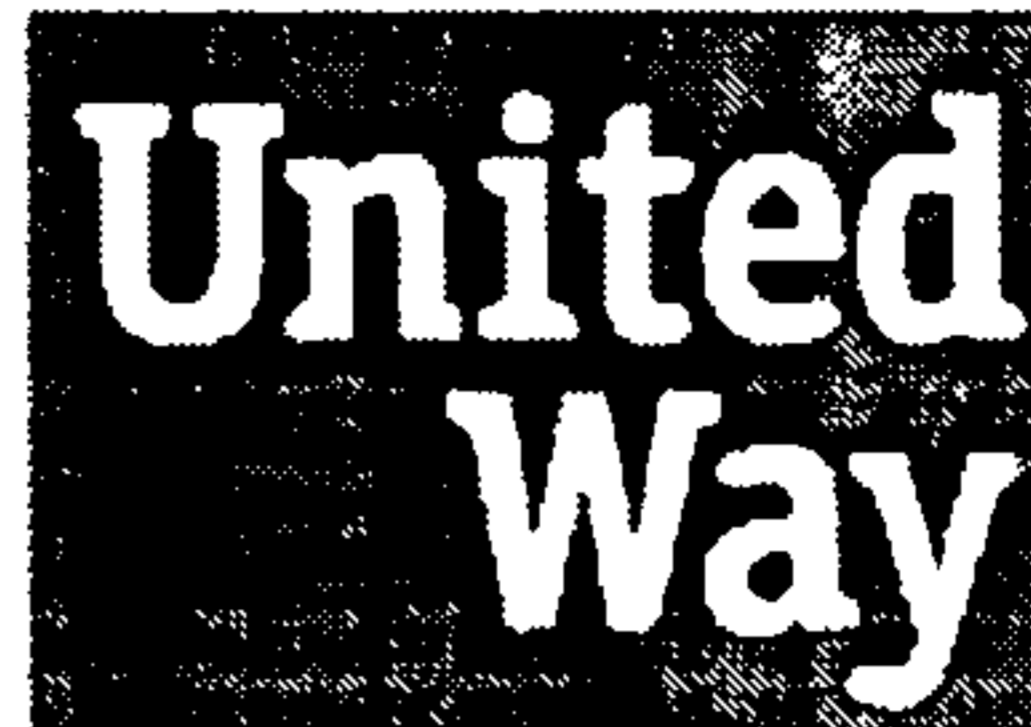
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**United Way  
of the River Cities**



**Board of Directors**

<b>Name</b>	<b>Company</b>	<b>Email</b>
Betty Barrett		barrettwv@adelphia.net
Jay B. Bazemore	JABO Supply Corporation	jbazemore@jabosupply.com
Darrin L. Bird	Special Metals Corp USWA Locals	dbird@smcwv.com
David Call	Fifth Third Bank	David.call@53.com
James E. Casto	Robert C. Byrd Inst. Adv. Flexible Manuf	jcasto@rcbi.org
Denis C. Chabot	U.S. Army Corps of Engineers	denis.c.chabot@lrh01.usace.army.mil
David A. Clark		clarkcpa@clarkac.com
Ann Conjura, M.D.	Hospice of Huntington	aconjura@aol.com
Deborah E. Cooley	Macy's	DeborahCooley@macys.com
J. Merle Core		jmcore@juno.com
William N. Cunningham, M.D.	HIMG Huntington Internal Medicine Group	wcunning@marshall.edu
Timothy R. Duke	Steel of WV/USWA Local 37	tduke@swvainc.com
Phillips C. Emmons		
Jamie L. Fincke	Supervalu WV Division	Jamie.L.Fincke@supervalu.com
R. Douglas Francis		B1180D@yahoo.com
	Hayflich &	

Michael W. Gerber	Steinberg, CPA's, PLLC	gerber@hayflich.net
Roger D. Gray	USWA Local #40	
Jean A. Hamilton	Hamilton Chevrolet	hamiltonchev@yahoo.com
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Kathy Hegg		kmshegg@yahoo.com
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Michael G.	St. Mary's	msellards@st-marys.org

Sellards	Medical Center	
Rosemary Bunny Smith	Cabell Huntington Hospital, Inc.	bsmith@chhi.org
John F. Speer		jfosterspeer@aol.com
Stanley S. Tao	Scott Orthopedic Center, Inc.	sstabt@hotmail.com
Ann Tao		taoann@adelphia.net
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Joseph P. Williams	Basic Supply	basicsupply@juno.com
Pete A Zanmiller	The Herald Dispatch/Gannett Fnd	PZANMILL@GANNETT.COM
Shortie McKinney	Marshall University	s.mckinney@marshall.edu
Della Zipperer	US Bank	della.zipperer@usbank.com

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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)

- |  |  |                                    |
|--|--|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (section 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-BL         | <input type="checkbox"/> Form 990-T (trust other than above)         | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-EZ         | <input type="checkbox"/> Form 1041-A                                 | <input type="checkbox"/> Form 8870 |
| <input type="checkbox"/> Form 990-PF         | <input type="checkbox"/> 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) \_\_\_\_\_ 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, 2006.

5 For calendar year 2005, 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 TO ENSURE 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 \$ \_\_\_\_\_ 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  Title  CERTIFIED PUBLIC ACCOUNTANT Date  07/25/06

**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 returned to an address different than the one entered above

Type or print	Name
	MARK A. MORGAN, 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	

**EXTENSION APPROVED**  
**AUG 17 2006**  
**FIELD DIRECTOR, SUBMISSION PROCESSING**  
**OGDEN**