

Return of Organization Exempt From Income Tax

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

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

A For the 2007 calendar year, or tax year beginning, 2007, and ending, 20

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

C Name of organization: UNITED WAY OF THE RIVER CITIES, INC. Address: 820 MADISON AVENUE, HUNTINGTON WV 25704

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).

H and I are not applicable to section 527 organizations. H(a) Is this a group return for affiliates? H(b) If "Yes," enter number of affiliates. H(c) Are all affiliates included? H(d) Is this a separate return filed by an organization covered by a group ruling? I Group Exemption Number. M Check if the organization is not required to attach Sch B (Form 990, 990-EZ, or 990-PF)

G Website: WWW.UNITEDWAYRIVERCITIES.ORG

J Organization type: 501(c)(3)

K Check here if the organization is not a 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

L Gross receipts: 2,243,958

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

Table with 21 rows and 4 columns: Description, Sub-column, Amount, Total. Includes rows for Contributions, Program Service Revenue, Investment Income, Sales of Assets, Special Events, Inventory, and Total Revenue/Expenses.

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Handwritten marks and numbers at the bottom right of the page.

Part II Statement of Functional Expenses All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others. (See the instructions.)

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22a	Grants paid from donor advised funds (attach schedule) (cash \$ _____ noncash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	22a			
22b	Other grants and allocations (attach schedule) (cash \$ 1,244,678 noncash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	22b	1,244,678	1,244,678	
23	Specific assistance to individuals (attach schedule)	23			
24	Benefits paid to or for members (attach schedule)	24			
25a	Compensation of current officers, directors, key employees, etc. listed in Part V-A	25a	129,437	19,416	45,303
b	Compensation of former officers, directors, key employees, etc. listed in Part V-B	25b			
c	Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	25c			
26	Salaries and wages of employees not included on lines 25a, b, and c	26	109,817	33,394	60,300
27	Pension plan contributions not included on lines 25a, b, and c	27	23,510	2,043	12,159
28	Employee benefits not included on lines 25a - 27	28	15,123		8,565
29	Payroll taxes	29	20,126	4,583	8,804
30	Professional fundraising fees	30	750		425
31	Accounting fees	31	1,708	1,708	
32	Legal fees	32			
33	Supplies	33	37,794	4,235	19,008
34	Telephone	34	5,638	367	2,985
35	Postage and shipping	35	3,789	479	1,875
36	Occupancy	36	5,456		3,090
37	Equipment rental and maintenance	37	8,544		4,839
38	Printing and publications	38	158	158	
39	Travel	39	7,131	5,105	1,148
40	Conferences, conventions, and meetings	40	19,059	10,916	4,612
41	Interest	41			
42	Depreciation, depletion, etc (attach schedule)	42	17,716		10,034
43	Other expenses not covered above (itemize):				
a	DUES & SUBSCRIPTIONS	43a	4,623	2,477	1,215
b	EQUIPMENT PURCHASES	43b	8,889	9,734	(479)
c	INSURANCE & LIAB. BOND	43c	4,828		2,735
d	MISCELLANEOUS EXPENSE	43d	30,782	1,866	16,378
e	PROMO/INCENTIVE ITEMS	43e	6,055	6,055	
f	SOCIAL MARKETING	43f	890	890	
g	PROVISION 4 UNCOLL PLEDG	43g	124,796	124,796	
44	Total functional expenses. Add lines 22a through 43g. (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	44	1,831,297	1,472,900	202,996

Joint Costs. Check if you are following SOP 98-2.

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? Yes No
 If "Yes," enter (i) the aggregate amount of these joint costs \$ _____, (ii) the amount allocated to Program services \$ _____,
 (iii) the amount allocated to Management and general \$ _____; and (iv) the amount allocated to Fundraising \$ _____

Part IV Balance Sheets (See the instructions)

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

		(A)		(B)
		Beginning of year		End of year
45	Cash - non-interest-bearing		45	
46	Savings and temporary cash investments	1,284,284	46	1,492,019
47a	Accounts receivable	47a 152,033		
b	Less: allowance for doubtful accounts	47b	47c	152,033
48a	Pledges receivable	48a 1,105,428		
b	Less allowance for doubtful accounts	48b 153,754	48c	951,674
49	Grants receivable		49	
50a	Receivables from current and former officers, directors, trustees, and key employees (attach schedule)		50a	
b	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)		50b	
51a	Other notes and loans receivable (attach schedule)	51a		
b	Less allowance for doubtful accounts	51b	51c	
52	Inventories for sale or use		52	
53	Prepaid expenses and deferred charges	3,202	53	3,270
54a	Investments - publicly-traded securities <input type="checkbox"/> Cost <input type="checkbox"/> FMV		54a	
b	Investments - other securities (attach schedule) <input type="checkbox"/> Cost <input type="checkbox"/> FMV		54b	
55a	Investments - land, buildings, and equipment basis	55a		
b	Less accumulated depreciation (attach schedule)	55b	55c	
56	Investments - other (attach schedule)	STM115 288,975	56	294,581
57a	Land, buildings, and equipment, basis	57a 718,579		
b	Less accumulated depreciation (attach schedule) STM116	57b 219,318	57c	499,261
58	Other assets, including program-related investments (describe _____)		58	
59	Total assets (must equal line 74). Add lines 45 through 58	2,949,987	59	3,392,838
60	Accounts payable and accrued expenses		60	4,422
61	Grants payable	1,156,105	61	1,447,760
62	Deferred revenue	22,898	62	23,834
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"/> STM121 _____)	6,765	65	14,631
66	Total liabilities. Add lines 60 through 65	1,185,768	66	1,490,647
Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74				
67	Unrestricted	1,387,701	67	1,766,771
68	Temporarily restricted	376,518	68	135,420
69	Permanently restricted	0	69	0
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 and column (B) must equal line 21)	1,764,219	73	1,902,191
74	Total liabilities and net assets/fund balances. Add lines 66 and 73	2,949,987	74	3,392,838

Part VI Other Information (continued)		Yes	No
82a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?		X
b	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II (See instructions in Part III)		
	82b		
83a	Did the organization comply with the public inspection requirements for returns and exemption applications?	X	
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	X	
84a	Did the organization solicit any contributions or gifts that were not tax deductible?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	N/A	
85a	501(c)(4), (5), or (6) Were substantially all dues nondeductible by members?	N/A	
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	N/A	
	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		
c	Dues, assessments, and similar amounts from members		
	85c		
d	Section 162(e) lobbying and political expenditures		
	85d		
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices		
	85e		
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)		
	85f		
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	N/A	
85g			
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?	N/A	
85h			
86	501(c)(7) orgs. Enter: a Initiation fees and capital contributions included on line 12		
	86a		
b	Gross receipts, included on line 12, for public use of club facilities		
	86b		
87	501(c)(12) orgs Enter: a Gross income from members or shareholders		
	87a		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
	87b		
88a	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX		X
88a			
b	At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Part XI		X
88b			
89a	501(c)(3) organizations Enter: Amount of tax imposed on the organization during the year under: section 4911 ▶ _____, section 4912 ▶ _____, section 4955 ▶ _____		
b	501(c)(3) and 501(c)(4) orgs. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction		X
89b			
c	Enter. Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ _____		
d	Enter. Amount of tax on line 89c, above, reimbursed by the organization ▶ _____		
e	All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?		X
89e			
f	All organizations Did the organization acquire a direct or indirect interest in any applicable insurance contract?		X
89f			
g	For supporting organizations and sponsoring organizations maintaining donor advised funds Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		X
89g			
90a	List the states with which a copy of this return is filed ▶ _____		
b	Number of employees employed in the pay period that includes March 12, 2007 (See instructions.)	90b	1
91a	The books are in care of ▶ % DAVID CARTER Telephone no ▶ 304-523-8929 Located at ▶ 820 MADISON AVE HUNTINGTON WV ZIP + 4 ▶ 25704		
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)?		X
	If "Yes," enter the name of the foreign country ▶ _____		
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts		
		91b	

Part VI Other Information (continued) Yes No

c At any time during the calendar year, did the organization maintain an office outside of the United States? 91c Yes No
 If "Yes," enter the name of the foreign country ▶ _____

92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 - Check here
 and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 92

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 PROGRAM REVENUE					73,153
b _____					
c _____					
d _____					
e _____					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments . . .					
95 Interest on savings & temporary cash investments			14	76,240	
96 Dividends and interest from securities . .					
97 Net rental income or (loss) from real estate					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income					(927)
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 MISC REVENUE			01	6,923	
b _____					
c _____					
d _____					
e _____					
104 Subtotal (add columns (B), (D), and (E))				83,163	72,226
105 Total (add line 104, columns (B), (D), and (E))					155,389

Note: Line 105 plus line 1e, 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).
93A	PROGRAM SERVICE REVENUE
99	VALUE OF CHANGE IN CHARITABLE TRUST GIVEN TO FURTHER ORG. PURPOSE

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
	%			
	%			
	%			
	%			

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)

Part XI

Information Regarding Transfers To and From Controlled Entities.
is a controlling organization as defined in section 512(b)(13).

Complete only if the organization

106 Did the reporting organization make any transfers to a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a				
b				
c				
Totals				

107 Did the reporting organization receive any transfers from a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a				
b				
c				
Totals				

108 Did the organization have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties, and annuities described in question 107 above?

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.

Please Sign Here

Signature of officer: Laura Gilliam Date: 8/20/08

Type or print name and title: Laura Gilliam, Executive Director

Paid Preparer's Use Only

Preparer's signature: [Signature] Date: 8/14/08 Check if self-employed:

Firm's name (or yours if self-employed), address, and ZIP + 4: SullivanWebb PLLC
PO Box 2745
Huntington, WV 25727

EIN: Phone no: 3046970565

Preparer's SSN or PTIN (See Gen Inst X)

SCHEDULE A
(Form 990 or 990-EZ)

Organization Exempt Under Section 501(c)(3)

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

OMB No 1545-0047

2007

Supplementary Information -- (See separate instructions.)

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

Department of the Treasury
Internal Revenue Service

Name of the organization

UNITED WAY OF THE RIVER CITIES, INC

Employer identification number

55-0384704

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

(See page 1 of the instructions. List each one. If there are none, enter "None.")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
NONE		0	0	0

Total number of other employees paid over \$50,000 ▶

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

(See page 2 of the instructions. List each one (whether individuals or firms). If there are none, enter "None.")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		

Total number of others receiving over \$50,000 for professional services ▶

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 page 2 of the instructions.)

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		

Total number of other contractors receiving over \$50,000 for other services ▶

Part III Statements About Activities (See page 2 of the instructions)

Table with columns for question number, description, and Yes/No responses. Includes questions 1 through 4g regarding lobbying, organizational activities, and donor advised funds.

Part IV Reason for Non-Private Foundation Status (See pages 4 through 8 of the instructions)

I certify that 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 otherwise meets the requirements of section 509(a)(3). Check the box that describes the type of supporting organization.
 Type I Type II Type III-Functionally Integrated Type III-Other

Provide the following information about the supported organizations. (See page 8 of the instructions)

(a) Name(s) of supported organization(s)	(b) Employer identification number (EIN)	(c) Type of organization (described in lines 5 through 12 above or IRC section)	(d) Is the supported organization listed in the supporting organization's governing documents?		(e) Amount of support
			Yes	No	
Total					

- 14 An organization organized and operated to test for public safety. Section 509(a)(4). (See page 8 of the instructions)

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12) Use cash method of accounting.

Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting

Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2005	(c) 2004	(d) 2003	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28)	1,379,608	1,461,762	1,372,901	1,858,384	6,072,655
16 Membership fees received	0	0	0	0	0
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose	89,206	0	0	0	89,206
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, income from similar sources, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	41,716	27,050	31,825	37,848	138,439
19 Net income from unrelated business activities not included in line 18	0	0	0	0	0
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf	0	0	0	0	0
21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge	0	0	0	0	0
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets	41,107	0	0	0	41,107
23 Total of lines 15 through 22	1,551,637	1,488,812	1,404,726	1,896,232	6,341,407
24 Line 23 minus line 17	1,462,431	1,488,812	1,404,726	1,896,232	6,252,201
25 Enter 1% of line 23	15,516	14,888	14,047	18,962	
26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24					26a 125,044
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 2003 through 2006 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts					26b
c Total support for section 509(a)(1) test: Enter line 24, column (e)					26c 6,252,201
d Add: Amounts from column (e) for lines: 18 138,439 19 _____ 22 41,107 26b _____					26d 179,546
e Public support (line 26c minus line 26d total)					26e 6,072,655
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					26f 97.13%
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. (2006) _____ (2005) _____ (2004) _____ (2003) _____					
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. (2006) _____ (2005) _____ (2004) _____ (2003) _____					
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 0
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 2003 through 2006, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15					

Part V Private School Questionnaire (See page 9 of the instructions)

(To be completed ONLY by schools that checked the box on line 6 in Part IV)

Table with 3 columns: Question Number, Question Text, and Yes/No columns. Rows include questions 29 through 35 regarding nondiscrimination policies, financial aid, and compliance requirements.

Part VI-A Lobbying Expenditures by Electing Public Charities (See page 11 of the instructions)

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

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

Limits on Lobbying Expenditures

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

Table with 4 columns: Line number, Description, (a) Affiliated group totals, (b) To be completed for all electing organizations. Rows 36-44.

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 on page 13 of the instructions)

Table with 6 columns: Calendar year (or fiscal year beginning in), (a) 2007, (b) 2006, (c) 2005, (d) 2004, (e) Total. Rows 45-50.

Part VI-B Lobbying Activity by Nonelecting Public Charities

(For reporting only by organizations that did not complete Part VI-A) (See page 14 of the instructions.)

Table with 3 columns: Question, Yes, No, Amount. Rows for various lobbying activities (a-i) and a total row.

Federal Supporting Statements

2007 PG 01

Name(s) as shown on return

FEIN

UNITED WAY OF THE RIVER CITIES, INC

55-0384704

FORM 990, SCH FOR PART IV-A, LINE b(4)
OTHER REVENUES INCLUDED SCHEDULE

Statement #96

<u>Description</u>	<u>Amount</u>
PAYMENTS OF CHARITABLE TRUST	14,829
CHANGE IN VALUE OF CHAR. TRUST	927
TOTAL	<u>15,756</u>

FORM 990, SCH FOR PART IV-B, LINE b(4)
OTHER EXPENSES INCLUDED SCHEDULE

PG 01
 Statement #97

<u>Description</u>	<u>Amount</u>
CHANGE IN VALUE OF CHAR. TRUST	927
NET ASSETS RELEASED FROM RESTRICTIO	14,829
TOTAL	<u>15,756</u>

FORM 990, PART I, LINE 7
OTHER INVESTMENT INCOME SCHEDULE

PG 01
 Statement #98

<u>Description</u>	<u>Amount</u>
CHANGED VALUE CHARITABLE LEAD TRUST	(927)
TOTAL	<u>(927)</u>

Federal Supporting Statements

2007 PG 01

Name(s) as shown on return

FEIN

UNITED WAY OF THE RIVER CITIES, INC

55-0384704

**FORM 990, PART I, LINE 16
PAYMENT TO AFFILIATES LIST**

Statement #103

Name UNITED WAY OF AMERICA
Address
Amount \$14,801
Purpose SEE GENERAL EXPLANATION STMNT 127

**FORM 990, SCH FOR PART IV, LINE 56
INVESTMENTS OTHER SCHEDULE**

PG 01
Statement #115

<u>Description</u>	<u>C/F</u>	<u>Beg of Year</u>	<u>End of Year</u>
THOSE HELD BY UWRC FOUNDATION	C	<u>288,975</u>	<u>294,581</u>
TOTAL		<u>288,975</u>	<u>294,581</u>

**FORM 990, SCH FOR PART IV, LINE 57
LAND ETC. SCHEDULE**

PG 01
Statement #116

<u>Category or Item</u>	<u>Basis</u>	<u>Accumulated Depreciation</u>	<u>End of Year</u>
LAND	35,000		35,000
BUILDING - GEN FUND	529,295	86,975	442,320
FURN. AND FIXTURES	13,219	6,042	7,177
COMP. AND SOFTWARE	11,237	7,352	3,885
FURN. AND FIX. ADMIN	30,118	30,118	
EQUIP. ADMIN	<u>99,710</u>	<u>88,831</u>	<u>10,879</u>
TOTAL	<u>718,579</u>	<u>219,318</u>	<u>499,261</u>

Federal Supporting Statements

2007 PG 01

Name(s) as shown on return

FEIN

UNITED WAY OF THE RIVER CITIES, INC

55-0384704

**FORM 990, SCH FOR PART IV, LINE 65
OTHER LIABILITIES SCHEDULE 2**

Statement #121

<u>Description</u>	<u>Beginning of year</u>	<u>End of year</u>
ACCRUED EXPENSES	<u>6,765</u>	<u>14,631</u>
 TOTAL	 <u><u>6,765</u></u>	 <u><u>14,631</u></u>

FORM 990, GENERAL EXPLANATION ATTACHMENT

PG 01
Statement #127

"PAYMENTS TO AFFILIATES" ON LINE 16:

MEMBERSHIP IN UNITED WAY OF AMERICA CONSTITUTES AN AFFILIATE RELATIONSHIP UNDER THE IRS DEFINITION OF FEDERAL FUNDRAISING AGENCIES AND AS SUCH DUES PAID TO UNITED WAY OF AMERICA BY UNITED WAY OF THE RIVER CITIES, INC. ARE REPORTED ON LINE 16 OF FORM 990. THE PAYMENT REPORTED HERE IS A QUOTA SUPPORT PAYMENT TO THE UNITED WAY OF AMERICA FOR WHICH UNITED WAY OF THE RIVER CITIES, INC. RECEIVES, AMONG OTHER THINGS, THE RIGHT TO USE THE NATIONAL BRAND IN CHARITABLE ENDEAVORS, NATIONAL ADVOCACY OF ISSUES, MEMBER EDUCATION AND TRAINING, CENTRALIZED CREATION AND SUPPORT FOR MARKETING OF FUNDRAISING CAMPAIGNS, FOSTERING OF RELATIONSHIPS WITH NATIONAL ORGANIZATIONS THAT SUPPORT MULTIPLE MEMBERS, ESTABLISHMENT AND MONITORING OF COMPLIANCE WITH STANDARDS OF ACCOUNTABILITY BY MEMBERS, ESTABLISHMENT OF POLICIES AND PROCESSES THAT IMPROVE OPERATIONAL EFFICIENCIES AMONG MEMBERS, AND PROMOTION OF THE CONCEPT OF LOCAL COMMUNITY IMPACT ON A NATIONAL SCALE.

**FORM 990, SCH FOR PART IV-A, LINE d(2)
OTHER REVENUES NOT INCLUDED SCHEDULE**

PG 01
Statement #165

<u>Description</u>	<u>Amount</u>
DESIGNATIONS	<u>229,045</u>
 TOTAL	 <u><u>229,045</u></u>

Statement of Program Service Accomplishments

2007 01

Name(s) as shown on return

Your Social Security Number

UNITED WAY OF THE RIVER CITIES, INC

55-0384704

FORM 990, PART III (a)

Grants and Allocations	\$1244678
Program Service Expenses	\$1472744
Includes Foreign Grants	NO

Explanation

United Way of the River Cities, Inc. (the Organization) is a local non-profit organization with a mission to lead the community in resolving human needs and the vision to be the catalyst for improving the community. Working together, the Board of Directors, staff and volunteers employ multiple strategies to achieve the Organization's mission and vision. The Board oversees all aspects of the Organization, including funding decisions. The Organization works with partner agencies and other organizations to address issues within four main Focus Areas - Learning and Earning, Families and Children, Health and Wellness, and Basic Needs/Unforeseen Hardships. In addition to providing funding to partner agencies, the Organization supports three initiatives:

- Success by Six® - The goal is that children are prepared physically, emotionally, intellectually and socially to begin kindergarten. Success by Six® is a collaborative effort which conducts two community events throughout the year, and supports the Brain Under Construction ZoneSM (BUCZ). The BUCZ is a system that provides a variety of resources for parents and care givers beginning with a visit in the hospital to new parents. The visit provides information on 12 tips to raise a healthy child. This information is reiterated throughout the community at child care centers, the health department, physician offices, pre-K and Head Start centers.
- Cabell County Substance Abuse Prevention Partnership (CCSAPP) - The goal of this collaborative effort is to reduce local substance abuse with strong collaborative partnerships and community ownership, using awareness, education and community-wide solutions. CSAPP works to raise community awareness; provide substance abuse education; increase community access to substance abuse prevention information and promote efforts to decrease risk factors and increase protective factors for Cabell County youth.
- Southwest Earned Income Tax (EITC) Coalition - The goal of this collaborative project is to increase outreach regarding the earned income tax credit; educate and inform individuals and families regarding eligibility for the tax credit; facilitate and provide free tax preparation at VITA (Volunteer Income Tax Assistance) sites; and work with local organizations to coordinate and provide asset building activities. The coalition consists of for-profit and non-profit organizations throughout the five-county service area.

990

Overflow Statement

2007
Page 1

Name(s) as shown on return

FEIN

UNITED WAY OF THE RIVER CITIES, INC

55-0384704

OTHER CHANGES IN NET ASSETS OR FUND BALANCES

<u>Description</u>	<u>Amount</u>
DESIGNATIONS	\$ (229,045)
PRIOR YEAR ALLOCATION ADJUSTMENTS	(30,843)
Total:	\$ -259,888

United Way of the River Cities, Inc.
Board of Directors

Mr. Edgar O. Barrett
408 Eleventh Avenue
Huntington, WV 25701

Dr. Rodger A. Blake
63 Derby Lane
Huntington, WV 25705

Cl Thornburg Co.
Attention: Alan Morrison
PO Box 2163
Huntington, WV 25722

Cabell Huntington Hospital, Inc.
Attn: Brent Marsteller
1340 Hal Greer Boulevard
Huntington, WV 25701

Champion Industries, Inc.
Attn: Toney Adkins
PO Box 2968
Huntington, WV 25728

Mr. Philip E. Cline
PO Box 119
Huntington, WV 25706

CSX Locomotive Shops
Attn: Pamela Inicki
CSX Corporate Citizenship
500 Water Street
Jacksonville, FL 32202

Dow Chemical U.S.A.-Hanging Rock
925 County Road 1-A
Ironton, OH 45638

Fifth Third Bank
Attention: Mr. David Call
999 Fourth Avenue
Huntington, WV 25701

Guaranty Bank & Trust
Attention: Mr. Marc Sprouse
PO Box 2708
Huntington, WV 25726

United Way of the River Cities, Inc.
Board of Directors

The Herald Dispatch
Attn: Ms. Pat Thompson-Frantz
PO Box 2017
Huntington, WV 25720

Huntington Federal Savings Bank
Attention: Mr. Maurice Clark
PO Box 239
Huntington, WV 25707

JABO Supply Corporation
Attention: Mr. Jack Bazemore
PO Box 238
Huntington, WV 25707

Liebert
Attn: Mr. Jerry Rowe
3040 South Ninth Street
Ironton, OH 45638

Macy's #79 (Midwest)
Attention: Mrs. Deborah Cooley
PO Box 4099
Barboursville, WV 25504

Northwestern Mutual Life Insurance
Attention: Mr. Stephen P. Hatten
PO Box 2369
Huntington, WV 25724

Prestera Center for Mental Health
Attn: Mr. Bob Hansen
PO Box 8069
Huntington, WV 25705

Reynolds & Associates
Attn: Doug Reynolds, Esq.
703 Fifth Avenue
Huntington, WV 25701

Special Metals Corp.
Attention: Mr. Robert Hennessey
3200 Riverside Drive
Huntington, WV 25705

United Way of the River Cities, Inc.
Board of Directors

St. Mary's Medical Center
Attention: Mr. Michael Sellards
PO Box 3108
Huntington, WV 25702

Stationers, Inc.
Attention: Mr. J. Mac Aldridge
PO Box 2167
Huntington, WV 25727

Steel of WV/USWA Local 37
Attention: Mr. Tim Duke
PO Box 2547
Huntington, WV 25726

Strictly Business Computer Systems
Attn: Mr. Michael Owens
848 Fourth Avenue, Ste. 200
Huntington, WV 25701

Sunoco
Attention: Mrs. Monica Smith
200 Big Sandy Road
Kenova, WV 25530

United Bank
Attn: Timothy Kinsey
PO Box 2765
Huntington, WV 25727

United Parcel Service
Attn: Mr. David Stenger
4205 Ohio River Road
Huntington, WV 25703

WSAZ News Channel 3
Attention: Mr. Don Ray
PO Box 2115
Huntington, WV 25721

WV American Water Co.
Attention: Mr. Romie Mundy
4002 Ohio River Road
Huntington, WV 25702

United Way of the River Cities, Inc.
Board of Directors

Chapman Printing Co.
Attention: Marshall Reynolds
PO Box 2968
Huntington, WV 25728

Department of Veteran's Affairs
Attention: Mr. Larry Lapelle
640 Fourth Avenue
Huntington, WV 25701

Veteran's Administration Medical Center
Attention: Mr. Warren E. Hill
1540 Spring Valley Drive
Huntington, WV 25704

Marshall University
Attention: Dr. Stephen J. Kopp
One John Marshall Drive
Old Main 216
Huntington, WV 25755

Mildred Mitchell Bateman Hospital
Attn: Mary Beth Carlisle
PO Box 448
Huntington, WV 25709

UNITED WAY OF THE RIVER CITIES, INC
Depreciation Schedule by Category
For the 12 Months Ended 12/31/07

08/11/08
09:24AM

Asset No.	Asset Description	Date Acquired	Method	Life	Sold?	Cost	Accum Depr 01/01/07	Current Depreciation	Accum Depr 12/31/07
LAND									
1	LAND	06/01/01	LAND	00/00	N	35,000 00	0.00	0 00	0 00
	Total for (LAND)					35,000 00	0 00	0 00	0 00
BUILDING-GF									
2	BUILDING	06/01/01	ST LINE	40/00	N	527,964 63	73,695 02	13,199.12	86,894 14
3	NEW SIGN FOR UW BUILDING	07/25/05	ST LINE	40/00	N	1,330 00	47.10	33.25	80 35
	Total for (BUILDING-GF)					529,294 63	73,742.12	13,232.37	86,974 49
FURNITURE AND FIXTURES-GF									
4	RECEPTION STATION	06/01/01	ST LINE	15/00	N	3,710.00	1,380 93	247 33	1,628 26
5	KITCHEN CABINERY	06/01/01	ST LINE	15/00	N	3,718.00	1,383 94	247.87	1,631 81
6	PARTITION/CONFERENCE CENT	06/01/01	ST LINE	15/00	N	4,700 00	1,749 43	313 33	2,062 76
7	SHELVING	06/01/01	ST LINE	10/00	N	406.10	226.74	40 61	267 35
8	OVEN HOODS	06/01/01	ST LINE	10/00	N	685.08	382 51	68.51	451.02
	Total for (FURNITURE AND FIXTURES-GF)					13,219.18	5,123 55	917.65	6,041 20
COMPUTER AND SOFTWARE-GF									
9	ANDAR SOFTWARE	07/01/04	ST LINE	05/00	N	5,000.00	2,500 00	1,000 00	3,500 00
10	ANDAR SOFTWARE	07/21/04	ST LINE	05/00	N	4,000.00	1,933.33	800 00	2,733 33
11	DELL COMPUTER SOFTWARE &	06/28/05	ST LINE	05/00	N	1,238.54	371.56	247 71	619 27
12	WYSE TERMINALS X 3	07/11/05	ST LINE	05/00	N	997.00	299.10	199.40	498 50
	Total for (COMPUTER AND SOFTWARE-GF)					11,235 54	5,103.99	2,247 11	7,351.10
MISC FURNITURE AND FIXTURES-ADMIN									
13	MISC. FURNITURE & FIXTURES	12/31/95	ST LINE	05/00	N	30,117.72	30,117 72	0 00	30,117 72
	Total for (MISC. FURNITURE AND FIXTURES-ADMIN)					30,117.72	30,117 72	0 00	30,117 72
EQUIPMENT-ADMIN									
14	MISC. EQUIPMENT	12/31/95	ST LINE	05/00	N	49,987 25	49,987.25	0 00	49,987 25
15	COMPUTER/FILE SERVER	09/30/97	ST LINE	05/00	N	10,161.00	10,161.00	0 00	10,161 00
16	3 COMP HUB (1)	09/30/97	ST LINE	05/00	N	692.00	692.00	0.00	692 00
17	3 COMP NETWORK CARDS (4)	09/30/97	ST LINE	05/00	N	308.00	308 00	0 00	308 00
18	MULTIMEDIA KITS	09/30/97	ST LINE	05/00	N	594.00	594 00	0 00	594 00
19	HP COMPUTER W/ MONITOR	09/30/97	ST LINE	05/00	N	1,890.00	1,890 00	0 00	1,890 00
20	RAM UPGRADES (6)	09/30/97	ST LINE	05/00	N	810.00	810 00	0 00	810 00
21	SCANNER	12/15/97	ST LINE	05/00	N	279 99	279.99	0 00	279 99
22	PRINTER	12/15/97	ST LINE	05/00	N	419.99	419.99	0.00	419 99
23	MEMORY UPGRADE	12/31/97	ST LINE	05/00	N	555.00	555 00	0 00	555 00
24	COMPUTER	03/03/97	ST LINE	05/00	N	2,689 89	2,689 89	0.00	2,689 89
25	HP LASER JET PRINTER	06/10/98	ST LINE	05/00	N	1,149 99	1,149.99	0 00	1,149 99
26	HP ENVELOPE FEEDER	06/15/98	ST LINE	05/00	N	275.00	275.00	0 00	275 00
27	CFC ASSISTANCE SOFTWARE	09/28/98	ST LINE	05/00	N	595.00	595.00	0.00	595 00
28	DELL COMPUTER	06/14/99	ST LINE	05/00	N	2,274.00	2,274.00	0 00	2,274 00
29	DELL COMPUTER	06/16/99	ST LINE	05/00	N	3,320.00	3,320 00	0.00	3,320 00
30	DELL COMPUTER	12/31/99	ST LINE	05/00	N	7,655.00	7,655 00	0 00	7,655 00
31	HP LASER PRINTER	08/02/00	ST LINE	05/00	N	2,589 94	2,589 94	0 00	2,589 94
32	CREATIVE SUITE PREM 1 3 WIN	12/31/04	ST LINE	05/00	N	1,160 33	464 14	232 07	696 21
33	DELL COMPUTER	06/01/05	ST LINE	05/00	N	1,149.98	364.16	230.00	594 16
34	DELL LAPTOP W/ DOCKING STA	05/01/06	ST LINE	05/00	N	2,056.00	274.13	411 20	685 33

UNITED WAY OF THE RIVER CITIES, INC
Depreciation Schedule by Category
For the 12 Months Ended 12/31/07

08/11/08
09:24AM

Asset No.	Asset Description	Date Acquired	Method	Life	Sold?	Cost	Accum Depr 01/01/07	Current Depreciation	Accum Depr 12/31/07
EQUIPMENT-ADMIN									
35	DELL PROJECTOR	05/01/06	ST LINE	05/00	N	1,199.00	159.87	239.80	399.67
38	4-MONITORS	08/06/07	ST LINE	05/00	N	799.96	0.00	66.66	66.66
39	CAMERA	09/04/07	ST LINE	05/00	N	229.99	0.00	15.33	15.33
40	MONITOR	11/19/07	ST LINE	05/00	N	209.98	0.00	7.00	7.00
41	DVD RECORDER	11/19/07	ST LINE	05/00	N	156.93	0.00	5.23	5.23
42	PANASONIC VACUUM CLEANER	11/19/07	ST LINE	05/00	N	375.50	0.00	12.52	12.52
43	BIZHUB 350	12/31/07	ST LINE	05/00	N	6,125.00	0.00	102.08	102.08
Total for (EQUIPMENT-ADMIN.)						99,708.72	87,508.35	1,321.89	88,830.24
Client Subtotal Before Sales						718,575.79	201,595.73	17,719.02	219,314.75
Less Assets Sold						0.00			0.00
Total						718,575.79	201,595.73	17,719.02	219,314.75

Application for Extension of Time to File an Exempt Organization Return

Department of the Treasury Internal Revenue Service

File a separate application for each return.

- If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box
If you are filing for an Additional (not automatic) 3-Month Extension, complete only Part II (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868

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

Section 501(c) corporations required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Electronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for section 501(c) corporations required to file Form 990-T).

Table with 3 columns: Type or print, Name of Exempt Organization, Employer identification number. Row 1: UNITED WAY OF THE RIVER CITIES, INC, 55-0384704

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

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

The books are in the care of DAVID CARTER

Telephone No. 304-523-8929 FAX No. 304-523-9811

- If the organization does not have an office or place of business in the United States, check this box
If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN)

I request an automatic 3-month (6-months for a section 501(c) corporation required to file Form 990-T) extension of time until 08-15, 2008, to file the exempt organization return for the organization named above.

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

Table with 3 rows: 3a Tentative tax, 3b Refundable credits and estimated tax payments, 3c Balance Due

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

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

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

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

Part II Additional (not automatic) 3-Month Extension of Time. You must file original and one copy

Type or print File by the extended due date for filing the return See instructions	Name of Exempt Organization UNITED WAY OF THE RIVER CITIES, INC	Employer identification number 55-0384704
	Number, street, and room or suite no. If a P O box, see instructions 820 MADISON AVENUE	For IRS use only
	City, town or post office, state, and ZIP code For a foreign address, see instructions HUNTINGTON, WV 25704	

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

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

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

The books are in the care of **DAVID CARTER**
Telephone No **304-523-8929** FAX No **304-523-9811**

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

If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____ If this is for the whole group, check this box If it is for part of the group, check this box and attach a

list with the names and EINs of all members the extension is for

- 4 I request an additional 3-month extension of time until **11-17, 2008**
- 5 For calendar year **2007**, 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 NEEDED TO PROVIDE A COMPLETE AND 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.	8a	\$
8b 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	8b	\$
8c 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	8c	\$

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 *David Carter* Title *CA* Date *8/13/08*