

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)

2011

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 2011 calendar year, or tax year beginning , 2011, 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 PO 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

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

G Gross receipts \$

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) 501(c) () (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**

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	30	
4 Number of independent voting members of the governing body (Part VI, line 1b)	4	30	
5 Total number of individuals employed in calendar year 2011 (Part V, line 2a)	5	18	
6 Total number of volunteers (estimate if necessary)	6		
7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0	
b Net unrelated business taxable income from Form 990-T, line 34	7b	0	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	1,420,337	1,457,520
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	10,925	27,966
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	6,218	2,170
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	9,774	19,467
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,447,254	1,507,123
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	873,279	643,179
	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)	385,223	472,250
	16a Professional fundraising fees (Part IX, column (A), line 11)		0
	b Total fundraising expenses (Part IX, column (D), line 25)	49,165	
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f, 24e)	277,290	341,281
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	1,535,792	1,456,710
19 Revenue less expenses Subtract line 18 from line 12	(88,538)	50,413	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	3,695,713	3,802,345
	22 Net assets or fund balances Subtract line 21 from line 20	1,085,496	1,182,785
		2,610,217	2,619,560

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

Signature of officer: *Laura P Gilliam* Date: *11/12/12*

LAURA GILLIAM, EXECUTIVE DIRECTOR
Type or print name and title

Paid Preparer Use Only

Preparer's name: **Bruce I Sullivan CPA** Preparer's signature: *Bruce I Sullivan CPA* Date: **11-09-2012**

Check if self-employed PTIN: **P00177743**

Firm's name: **SULLIVANWEBB PLLC** Firm's EIN: **304-697-0565**

Firm's address: **P O BOX 2745** Phone no: **304-697-0565**

Huntington WV 25727

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

For Paperwork Reduction Act Notice, see the separate instructions.

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III

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 organization's program service accomplishments for each of its three largest program services, as measured 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 \$ 802,398 including grants of \$ 634,629) (Revenue \$)
UNITED WAY DISTRIBUTES FUNDS TO HUMAN SERVICE, NON-PROFIT ORGANIZATIONS THROUGH A GRANTS PROCESS. ORGANIZATIONS APPLY FOR FUNDS IN THE SPRING, VOLUNTEERS REVIEW THE APPLICATIONS AND MAKE RECOMMENDATIONS TO THE BOARD OF DIRECTORS, WHICH APPROVES THE FINAL FUNDS DISTRIBUTION BY JUNE 30. 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 \$ 200,878 including grants of \$) (Revenue \$)
UNITED WAY'S CABELL COUNTY SUBSTANCE ABUSE PREVENTION PARTNERSHIP (CCSAPP) IS AN EFFORT TO REDUCE LOCAL SUBSTANCE ABUSE WITH STRONG COLLABORATIVE PARTNERSHIPS AND COMMUNITY OWNERSHIP, USING AWARENESS, EDUCATION AND COMMUNITY-WIDE SOLUTIONS. CCSAPP 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.

4c (Code:) (Expenses \$ 74,954 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.

4d Other program services. (Describe in Schedule O)
(Expenses \$ 106,850 including grants of \$ 8,550) (Revenue \$)

4e Total program service expenses 1,185,080

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? (see instructions)?	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, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II		X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III		
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which 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 temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V		X
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	X	
b 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		X
c 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		X
d 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	X	
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	X	
f 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 (ASC 740)? If "Yes," complete Schedule D, Part X		X
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then 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, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV		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, Parts II and IV		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, Parts III and IV		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 (see instructions)		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
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		X
b If "Yes" to line 20a, did the organization attach its audited financial statements to this return?		

Part IV Checklist of Required Schedules (continued)

		Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization 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 employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? 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 (or a family member thereof) 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	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b	Did the organization receive any payment from or engage in any transaction with 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

Check if Schedule O contains a response to any question in this Part V

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 1a through 14b 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 Check if Schedule O contains a response to any question in this Part VI

Section A. Governing Body and Management

Table with 4 columns: Question, Line Number, Yes, No. Rows include questions about voting members, family relationships, management delegation, significant changes, asset diversion, members, and documentation.

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

Table with 4 columns: Question, Line Number, Yes, No. Rows include questions about local chapters, written policies, conflict of interest, whistleblower, document retention, compensation review, and joint ventures.

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 (Section 501(c)(3)s only) available for public inspection
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 during the tax year
20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization

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

Check if Schedule O contains a response to any question in this Part VII

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

- 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, if any 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 neither the organization nor any related organization compensated any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)							(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
		I n d i v i d u a l	I n s t i t u t i o n a l	O f f i c e r	K e y e m p l o y e e	H i g h e s t c o m p e n s a t e d	F o r m e r				
(1) AARON HEIGHTON TREASURER		X		X					0	0	0
(2) CHRIS MICHAEL DIRECTOR		X							0	0	0
(3) CHRISTIE WHITE DIRECTOR		X									
(4) COURTNEY EASTONE DIRECTOR		X									
(5) DAVID MONTE WARD DIRECTOR		X									
(6) DEBRA MAYS DIRECTOR		X									
(7) DON WATSON DIRECTOR		X							0	0	0
(8) DONNA BURTON DIRECTOR		X									
(9) DOUG KORSTANJE VICE PRESIDENT		X		X					0	0	0
(10) ED DAWSON DIRECTOR		X									
(11) GERRY SAWREY PRESIDENT		X		X					0	0	0
(12) HARVEY P BARTON DIRECTOR		X									
(13) JAMES CASTO DIRECTOR		X									
(14) JAMES CROUSE DIRECTOR		X							0	0	0

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

Check if Schedule O contains a response to any question in this Part VII

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

- 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, if any 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 neither the organization nor any related organization compensated any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)							(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
		I n d i v i d u a l	I n s t i t u t i o n a l	O f f i c e r	K e y e m p l o y e e	H i g h e s t c o m p e n s a t e d	F o r m e r				
(1) JANE DAVIS DIRECTOR		X									
(2) JEREMY M ADAMS DIRECTOR		X									
(3) JOHN H DEAKIN SECRETARY		X		X							
(4) JOSEPH P WILLIAMS DIRECTOR		X									
(5) KERRY DILLARD DIRECTOR		X									
(6) KEVIN SMITH DIRECTOR		X									
(7) MARC E WILLIAMS DIRECTOR		X									
(8) MICHAEL PREWITT DIRECTOR		X									
(9) NONA RIMMER DIRECTOR		X									
(10) PHILIP TODD SHELL DIRECTOR		X									
(11) RANDALL MAY DIRECTOR		X									
(12) RONALD G AREA DIRECTOR		X									
(13) ROSEMARY BUNNY SMITH DIRECTOR		X									
(14) SAM VALLANDINGHAM 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 (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and director/trustee)						(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
		In d i r e c t o r	T r u s t e e	O f f i c e r	K e y e m p l o y e e	H i g h e s t c o m p e n s a t e d	F o r m e r			
(15)TIMOTHY S MILLNE DIRECTOR		X								
(16)TONY SPIEGELBERG DIRECTOR		X								
(17)DAVID CARTER FINANCE DIRECTOR	40.00			X			31,419	0	0	
(18)LAURA GILLIAM EXECUTIVE DIRECTOR	40.00			X			61,512	0	0	
(19)										
(20)										
(21)										
(22)										
(23)										
(24)										
(25)										
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)							92,931	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	3	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	4	X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person	5	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 Report compensation for the calendar year ending with or within the organization's tax year.

(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 of 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 1,187,790				
	b Membership dues	1b				
	c Fundraising events	1c				
	d Related organizations	1d				
	e Government grants (contributions)	1e 269,730				
	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		1,457,520			
Program Service Revenue	2a PROGRAM REVENUES	Business Code 900099	27,966	27,966		
	b					
	c					
	d					
	e					
	f All other program service revenue					
	g Total. Add lines 2a-2f		27,966			
O t h e r R e v e n u e	3 Investment income (including dividends, interest, and other similar amounts)		2,170	2,170		
	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	19,467	19,467			
b						
c						
d All other revenue						
e Total. Add lines 11a-11d		19,467				
12 Total revenue. See instructions		1,507,123	49,603		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)

Check if Schedule O contains a response to any question in this Part IX

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 United States. See Part IV, line 21.	643,179	643,179		
2	Grants and other assistance to individuals in the United States. See Part IV, line 22.				
3	Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16.				
4	Benefits paid to or for members.				
5	Compensation of current officers, directors, trustees, and key employees.	92,931	54,458	29,366	9,107
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.	284,788	166,978	89,976	27,834
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions).	21,036	6,521	13,821	694
9	Other employee benefits.	42,281	13,123	27,732	1,426
10	Payroll taxes.	31,214	9,676	20,508	1,030
11	Fees for services (non-employees)				
a	Management.				
b	Legal.				
c	Accounting.	9,604	6,087	2,881	636
d	Lobbying.				
e	Professional fundraising services. See Part IV, line 17.				
f	Investment management fees.				
g	Other.	2,443	2,161	231	51
12	Advertising and promotion.	32,831	30,481	1,924	426
13	Office expenses.	40,322	37,312	2,466	544
14	Information technology.	157	83	60	14
15	Royalties.				
16	Occupancy.	8,695	4,760	3,222	713
17	Travel.	36,391	35,835	455	101
18	Payments of travel or entertainment expenses for any federal, state, or local public officials.				
19	Conferences, conventions, and meetings.	5,085	4,663	346	76
20	Interest.	371	197	143	31
21	Payments to affiliates.				
22	Depreciation, depletion, and amortization.	21,981	11,671	8,444	1,866
23	Insurance.	4,933	2,620	1,895	418
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a	DESIGNATIONS	66,972	66,972		
b	UNCOLLECTIBLE PLEDGE PROV.	32,336	32,336		
c	EQUIPMENT PURCHASES	4,941	4,679	214	48
d	MAINTENANCE EXPENSE	15,611	9,353	5,125	1,133
e	All other expenses.	58,608	41,935	13,656	3,017
25	Total functional expenses. Add lines 1 through 24e.	1,456,710	1,185,080	222,465	49,165
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

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		1,321,822	2	1,610,705	
	3	Pledges and grants receivable, net		1,089,644	3	962,739	
	4	Accounts receivable, net		731	4	297	
	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)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions)			6		
	7	Notes and loans receivable, net			7		
	8	Inventories for sale or use			8		
	9	Prepaid expenses and deferred charges		5,173	9	5,067	
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	977,061			
	b	Less accumulated depreciation	10b	305,149	690,283	10c	671,912
	11	Investments - publicly traded securities			11		
	12	Investments - other securities See Part IV, line 11		133,314	12	130,540	
	13	Investments - program-related. See Part IV, line 11			13		
	14	Intangible assets			14		
	15	Other assets See Part IV, line 11		454,746	15	421,085	
16	Total assets. Add lines 1 through 15 (must equal line 34)		3,695,713	16	3,802,345		
L i a b i l i t i e s	17	Accounts payable and accrued expenses		15,565	17	19,181	
	18	Grants payable		998,894	18	1,065,007	
	19	Deferred revenue		65,376	19	79,595	
	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 (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D		5,661	25	19,002	
	26	Total liabilities. Add lines 17 through 25		1,085,496	26	1,182,785	
N F u n d A s s e t s o f F u n d 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		1,972,675	27	2,043,285	
	28	Temporarily restricted net assets		203,156	28	180,185	
	29	Permanently restricted net assets		434,386	29	396,090	
	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		2,610,217	33	2,619,560	
	34	Total liabilities and net assets/fund balances		3,695,713	34	3,802,345	

Part XI

Reconciliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,507,123
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,456,710
3	Revenue less expenses Subtract line 2 from line 1	3	50,413
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	2,610,217
5	Other changes in net assets or fund balances (explain in Schedule O)	5	(41,070)
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	2,619,560

Part XII

Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII

1 Accounting method used to prepare the Form 990 Cash Accrual Other _____

If the organization changed its method 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?

b Were the organization's financial statements audited by an independent accountant?

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.

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 separate basis, consolidated basis, or both
 Separate basis Consolidated basis 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?

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

	Yes	No
2a		X
2b	X	
2c	X	
3a		X
3b		

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No 1545-0047

2011

Department of the Treasury
Internal Revenue Service

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.



Name of the organization

UNITED WAY OF THE RIVER CITIES, INC

Employer identification number

55-0384704

Part III 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?

- (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?
- (ii) A family member of a person described in (i) above?
- (iii) A 35% controlled entity of a person described in (i) or (ii) above?

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

h Provide the following information about the supported organization(s)

(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	
(A)									
(B)									
(C)									
(D)									
(E)									
Total									

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

EEA

Schedule A (Form 990 or 990-EZ) 2011

Part III 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 or if the organization failed to qualify under

Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	1,690,947	1,462,463	1,217,313	1,420,337	1,457,520	7,248,580
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	1,690,947	1,462,463	1,217,313	1,420,337	1,457,520	7,248,580
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						7,248,580

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7 Amounts from line 4	1,690,947	1,462,463	1,217,313	1,420,337	1,457,520	7,248,580
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	149,393	93,005	39,956	17,143	30,136	329,633
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)	50,754	42,241	12,300	9,774	19,467	134,536
11 Total support. Add lines 7 through 10						7,712,749
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 2011 (line 6, column (f) divided by line 11, column (f))	14	93.98	%
15 Public support percentage from 2010 Schedule A, Part II, line 14	15	93.51	%
16a 33 1/3% support test - 2011. 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 - 2010. 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 - 2011. 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 - 2010. 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 or if the organization failed to qualify under Part II)

If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
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 and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c 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

15 Public support percentage for 2011 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2010 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2011 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2010 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2011. 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 - 2010. 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)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990. See separate instructions.

OMB No 1545-0047

2011

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?, 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?

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

Table with 2 columns: Held at the End of the Tax Year. Rows include: 1 Purpose(s) of conservation easements held by the organization (check all that apply), 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, 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?, 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)?, 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

Table with 2 columns: \$, \$. Rows include: 1a If the organization elected, as permitted under SFAS 116 (ASC 958), 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 (ASC 958), 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, 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 (ASC 958) relating to these items

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) Prior 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 current year end balance (line 1g, column (a)) held as
- a Board designated or quasi-endowment _____ %
 - b Permanent endowment _____ %
 - c Temporarily restricted endowment _____ %
- The percentages in lines 2a, 2b, and 2c should equal 100%
- 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? Yes No
- 3b Yes No
- 4 Describe in Part XIV the intended uses of the organization's endowment funds

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

Description of property	(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	139,903	389,392
c Leasehold improvements				
d Equipment		139,177	123,938	15,239
e Other		48,589	41,308	7,281
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c))				671,912

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
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A) HELD BY UWRC FOUNDATION	130,540	FMV
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(I)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)	130,540	

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
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
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
(1) BENEFICIAL INTEREST-PERPETUAL TRUST	421,085
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 15)	421,085

Part X Other Liabilities. See Form 990, Part X, line 25	
1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) ACCRUED EXPENSES	15,483
(3) CAPITAL LEASE OBLIGATION	3,519
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)	19,002

2. FIN 48 (ASC 740) 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 (ASC 740)

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

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	1,507,123
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	1,456,710
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	50,413
4	Net unrealized gains (losses) on investments	4	(2,774)
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	(38,296)
9	Total adjustments (net) Add lines 4 through 8	9	(41,070)
10	Excess or (deficit) for the year per audited financial statements Combine lines 3 and 9	10	9,343

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	1,507,123
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	2a	
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	1,507,123
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	1,507,123

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

1	Total expenses and losses per audited financial statements	1	1,497,780
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	41,070
e	Add lines 2a through 2d	2e	41,070
3	Subtract line 2e from line 1	3	1,456,710
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	1,456,710

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.

Part XIV Supplemental Information (continued)

02. Other expenses not included on Form 990 (Part XIII, line 2d)

CHANGE IN BENEFICIAL INTEREST CHARITABLE TRUST OF \$38,296 AND UNREALIZED LOSSES ON INVESTMENTS OF \$2,774.

**SCHEDULE I
(Form 990)**

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

OMB No 1545-0047

2011

Department of the Treasury
Internal Revenue Service

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

▶ Attach to Form 990.



Name of the organization

Employer identification number

UNITED WAY OF THE RIVER CITIES, INC

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.

Part II can be duplicated 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
(1)	AMERICAN RED CROSS-WV 113 LAKEVIEW DR. 25313	55-0393624	501(C)(3)	102,038				HUMAN SRVCS.
(2)	BIG BROTHERS/SISTERS 501 5TH AVENUE SUITE 25701	55-0559711	501(C)(3)	38,627				HUMAN SRVCS.
(3)	BOYS' & GIRLS' CLUBS 520 EVERETT ST. 25705	55-0439995	501(C)(3)	43,025				HUMAN SRVCS.
(4)	EBENEZER MEDICAL OUTREACH 1448 TENTH AVENUE 25701	55-0745033	501(C)(3)	16,667				HUMAN SRVCS.
(5)	BSA TRISTATE AREA COUNCIL 823 ADAMS AVE 25704	55-0357017	501(C)(3)	13,600				HUMAN SRVCS.
(6)	BRANCHES DOMESTIC VIOLENCE P.O. BOX 403 25708	55-0600287	501(C)(3)	15,000				HUMAN SRVCS.
(7)	CHILDREN'S PLACE/INC 625 RICHMOND ST. 25702	31-1015200	501(C)(3)	8,936				HUMAN SRVCS.
(8)	CITY WELFARE MISSION 710 N. FIFTH 45638	31-0891939	501(C)(3)	27,353				HUMAN SRVCS.
(9)	COALITION FOR THE HOMELESS 627 4TH AVENUE 25701	55-0675036	501(C)(3)	12,558				HUMAN SRVCS.
(10)	DEVELOPMENTAL THERAPY CENTER 845 4TH AVE, SUITE 3 25701	55-0379624	501(C)(3)	60,629				HUMAN SRVCS.
(11)	HEALING PLACE 2425 9TH AVENUE 25705	26-2002618	501(C)(3)	12,502				HUMAN SRVCS.
(12)	WOODWILL IND OF KYOWVA AREA P.O. BOX 7365 25776	23-7374240	501(C)(3)	74,854				HUMAN SRVCS.

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

3 Enter total number of other organizations listed in the line 1 table

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

EEA

Schedule I (Form 990) (2011)

**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

2011

**Open to Public
Inspection**

▶ Attach to Form 990.

Name of the organization: **UNITED WAY OF THE RIVER CITIES, INC**
 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 Yes No

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.

Part II can be duplicated 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
(1)	GIRL SCOUTS-BLACK DIAMOND 5505 RT. 60 EAST SUIT 25705	55-0420373	501(C)(3)	5,605				HUMAN SRVCS.
(2)	KIWANIS DAY CARE CENTER 71 WASHINGTON AVE. 25701	55-0340325	501(C)(3)	33,547				HUMAN SRVCS.
(3)	CHRISTIAN ASSOCIATES 520 11TH STREET 25701	48-1280483	501(C)(3)	20,510				HUMAN SRVCS.
(4)	PRESTERA CENTER 3375 US ROUTE 60 EAS 25705	55-0492369	501(C)(3)	10,956				HUMAN SRVCS.
(5)	TRI-STATE LITERACY 455 9TH STREET 25701	55-0682780	501(C)(3)	19,050				HUMAN SRVCS.
(6)	YMCA 935 10TH AVENUE 25701	55-0397261	501(C)(3)	28,006				HUMAN SRVCS.
(7)	TEACH 611 SEVENTH AVENUE, 25701	55-0706025	501(C)(3)	6,254				HUMAN SRVCS.
(8)								
(9)								
(10)								
(11)								
(12)								

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

3 Enter total number of other organizations listed in the line 1 table

SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

2011

Department of the Treasury
Internal Revenue Service
Name of the organization

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

**Open to Public
Inspection**

Employer identification number

UNITED WAY OF THE RIVER CITIES, INC

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 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
OF 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.

06. Explanation of other changes in net assets or fund balances (Part XI, line 5)

UNREALIZED LOSSES ON INVESTMENTS \$2,774 AND NET LOSS ON BENEFICIAL INTEREST PERPETUAL TRUST OF \$38,296.

07. General explanation attachment

PART III, LINE 4d: 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.

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

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.

2011

**Open to Public
Inspection**

Name of the organization

Employer identification number

UNITED WAY OF THE RIVER CITIES, INC

55-0384704

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

(1)	(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
(2)						
(3)						
(4)						
(5)						
(6)						

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

(1)	(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	(g) Section 512(b)(13) controlled entity?	
							Yes	No
(2)	UWRC FOUNDATION, INC., 55-0672482 820 MADISON AVENUE, 25704	SUPPORT TO UNITED WAY OF THE RIVER WV		501(C)(3)	I	N/A		
(3)								
(4)								
(5)								
(6)								
(7)								

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

EEA

Schedule R (Form 990) 2011

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.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1)												
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							

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

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

		Yes	No
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?		
a	Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity	1a	
b	Gift, grant, or capital contribution to related organization(s)	1b	
c	Gift, grant, or capital contribution from related organization(s)	1c	
d	Loans or loan guarantees to or for related organization(s)	1d	
e	Loans or loan guarantees by related organization(s)	1e	
f	Sale of assets to related organization(s)	1f	
g	Purchase of assets from related organization(s)	1g	
h	Exchange of assets with related organization(s)	1h	
i	Lease of facilities, equipment, or other assets to related organization(s)	1i	
j	Lease of facilities, equipment, or other assets from related organization(s)	1j	
k	Performance of services or membership or fundraising solicitations for related organization(s)	1k	
l	Performance of services or membership or fundraising solicitations by related organization(s)	1l	
m	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1m	
n	Sharing of paid employees with related organization(s)	1n	
o	Reimbursement paid to related organization(s) for expenses	1o	
p	Reimbursement paid by related organization(s) for expenses	1p	
q	Other transfer of cash or property to related organization(s)	1q	
r	Other transfer of cash or property from related organization(s)	1r	

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

	(a) Name of other organization	(b) Transaction type (a-r)	(c) Amount involved	(d) Method of determining amount involved
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

Part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 37.)

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under section 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	
(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
(9)													
(10)													
(11)													
(12)													
(13)													
(14)													
(15)													
(16)													

Statement of Program Service Accomplishments

2011 01

Name(s) as shown on return

Your Social Security Number

UNITED WAY OF THE RIVER CITIES, INC

55-0384704

Form 990, Part III(d)

Program Service Code	
Program Service Expenses	\$106850
Grants and allocations included in above expense	\$8550
Program Services Revenue	\$0

Explanation

• 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)

Enter filer's identifying number, see instructions

Type or print File by the due date for filing your return See instructions	Name of exempt organization or other filer, see instructions UNITED WAY OF THE RIVER CITIES, INC	Employer identification number (EIN) or <input checked="" type="checkbox"/> 55-0384704
	Number, street, and room or suite no If a P O box, see instructions 820 MADISON AVENUE	Social security number (SSN) <input type="checkbox"/>
	City, town or post office, state, and ZIP code For a foreign address, see instructions HUNTINGTON, WV 25704	

Enter the Return code for the return that this application is for (file a separate application for each return) 0 1

Application Is For	Return Code	Application Is For	Return Code
Form 990	01		
Form 990-BL	02	Form 1041-A	08
Form 990-EZ	01	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

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 820 MADISON AVENUE, WV 25704**

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, 2012

5 For calendar year 2011, or other tax year beginning _____, 20__ and ending _____, 20__

6 If the tax year entered in line 5 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.

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	\$
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868	8b	\$
c Balance due Subtract line 8b from line 8a Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions	8c	\$

Signature and Verification must be completed for Part II only.

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct and complete, and that I am authorized to prepare this form

Signature 

Title **CPA**

Date **7-25-12**