

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)

2009

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

A For the **2009** calendar year, or tax year beginning **2009**, and ending **20**

B Check if applicable:
 Address change
 Name change
 Initial return
 Terminated
 Amended return
 Application pending

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

D Employer identification no. **55-0384704**
E Telephone number **(304) 523-8929**
G Gross receipts \$ **1,269,569**

F Name and address of principal officer: **LAURA GILLIAM**
823 MADISON AVE, HUNTINGTON, WV 25701

H(a) Is this a group return for affiliates? Yes No
H(b) Are all affiliates included? Yes No
 If "No," attach a list (see instructions)
H(c) Group exemption number

I Tax-exempt status 501(c) (**3**) (Insert no) 4947(a)(1) or 527

J Website: **WWW.UNITEDWAYRIVERCITIES.ORG**

K Form of organization Corporation Trust Association Other

L Year of formation **1922** **M** State of legal domicile **WV**

SCANNED DEC 01 2010

Part I Summary

1 Briefly describe the organization's mission or most significant activities. THE ORGANIZATION'S MISSION IS TO LEAD THE COMMUNITY IN RESOLVING HUMAN NEEDS.			
2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets			
3 Number of voting members of the governing body (Part VI, line 1a)	3	44	
4 Number of independent voting members of the governing body (Part VI, line 1b)	4	44	
5 Total number of employees (Part V, line 2a)	5	11	
6 Total number of volunteers (estimate if necessary)	6		
7a Total gross unrelated business revenue from Part VIII, column (C), line 7	7a	0	
7b Net unrelated business taxable income from Form 990-T, line 34	7b	0	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year 1,462,463	Current Year 1,217,313
	9 Program service revenue (Part VIII, line 2g)	60,562	24,514
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	32,443	15,442
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	42,241	12,300
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,597,709	1,269,569
	Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	939,793
14 Benefits paid to or for members (Part IX, column (A), line 4)			0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		324,705	357,291
16a Professional fundraising fees (Part IX, column (A), line 11e)			0
b Total fundraising expenses (Part IX, column (D), line 25)		147,387	
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)		313,492	299,191
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		1,577,990	1,393,964
19 Revenue less expenses Subtract line 18 from line 12	19,719	(124,395)	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 3,670,272	End of Year 3,645,374
	21 Total liabilities (Part X, line 26)	1,328,356	988,091
	22 Net assets or fund balances. Subtract line 21 from line 20	2,341,916	2,657,283

Part II Signature Block

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

Sign Here

Laura Gilliam
 Signature of officer 11/2/10
LAURA GILLIAM, EXECUTIVE DIRECTOR
 Type or print name and title

Paid Preparer's Use Only

Preparer's signature: *Brian J. Sullivan* Date: **10-29-2010** Check if self-employed Preparer's identifying number (see instructions):
SULLIVANWEBB PLLC EIN: **304-697-0565**
P.O. BOX 2745
HUNTINGTON, WV 25727

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

16 P

Part III Statement of Program Service Accomplishments

1 Briefly describe the organization's mission:

THE ORGANIZATION'S MISSION IS TO LEAD THE COMMUNITY IN RESOLVING HUMAN NEEDS.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No

If "Yes," describe these new services on Schedule O

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No

If "Yes," describe these changes on Schedule O

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code:) (Expenses \$ 737,482 including grants of \$ 737,482) (Revenue \$)

UNITED WAY DISTRIBUTES FUNDS TO HUMAN SERVICE, NON-PROFIT ORGANIZATIONS THROUGH A GRANTS PROCESS. ORGANIZATIONS APPLY FOR FUNDS IN THE FALL, VOLUNTEERS REVIEW THE APPLICATIONS AND MAKE RECOMMENDATIONS TO THE BOARD OF DIRECTORS, WHICH APPROVES THE FINAL FUNDS DISTRIBUTION TOWARDS THE END OF THE YEAR. FUNDED PARTNERS PROVIDE QUARTERLY REPORTS ON THEIR WORK, INCLUDING THEIR PROGRESS ON OUTCOMES. FUNDS ARE AWARDED TO SUPPORT A SAFETY NET OF SERVICES, AND FOR STRATEGIES THAT ADDRESS CRITICAL COMMUNITY ISSUES.

4b (Code:) (Expenses \$ 37,293 including grants of \$) (Revenue \$)

UNITED WAY'S SUCCESS BY SIX(r) (SB6) PROGRAM SEEKS TO ENSURE THAT ALL CHILDREN ARE PREPARED FOR KINDERGARTEN. THIS COLLABORATIVE INITIATIVE CONDUCTS TWO COMMUNITY-WIDE EVENTS FOR PARENTS, CAREGIVERS AND CHILDREN. THESE EVENTS FEATURE VENDORS THAT OFFER A WIDE-VARIETY OF SERVICES TO CHILDREN AND THEIR FAMILIES. EVENT ACTIVITIES INCLUDE GAMES, RESOURCE MATERIALS FOR PARENTS/CAREGIVERS, AND SCREENINGS. THE BRAIN UNDER DEVELOPMENT ZONE (sm) IS A VOLUNTEER-BASED PROJECT OF SB6 THAT PROMOTES EARLY BRAIN DEVELOPMENT. VOLUNTEERS VISIT NEW PARENTS IN THE HOSPITAL, PROVIDING A STURDY PORTFOLIO FULL OF INFORMATION ON EASY ACTIVITIES THEY CAN DO WITH THEIR CHILD TO PROMOTE EARLY LEARNING. THESE MESSAGES ABOUT RAISING A HEALTHY CHILD ARE REINFORCED THROUGHOUT THE COMMUNITY THROUGH CHILD CARE CENTERS, MEDICAL OFFICES, AND LOCAL HOSPITALS.

4c (Code:) (Expenses \$ 330,743 including grants of \$) (Revenue \$)

UNITED WAY CONDUCTS FUNDRAISING YEAR-ROUND. FUNDRAISING EVENTS ARE GENERALLY HELD IN THE SPRING AND/OR SUMMER. THE ANNUAL WORKPLACE CAMPAIGN IS CONDUCTED IN THE FALL. FUNDS RAISED THROUGH THE YEAR ARE DISTRIBUTED TO THE COMMUNITY THROUGH THE GRANTS PROCESS. VOLUNTEERS ASSIST WITH THE FUNDRAISING EVENTS AND THE WORKPLACE CAMPAIGN THEREFORE, FUNDRAISING EXPENSES ARE KEPT TO A MINIMUM THROUGH THE USE OF VOLUNTEERS AND OTHER IN-KIND SUPPORT.

4d Other program services (Describe in Schedule O.)

(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses ▶ 1,105,518

Part IV Checklist of Required Schedules

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II		X
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		X
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV		X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V		X
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	X	
	• Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.		
	• Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.		
	• Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.		
	• Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.		
	• Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.		
	• Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X.		
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	X	
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Part II		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III		X
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H		X

Part IV Checklist of Required Schedules (continued)

		Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	X	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		X
c	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	X	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2		X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

Table with columns for question number, description, sub-column (e.g., 1a, 1b), and Yes/No columns. Contains questions 1a through 12b regarding IRS filings and tax compliance.

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body		
1a		44	
b	Enter the number of voting members that are independent		
1b		44	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a material diversion of the organization's assets?		X
6	Does the organization have members or stockholders?		X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		X
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		X
7b			
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
8a			
b	Each committee with authority to act on behalf of the governing body?	X	
8b			
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		X
9			

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
10a	Does the organization have local chapters, branches, or affiliates?		X
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?		
10b			
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	X	
11a	Describe in Schedule O the process, if any, used by the organization to review this Form 990		
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	X	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
12b			
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	X	
12c			
13	Does the organization have a written whistleblower policy?	X	
14	Does the organization have a written document retention and destruction policy?	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a	The organization's CEO, Executive Director, or top management official	X	
15a			
b	Other officers or key employees of the organization	X	
15b			
	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions)		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?		
16b			

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed ►
- 18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.
 Own website Another's website Upon request
- 19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ► DAVID CARTER (304) 523-8929
 820 MADISON AVE HUNTINGTON, WV 25704

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed.

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's current key employees See instructions for definition of "key employee "
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees, highest compensated employees; and former such persons

Check this box if the organization did not compensate any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)							(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				
JAMES CROUSE PRESIDENT		X		X							
DON WATSON VICE PRES 1		X		X							
GERRY SAWREY VICE PRES 2		X		X							
KATHRNY HEGG SECRETARY		X		X							
AARON HEIGHTON TREASURER		X		X							
DOUG KORSTANJE CAMPN CHAIR		X		X							
LAURA GILLIAM EXECUTIVE DIRECTOR	40.00			X	X	X		59,997	0	0	
DAVID CARTER FINANCE DIRECTOR	40.00			X	X			38,278	0	0	
JOSEPH P WILLIAMS DIRECTOR		X									
BETTY BARRETT DIRECTOR		X									
HARVEY P BARTON DIRECTOR		X									
JAY BAZEMORE DIRECTOR		X									
JAMES CASTO DIRECTOR		X									
MARC E WILLIAMS DIRECTOR		X									
ED DAWSON DIRECTOR		X									
JACK BEAKIN DIRECTOR		X									

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)							(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual director	Trustee	Officer	Key employee	Highest compensated employee	Former				
KERRY CLIFFORD DIRECTOR		X									
TIMOTHY DUKE DIRECTOR		X									
VALLERY DYER DIRECTOR		X									
PHILLIPS C EMMERS DIRECTOR		X									
JEAN A HAMILTON DIRECTOR		X									
KATHY HEGG DIRECTOR		X									
CHUCK HOSSLER DIRECTOR		X									
CHRISTIE WHITE DIRECTOR		X									
LARRY LAFON DIRECTOR		X									
CHRIS MICHAEL DIRECTOR		X									
TIMOTHY S MILLNE DIRECTOR		X									
JANE DAVIS DIRECTOR		X									
MARY LOU CHI DIRECTOR		X									
1b Total								98,275	0	0	

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization **0**

	Yes	No
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual		X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization.

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization

Part VIII		Statement of Revenue		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns	1a	1,102,377				
	b	Membership dues	1b					
	c	Fundraising events	1c					
	d	Related organizations	1d					
	e	Government grants (contributions)	1e	114,936				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f					
	g	Noncash contributions included in lines 1a-1f \$						
	h	Total. Add lines 1a-1f			1,217,313			
Program Service Revenue	2a	PROGRAM REVENUES	Business Code					
			900099	24,514	24,514			
	b							
	c							
	d							
	e							
	g	Total. Add lines 2a-2f			24,514			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		15,442	15,442			
	4	Income from investment of tax-exempt bond proceeds						
	5	Royalties						
	6a	Gross Rents	(i) Real	(ii) Personal				
	b	Less rental expenses						
	c	Rental income or (loss)						
d	Net rental income or (loss)							
7a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other					
b	Less cost or other basis and sales expenses							
c	Gain or (loss)							
d	Net gain or (loss)							
8a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	a						
		b	Less direct expenses	b				
		c	Net income or (loss) from fundraising events					
9a	Gross income from gaming activities. See Part IV, line 19	a						
		b	Less direct expenses	b				
		c	Net income or (loss) from gaming activities					
10a	Gross sales of inventory, less returns and allowances	a						
		b	Less cost of goods sold	b				
		c	Net income or (loss) from sales of inventory					
Miscellaneous Revenue		Business Code						
11a	MISCELLANEOUS REVENUE	900099	12,300	12,300				
b								
c								
d	All other revenue							
e	Total. Add lines 11a-11d			12,300				
12	Total revenue. See instructions			1,269,569	52,256	0	0	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	737,482	737,482		
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	98,275	14,741	34,396	49,138
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	193,231	154,100	27,016	12,115
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	21,348	3,314	9,066	8,968
9	Other employee benefits	21,835	544	10,703	10,588
10	Payroll taxes	22,602	11,935	5,342	5,325
11	Fees for services (non-employees):				
a	Management				
b	Legal				
c	Accounting	1,516	1,516		
d	Lobbying				
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other	843	770		73
12	Advertising and promotion	25,914	23,076	1,377	1,461
13	Office expenses	27,120	13,449	6,398	7,273
14	Information technology	95	95		
15	Royalties				
16	Occupancy	9,746	1,580	4,105	4,061
17	Travel	24,655	13,725	3,324	7,606
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	6,267	4,630	633	1,004
20	Interest	656		330	326
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	18,698		9,399	9,299
23	Insurance	4,565		2,295	2,270
24	Other expenses. Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
a	DUES & SUBSCRIPTIONS	16,094	1,747	7,212	7,135
b	EQUIPMENT PURCHASES	1,625		817	808
c	MAINTENANCE EXPENSE	13,805	400	6,739	6,666
d	MISCELLANEOUS EXPENSE	8,462	6,829	137	1,496
e	UNCOLLECTIBLE PLEDGE PROV.	94,510	94,510		
f	All other expenses	44,620	21,075	11,770	11,775
25	Total functional expenses. Add lines 1 through 24f	1,393,964	1,105,518	141,059	147,387
26	Joint Costs. Check here <input type="checkbox"/> if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

		(A)		(B)	
		Beginning of year		End of year	
A s s e t s	1	Cash - non-interest-bearing		1	
	2	Savings and temporary cash investments	1,352,581	2	1,191,190
	3	Pledges and grants receivable, net	1,381,947	3	1,086,606
	4	Accounts receivable, net		4	
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	4,518	9	6,343
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 965,285		
	b	Less: accumulated depreciation	10b 261,759	712,329	10c 703,526
	11	Investments - publicly traded securities		11	
	12	Investments - other securities. See Part IV, line 11	218,897	12	251,971
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	405,738
16	Total assets. Add lines 1 through 15 (must equal line 34)	3,670,272	16	3,645,374	
L i a b i l i t i e s	17	Accounts payable and accrued expenses	7,111	17	9,126
	18	Grants payable	1,283,281	18	958,088
	19	Deferred revenue	27,236	19	3,561
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities. Complete Part X of Schedule D	10,728	25	17,316
	26	Total liabilities. Add lines 17 through 25	1,328,356	26	988,091
N e t A s s e t B a l a n c e s	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.				
	27	Unrestricted net assets	2,202,710	27	2,083,617
	28	Temporarily restricted net assets	139,206	28	167,928
	29	Permanently restricted net assets		29	405,738
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
	33	Total net assets or fund balances	2,341,916	33	2,657,283
	34	Total liabilities and net assets/fund balances	3,670,272	34	3,645,374

Part XI Financial Statements and Reporting

		Yes	No
1	Accounting method used to prepare the Form 990. <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its methods of accounting from a prior year or checked "Other," explain in Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		X
b	Were the organization's financial statements audited by an independent accountant?	X	
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	X	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		

EEA

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No 1545-0047

2009

Open to Public Inspection

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

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 Reason for Public Charity Status (All organizations must complete this part.) See instructions

The organization is not a private foundation because it is. (For lines 1 through 11, check only one box.)

- 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
- 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E)
- 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
- 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II)
- 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 9 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 exempt 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). (Complete Part III)
- 10 An organization organized and operated exclusively to test for public safety See section 509(a)(4).
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h
 a Type I b Type II c Type III-Functionally integrated d Type III-Other
- e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

	Yes	No
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?	11g(i)	
(ii) A family member of a person described in (i) above?	11g(ii)	
(iii) A 35% controlled entity of a person described in (i) or (ii) above?	11g(iii)	

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
Total									

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in)▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants")	1,461,762	1,379,608	1,690,947	1,462,463	1,217,313	7,212,093
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	1,461,762	1,379,608	1,690,947	1,462,463	1,217,313	7,212,093
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4						7,212,093

Section B. Total Support

Calendar year (or fiscal year beginning in)▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4	1,461,762	1,379,608	1,690,947	1,462,463	1,217,313	7,212,093
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	27,050	41,716	149,393	93,005	39,956	351,120
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)		41,107	50,754	42,241	12,300	146,402
11 Total support. Add lines 7 through 10						7,709,615
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f))	14	93.55	%
15 Public support percentage from 2008 Schedule A, Part II, line 14	15		%
16a 33 1/3% support test - 2009. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input checked="" type="checkbox"/>		
b 33 1/3% support test - 2008. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input type="checkbox"/>		
17a 10%-facts-and-circumstances test - 2009. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>		
b 10%-facts-and-circumstances test - 2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	<input type="checkbox"/>		

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I)

Section A. Public Support

Table with 7 columns: (a) 2005, (b) 2006, (c) 2007, (d) 2008, (e) 2009, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions, merchandise sold or services performed; 3 Gross receipts from activities that are not an unrelated trade or bus. under sec 513; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total. Add lines 1 through 5; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 7c Add lines 7a and 7b; 8 Public support (Subtract line 7c from line 6).

Section B. Total Support

Table with 7 columns: (a) 2005, (b) 2006, (c) 2007, (d) 2008, (e) 2009, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on; 12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV); 13 Total support. (Add lines 9, 10c, 11, and 12).

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here

Section C. Computation of Public Support Percentage

Table with 2 columns: Description, Percentage. Row 15: Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f)) 15%. Row 16: Public support percentage from 2008 Schedule A, Part III, line 15 16%.

Section D. Computation of Investment Income Percentage

Table with 2 columns: Description, Percentage. Row 17: Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f)) 17%. Row 18: Investment income percentage from 2008 Schedule A, Part III, line 17 18%.

19a 33 1/3% support tests - 2009. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2008. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

20 Private Foundation: If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No 1545-0047

Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

2009

Department of the Treasury Internal Revenue Service

Attach to Form 990. See separate instructions.

Open to Public Inspection

Name of the organization

Employer identification number

UNITED WAY OF THE RIVER CITIES, INC

55-0384704

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1 Total number at end of year, 2 Aggregate contributions to (during year), 3 Aggregate grants from (during year), 4 Aggregate value at end of year, 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? (Yes/No), 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? (Yes/No)

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply). [] Preservation of land for public use (e.g., recreation or pleasure) [] Preservation of an historically important land area [] Protection of natural habitat [] Preservation of a certified historic structure [] Preservation of open space
2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.
Table: Held at the End of the Tax Year
a Total number of conservation easements 2a
b Total acreage restricted by conservation easements 2b
c Number of conservation easements on a certified historic structure included in (a) 2c
d Number of conservation easements included in (c) acquired after 8/17/06 2d
3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year
4 Number of states where property subject to conservation easement is located
5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? (Yes/No)
6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year
7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year
8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? (Yes/No)
9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8

1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items
b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:
(i) Revenues included in Form 990, Part VIII, line 1
(ii) Assets included in Form 990, Part X
2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items:
a Revenues included in Form 990, Part VIII, line 1
b Assets included in Form 990, Part X

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

- 3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply).
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange programs
 - e Other _____
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements. Complete if organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part XIV and complete the following table.
- | | Amount |
|---|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 21? Yes No
- b If "Yes," explain the arrangement in Part XIV

Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10

	(a) Current year	(b) Pnor year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

- 2 Provide the estimated percentage of the year end balance held as
- a Board designated or quasi-endowment ▶ _____ %
 - b Permanent endowment ▶ _____ %
 - c Term endowment ▶ _____ %
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|---|--------|----|
| (i) unrelated organizations | 3a(i) | |
| (ii) related organizations | 3a(ii) | |
| b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? | 3b | |
- 4 Describe in Part XIV the intended uses of the organization's endowment funds.

Part VI Investments - Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (Investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		260,000		260,000
b Buildings		529,295	113,318	415,977
c Leasehold improvements				
d Equipment		131,708	110,555	21,153
e Other		44,282	37,886	6,396
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c)				703,526

Part VII Investments - Other Securities. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Financial derivatives		
Closely-held equity interests		
Other		
THOSE HELD BY UWRC FOUNDATION	251,971	FMV
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)	251,971	

Part VIII Investments - Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)		

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
Beneficial Interest -Perpetual Trust	405,738
Total. (Column (b) must equal Form 990, Part X, col (B) line 15.)	405,738

Part X Other Liabilities. See Form 990, Part X, line 25.

1 (a) Description of liability	(b) Amount
Federal income taxes	
ACCRUED EXPENSES	1,147
CAPITAL LEASE OBLIGATION	7,157
DEPOSITS	9,012
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)	17,316

2. FIN 48 Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48.

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	1,269,569
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	1,393,964
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	(124,395)
4	Net unrealized gains (losses) on investments	4	33,074
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	364,200
8	Other (Describe in Part XIV)	8	42,488
9	Total adjustments (net). Add lines 4 through 8	9	439,762
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	315,367

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements	1	1,345,131
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	33,074
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	42,488
e	Add lines 2a through 2d	2e	75,562
3	Subtract line 2e from line 1	3	1,269,569
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	1,269,569

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements	1	1,393,964
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	1,393,964
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	1,393,964

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

Other change in net assets (Part XI, line 8)

CHANGE IN BENEFICIAL INTEREST IN CHARITABLE TRUST.

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**

Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22.

OMB No 1545-0047

2009

**Open to Public
Inspection**

▶ Attach to Form 990.

Name of the organization

Employer identification number

55-0384704

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AMERICAN RED CROSS-WV 113 LAKEVIEW DR. 25313	55-0393624	501(C)(3)	162,250				HUMAN SRVCS.
BIG BROTHERS/BIG SISTERS 501 5TH AVENUE SUITE 25701	55-0559711	501(C)(3)	40,000				HUMAN SRVCS.
BOYS' & GIRLS' CLUBS 520 EVERETT ST. 25705	55-0439995	501(C)(3)	47,000				HUMAN SRVCS.
BSASIMON KENTON COUNCIL 800 GALLIA ST. SUITE 45662	31-4388520	501(3)(C)	18,400				HUMAN SRVCS.
BSA TRISTATE AREA COUNCIL 823 ADAMS AVE 25704	55-0357017	501(C)(3)	40,000				HUMAN SRVCS.
BRANCHES DOMESTIC VIOLENCE P.O. BOX 403 25708	55-0600287	501(C)(3)	30,029				HUMAN SRVCS.
C-K COMMUNITY CENTER MEMORIAL FILED HOUSE 25530	55-0486792	501(C)(3)	14,000				HUMAN SRVCS.
CAMMACK CHILDREN'S CENTER 64 W 6TH AVENUE 25701	55-0357073	501(C)(3)	35,000				HUMAN SRVCS.
CHESAPEAKE COMMUNITY CENTER 3748 STATE RT. 7 45619	31-1259013	501(C)(3)	13,500				HUMAN SRVCS.
CHILDREN'S PLACE INC 625 RICHMOND ST. 25702	31-1015200	501(C)(3)	8,292				HUMAN SRVCS.
CITY WELFARE MISSION 710 N. FIFTH 45638	31-0891939	501(C)(3)	37,450				HUMAN SRVCS.
COALITION FOR THE HOMELESS 627 4TH AVENUE 25701	55-0675036	501(C)(3)	24,531				HUMAN SRVCS.
DEVELOPMENTAL THERAPY CENTER 845 4TH AVE, SUITE 3 25701	55-0379624	501(C)(3)	62,250				HUMAN SRVCS.

2 Enter total number of other organizations and government organizations

3 Enter total number of other organizations

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

EEA

**SCHEDULE I-1
(Form 990)**

Department of the Treasury
Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)

▶ Attach to Form 990 to list additional information for
Schedule I (Form 990), Part II or Part III.

OMB No 1545-0047

2009

Open to Public
Inspection

Employer identification number

55-0384704

Name of the organization
UNITED WAY OF THE RIVER CITIES, INC

Part I Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part I.)

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
EBENEZER MEDICAL OUTREACH 1448 10TH AVE 25701	55-0745033	501 (C) (3)	9,575				HUMAN SRVCS.
GOODWILL IND OF KYORWA AREA P.O. BOX 7365 25776	23-7374240	501 (C) (3)	91,797				HUMAN SRVCS.
HUNTINGTON AREA FOOD BANK 1327 7TH AVE 25701	55-0625915	501 (C) (3)	36,500				HUMAN SRVCS.
GIRL SCOUTS-BLACK DIAMOND 5505 RT.60 EAST SUIT 25705	55-0420373	501 (C) (3)	20,000				HUMAN SRVCS.
GIRL SCOUTS KY WILDERNESS RD 2277 EXECUTIVE DR 40505	61-0608104	501 (C) (3)	10,000				HUMAN SRVCS.
KIWANIS DAY CARE CENTER 71 WASHINGTON AVE. 25701	55-0340325	501 (C) (3)	34,860				HUMAN SRVCS.
CHRISTIAN ASSOCIATES 520 11TH STREET 25701	48-1280483	501 (C) (3)	20,272				HUMAN SRVCS.
PRESTERA CENTER 3375 US ROUTE 60 EAS 25705	55-0492369	501 (C) (3)	21,912				HUMAN SRVCS.
THE SALVATION ARMY 1223 3RD AVE 25712	58-0660607	501 (C) (3)	73,267				HUMAN SRVCS.
CABELL CO SPECIAL OLYMPICS 6217 ROSALIND RD. 25705	55-0596975	501 (C) (3)	5,000				HUMAN SRVCS.
STELLA FULLER SETTLEMENT 128 WASHINGTON AVE. 25701	55-6000847	501 (C) (3)	20,695				HUMAN SRVCS.
TRI-STATE LITERACY 455 9TH STREET 25701	55-0682780	501 (C) (3)	18,750				HUMAN SRVCS.
IRONTON LAWRENCE Co CAO 305 N 5TH STREET 45638	31-0714190	501 (C) (3)	110				HUMAN SRVCS.
WELL CHILD CLINIC 2120 S 8TH STREET 45638		501 (C) (3)	2,500				HUMAN SRVCS.
YWCA 633 FIFTH AVE. 25701	55-0359763	501 (C) (3)	35,000				HUMAN SRVCS.
UNITED HEALTH FOUNDATION		501 (C) (3)	11,250				HUMAN SRVCS.

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

EEA

Schedule I-1 (Form 990) 2009

**SCHEDULE O
(Form 990)**

Department of the Treasury
Internal Revenue Service
Name of the organization

Supplemental Information to Form 990
Complete to provide information for responses to specific questions on
Form 990 or to provide any additional information.

▶ Attach to Form 990.

OMB No 1545-0047

2009

**Open to Public
Inspection**

UNITED WAY OF THE RIVER CITIES, INC

Employer identification number
55-0384704

01. Form 990 governing body review (Part VI, line 11)

THE FORM 990 AND AUDITED FINANCIAL STATEMENTS ARE PRESENTED TO THE AUDIT COMMITTEE BY THE
AUDITORS. THE AUDIT COMMITTEE PRESENTS BOTH DOCUMENTS TO THE FULL BOARD FOR REVIEW AND
APPROVAL.

02. Conflict of interest policy compliance (Part VI, line 12c)

BOARD MEMBERS ANNUALLY SIGN A CONFLICT OF INTEREST POLICY, ON WHICH THEY NOTE THE FUNDED
PARTNER BOARD ON WHICH THEY SERVE.

03. CEO, executive director, top management comp (Part VI, line 15a)

PERFORMANCE REVIEW IS CONDUCTED BY EXECUTIVE COMMITTEE AND CHAIRS OF COMMITTEES. EXECUTIVE
DIRECTOR MEETS WITH THE BOARD PRESIDENT AND CHAIR OF PERSONNEL COMMITTEE. PERSONNEL
COMMITTEE MAKES RECOMMENDATIONS TO THE FINANCE COMMITTEE REGARDING ANY MERIT AND/OR COST
OF LIVING INCREASE FOR EXECUTIVE DIRECTOR. FINANCE COMMITTEE TAKES RECOMMENDATION INTO
CONSIDERATION WHEN DETERMINING BUDGET. BOARD HAS FINAL APPROVAL OF BUDGET. IN DETERMINING
THE SALARY, THE PERSONNEL COMMITTEE CONSULTS SALARY RANGE FOR SIMILAR-SIZED UNITED WAYS
AND THE REGION OF THE UNITED STATES.

04. Other officer or key employee compensation (Part VI, line 15b)

PERFORMANCE REVIEWS ARE CONDUCTED BY EXECUTIVE DIRECTOR. PERSONNEL COMMITTEE WORKS WITH
EXECUTIVE DIRECTOR TO DETERMINE AND MERIT AND/OR COST OF LIVING INCREASE FOR STAFF.
RECOMMENDATIONS ARE FORWARDED TO FINANCE COMMITTEE TO TAKE INTO CONSIDERATION WHEN
FORMULATING THE BUDGET, WHICH IS APPROVED BY THE BOARD. SALARIES ARE KEPT WITHIN THE RANGE
FOR SIMILAR-SIZED UNITED WAYS AND BASED ON THE REGION OF THE UNITED STATES.

Name of the organization

Employer identification number

UNITED WAY OF THE RIVER CITIES, INC

55-0384704

05. Governing documents, etc, available to public (Part VI, line 19)

UNITED WAY OF THE RIVER CITIES MAKES ITS FINANCIAL STATEMENTS AND 990 AVAILABLE TO THE PUBLIC VIA WEBSITES SUCH AS GUIDESTAR, THE WV SECRETARY OF STATE'S OFFICE, AND THE UNITED WAY OF THE RIVER CITIES WEBSITE. THESE ITEMS, AS WELL AS BYLAWS AND CONFLICT OF INTEREST STATEMENT ARE AVAILABLE TO THE PUBLIC BY REQUEST.

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

UNITED WAY OF THE RIVER CITIES, INC

OMB No 1545-0047

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.

▶ Attach to Form 990. ▶ See separate instructions.

2009

Open to Public
Inspection

Employer identification number

55-0384704

Part I Identification of Disregarded Entities (Complete if the organization answered "Yes" on Form 990, Part IV, line 33)

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Part II Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity
UWRC FOUNDATION, INC. 55-0672482 820 MADISON AVENUE, 25704	SUPPORT TO UNITED WAY OF THE RIVER	WV	501 (C) (3)	FOUNDATION	N/A

For Privacy Act and Paperwork Reduction Act Notice, see the instructions for Form 990.

EEA

Schedule R (Form 990) 2009

Part III Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year)

Table with 10 columns: (a) Name, address, and EIN of related organization; (b) Primary activity; (c) Legal domicile; (d) Direct controlling entity; (e) Predominant income; (f) Share of total income; (g) Share of end-of-year assets; (h) Disproportionate allocations; (i) Code V-UBI amount; (j) General or managing partner?.

Part IV Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)

Table with 8 columns: (a) Name, address, and EIN of related organization; (b) Primary activity; (c) Legal domicile; (d) Direct controlling entity; (e) Type of entity; (f) Share of total income; (g) Share of end-of-year assets; (h) Percentage ownership.

Part V Transactions with Related Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35, or 36)

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

Table with columns: Description (a), Transaction type (b), Amount involved (c), Yes, No. Rows include: Receipt of interest, Gift, grant, or capital contribution, Loans or loan guarantees, Lease of facilities, equipment, or other assets, etc.

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

Table with columns: (a) Name of other organization, (b) Transaction type (8-f), (c) Amount involved. Rows (1) through (6) are currently blank.

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. Only file the original (no copies needed)

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. Row 2: 820 MADISON AVENUE, For IRS use only. Row 3: HUNTINGTON, WV 25704

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

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

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 11-15, 2010
5 For calendar year 2009, 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 PREPARE A COMPLETE AND ACCURATE RETURN

Table with 3 columns: Description, 8a, 8b, 8c. Row 1: 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. Row 2: 8b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Row 3: 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.

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: [Handwritten Signature], Title: CPA, Date: 8-4-10. EEA Form 8868 (Rev 4-2009)

Name(s) as shown on return

FEIN

UNITED WAY OF THE RIVER CITIES, INC

55-0384704

PART IX, LINE 9 -OTHER EMPLOYEE BENEFIT

Description	Amount
EMPLOYEE BENEFITS	\$ 10,703
Total:	\$ 10,703

PART IX, LINE 9 -OTHER EMPLOYEE BENEFITS

Description	Amount
EMPLOYEE BENEFITS	\$ 10,588
Total:	\$ 10,588

PART IX, LINE 11G -OTHER FEES FOR SERVICES (NON-EMPLOYEES)

Description	Amount
ADMINISTRATIVE FEES	\$ 770
Total:	\$ 770

PART IX, LINE 11G -OTHER FEES FOR SERVICES (NON-EMPLOYEES)

Description	Amount
BANK SERVICE CHARGES	\$ 73
Total:	\$ 73

PART IX, LINE 13-OFFICE EXPENSES

Description	Amount
OFFICE SUPPLIES	\$ 13,449
Total:	\$ 13,449

PART IX, LINE 13-OFFICE EXPENSES

Description	Amount
OFFICE SUPPLIES	\$ 6,398
Total:	\$ 6,398

Name(s) as shown on return

FEIN

UNITED WAY OF THE RIVER CITIES, INC

55-0384704

PART IX, LINE 13-OFFICE EXPENSES

Description	Amount
OFFICE SUPPLIES	\$ 7,273
Total:	\$ 7,273

PART IX, LINE 16-UTILITIES

Description	Amount
PROPERTY TAXES	\$ 1,013
UTILITIES	3,092
Total:	\$ 4,105

PART IX, LINE 16-UTILITIES

Description	Amount
PROPERTY TAXES	\$ 1,003
UTILITIES	3,058
Total:	\$ 4,061

PART IX, LINE 24F -OTHER EXPENSES

Description	Amount
TOKENS APPRECIATION	\$ 980
OUTSIDE SERVICES	300
SUPPLIES	9,869
TELEPHONE	(212)
ALCOHOL SALES COMPLIANCE TEST	3,378
COMMUNITY LEADERS LUNCHEON	1,736
CONTRACT SERVICES	1,986
GEOSPATIAL MAPPING	3,038
Total:	\$ 21,075

PART IX, LINE 24F -OTHER EXPENSES

Description	Amount
TOKENS APPRECIATION	\$ 13
SUPPLIES	735
TELEPHONE	3,974
UNITED WAY WORLDWIDE MEMBERSHIP	6,525
CONTRACT SERVICES	523
Total:	\$ 11,770

Name(s) as shown on return

FEIN

UNITED WAY OF THE RIVER CITIES, INC

55-0384704

PART IX, LINE 24F -OTHER EXPENSES

Description	Amount
TOKENS APPRECIATION	\$ 13
SUPPLIES	859
TELEPHONE	3,932
CONTRACT SERVICES	517
UNITED WAY WORLDWIDE MEMBERSHIP	6,454
Total:	\$ 11,775