

See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



Department of the Treasury

Return of Organization Exempt From Income Tax

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

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

OMB No 1545-0047 Open to Public Inspection

Α	For the 20	Q7 calendar year, or tax year beginning C	CT 1, 2007	and end	ing SEP 30	, 2008	
В	Check if	Please C Name of organization				D Employer ide	entification number
	applicable	use IRS					
	Address change	print or RIVER REGION UNITED	WAY			63-03	30778
	Name change	type See Number and street (or P 0 box if mail is r)	Room/suite	E Telephone n	umber
	Initial Specific 532 S. PERRY STREET						64-7318
	Termin- ation	tions City or town, state or country, and ZIP + 4				F Accounting metho	
	Amended					Other (specify)	•
	Application pending	 Section 501(c)(3) organizations and 4947(a) 	(1) nonexempt charitable trus	sts	H and I are not appl		on 527 organizations
	, 3	must attach a completed Schedule A (Form 9	190 or 990-EZ)		H(a) Is this a group re		
G	Website:	▶WWW.DOINGWHATMATTERS.OF	RG	Į,	H(b) If "Yes," enter nu	mber of affiliate	s ⊳ N/ A
J	Organizati	on type (check only one) \blacktriangleright \mathbf{X} 501(c) (3)	ert no) 4947(a)(1) or		H(c) Are all affiliates i	ncluded? N	/A Yes No
K	Check here	e 🕨 🔲 if the organization is not a 509(a)(3) suppo	orting organization and its gros	ss	(If "No," attach a H(d) Is this a separate		an or-
	receipts ar	e normally not more than \$25,000. A return is not req	uired, but if the organization	[]	ganization cover		
_	chooses to	file a return, be sure to file a complete return.			I Group Exemptio	n Number 🕨	N/A
					M Check ▶ ☐	f the organizati	on is not required to attach
L		eipts: Add lines 6b, 8b, 9b, and 10b to line 12	5,416,29		Sch. B (Form 99	0, 990-EZ, or 9	90-PF).
P	art I F	Revenue, Expenses, and Changes in	Net Assets or Fund	Balan	ices		
	1 (Contributions, gifts, grants, and similar amounts recei	ved:				
	a	Contributions to donor advised funds		1a	_		
	ь	Direct public support (not included on line 1a)		1b	4,841,2	32.	
	C	Indirect public support (not included on line 1a)		1c	51,0	38.	
	d (Government contributions (grants) (not included on li	ne 1a)	1d	152,5	49.	
	e ·	Total (add lines 1a through 1d) (cash\$5,0) 1e	5,044,819.			
	2 1	Program service revenue including government fees a	2				
	3	Membership dues and assessments					
	4	Interest on savings and temporary cash investments	4	97,119.			
	5	Dividends and interest from securities				5	
	6 a	6 a Gross rents 6a					
	b	Less rental expenses		6b			
ø	, c	Net rental income or (loss). Subtract line 6b from line	6a			6c	
Ž	7	Other investment income (describe ⊳) 7	
Revenue	8 a	Gross amount from sales of assets other	(A) Securities		(B) Other		
<u> </u>	· 1	than inventory	271,965.	8a			
	b	Less: cost or other basis and sales expenses	246,768.	8b			
	c (Gain or (loss) (attach schedule)	25,197.	8c			
	47	Net gain of class. Combine line 8c, columns (A) and (B) STMT 1			8d	25,197.
	9 3	Net g ain of plass). Combine line 8c, columns (A) and (Special events and activities (attach schedule). If any a	amount is from <code>gaming</code> , check	here ⊳	. 🔲		
	a c		of contributions reported on line 1b)	9a			
	l bg	ess: diladtlex@enses @narthan Andraising expenses	3	9b			
	(`1	Net income or (loss) from special events. Subtract line	9b from line 9a	, ,		9c	
	10 a	Gross sales of inventory, less returns and allowances		10a			
	6	ess cost of poods sold		10b			
	1	Gross profit or (loss) from sales of inventory (attach s	chedule). Subtract line 10b fro	m line 10	Da	10c	
	11 (Other revenue (from Part VII, line 103)				11	<u> 2,387.</u>
_	12	Total revenue. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 1	0c, and 11			12	5,169,522.
s	13	Program services (from line 44, column (B))				13	4,015,256.
Expenses	14 1	Management and general (from line 44, column (C))				14	481,101.
e i	15	Fundraising (from line 44, column (D))				15	303,087.
ŭ	1	Payments to affiliates (attach schedule)				16	
		Total expenses. Add lines 16 and 44, column (A)				17	4,799,444.
	ا 18 [Excess or (deficit) for the year. Subtract line 17 from li	ne 12			18	370,078.
je s	19 I	Net assets or fund balances at beginning of year (from	ı lıne 73, column (A))			19	4,421,825.
Net	Ž 20 (Other changes in net assets or fund balances (attach e	xplanation) S	EE S	STATEMENT :	2 20	-165,328.
	21 1	Net assets or fund balances at end of year. Combine li	nes 18, 19, and 20			21	4,626,575.
723 12-	001 27-07 L	HA For Privacy Act and Paperwork Reduction Act	Notice, see the separate inst	ructions		<i>~</i> 11—11	7 Form 990 (2007)

Part I		All organization and (4) organ	ons must complete colum nizations and section 4947	n (A). Columns (B), (C), an (a)(1) nonexempt charitab	d (D) are required for section le trusts but optional for other	501(c)(3) rs.
Do	not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.	$\overline{}$	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22a Gran	nts paid from donor advised funds		_			
(atta	ich schedule)					
(cash	\$\$ noncash \$	<u> </u>				
If this	amount includes foreign grants, check here	· 22a				
22b Othe	er grants and allocations (attach sch	edule)			STATEMENT 4	
	\$3_739_785_noncash \$		2 522 525			
	amount includes foreign grants, check here	22b	3,739,785.	<u>3,739,785.</u>		
•	cific assistance to individuals (attach	1 1				
	edule)	23	_		-	
	efits paid to or for members (attach					
	edule)	24				·
	pensation of current officers, directors, k loyees, etc. listed in Part V-A		146,974.	38, <u>566</u> .	62,884.	45,524
	pensation of former officers, directors, ke	25a	140,5/4.	30,300.	02,004.	45,544
	loyees, etc. listed in Part V-B	25b	0.	0.	0.	0 .
•	pensation and other distributions, not inc		0.			<u> </u>
	e, to disqualified persons (as defined und	1 1				
	on 4958(f)(1)) and persons described in	.				
	on 4958(c)(3)(B)	25c				
	ries and wages of employees not	200				
	ided on lines 25a, b, and c	26	379,360.	93,745.	161,753.	123,862
	sion plan contributions not included					
	s 25a, b, and c	27	35,031.	12,533.	15,310.	7,188
28 Emp	loyee benefits not included on lines				•	
25a	-	28	25,070.	8,969.	10,957.	5,144.
29 Payı	roll taxes	29	45,380.	23,153.	7,493.	14,734
30 Prof	essional fundraising fees	30				
31 Acc	ounting fees	31	41,125.		41,125.	
32 Lega	al fees	32				
33 Sup	plies	33	46,951.	12,811.	19,064.	15,076
34 Tele	phone	34	15,498.	4,512.		5,892
	tage and shipping	35	10,070.	66.		5,335
36 Occ		36	99,911.	14,249.	68,565.	17,097
	pment rental and maintenance	37				
	ting and publications	38	61,595.	1,997.	4,346.	55,252
39 Trav		39	0.061	4 200	14 100	10.050
	ferences, conventions, and meeting		9,261.	4,388.		19,062
41 Inter		41	8,973.	10 100	8,973.	1 / 5 / 5
-	reciation, depletion, etc. (attach sched	·	40,404.	12,122.	13,737.	14,545.
	er expenses not covered above (item	, i i				
a		43a				
		43b				
		43c 43d			-	_
·		43u 43e		<u> </u>		
f		43f				
' <u> </u>	EE STATEMENT 3	43g	94,056.	48,360.	71,320.	-25,624.
	I functional expenses. Add lines 22a thro		2 = 1000 •	±0,500.	11,320.	
	(Organizations completing columns (B)-	-				
	these totals to lines 13-15)	44	4,799,444.	4,015,256.	481,101.	303,087
	osts. Check D If you are follo				202/1010	
	oint costs from a combined educational c	-		norted in (B) Program serv	ices?	Yes X No
	nter (i) the aggregate amount of these jo			(ii) the amount allocated to		N/A;
	mount allocated to Management and gen	_		(iv) the amount allocated to		N/A_
723011 12-27-07						Form 990 (2007)

Part III | Statement of Program Service Accomplishments (See the instructions)

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

	at is the organization's primary exempt purpose? RAISE FUNDS FOR COMMUNITY CHARITIES AND UNITED WAY AGENCIES	Program Service Expenses
clie	organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of ints served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) anizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)	(Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)
а	SUPPORT TO UNITED WAY AGENCIES	
	- 	
L	(Grants and allocations \$) If this amount includes foreign grants, check here	3,619,964.
D	ALLOCATIONS AND AGENCY RELATIONS	
		242 270
C	Grants and allocations \$) If this amount includes foreign grants, check here ► □ ANTI-GANG VIOLENCE - A PROGRAM TO DISCOURAGE GANG VIOLENCE	342,379.
Ŭ	IN THE COMMUNITY.	
	(Grants and allocations \$) If this amount includes foreign grants, check here ▶ □	9,415.
d	Toranto ano anocations The trib amount includes foreign grants, creek here	
	(Grants and allocations \$) If this amount includes foreign grants, check here	
е	Other program services (attach schedule) SEE STATEMENT 5	
	(Grants and allocations \$) If this amount includes foreign grants, check here	43,498.
f	Total of Program Service Expenses (should equal line 44, column (B), Program services)	4,015,256.
		Form 990 (2007)

Pa	πıν	Dalance Sneets (See the instructions)				
Note		re required, attached schedules and amounts wit uld be for end-of-year amounts only	hin the description column	(A) Beginning of year		(B) End of year
	45	Cash - non-interest-bearing		216,382. 2,117,696.		106,748. 2,520,690.
	46	Savings and temporary cash investments		2,117,090.	46	4,540,690.
		Accounts receivable Less allowance for doubtful accounts	47a 161,276.	134,936.	47c	161,276.
	-	2000 4.1011.00 101 4042.14.1 40504.11.0		202,3001	"	
	48 a	Pledges receivable	48a 4,715,107.			
	b	Less: allowance for doubtful accounts	48b 1,038,633.	3,688,304.	48c	3,676,474.
	49	Grants receivable			49	
	50 a	Receivables from current and former officers, di	rectors, trustees, and			
		key employees	 		50a	
	b	Receivables from other disqualified persons (as				
Assets		4958(f)(1)) and persons described in section 495	' ' ' ' '		50b	
Ass	l	Other notes and loans receivable Less: allowance for doubtful accounts	51a 51b		E 4 a	
	52	Inventories for sale or use	310		51c 52	
	53	Prepaid expenses and deferred charges			53	
	1	Investments - publicly-traded securities	Cost FMV		54a	
	l	Investments other securities STMT	7 ▶ 🗓 Cost 🔲 FMV	1,174,062.	54b	1,078,224.
	55 a	Investments - land, buildings, and		, <u> </u>		
		equipment basis	55a			
					1	
	l	Less. accumulated depreciation	55b		55c	
	56	Investments - other	1 1 1 020 021	··-	56	
	l	Land, buildings, and equipment basis	57a 1,030,021. 57b 463,237.	602 100		ECC 701
	58	Less accumulated depreciation Other assets, including program-related investments	603,189.	57c	566,784.	
	36	(describe ► OTHER ASSETS	,	5,771.	58	5,931.
	59	Total assets (must equal line 74). Add lines 45	through 58	7,940,340.	59	8,116,127.
	60	Accounts payable and accrued expenses	3	93,802.	60	47,220.
	61	Grants payable			61	•
	62	Deferred revenue			62	
bilities	63	Loans from officers, directors, trustees, and key	employees		63	
jg J	l	Tax-exempt bond liabilities	-		64a	
Lial	l	Mortgages and other notes payable		198,792.		221,505.
	65	Other liabilities (describe SE	E STATEMENT 6	3,225,921.	65	3,220,827.
	66	Total liabilities. Add lines 60 through 65		3,518,515.	66	3,489,552.
		anizations that follow SFAS 117, check here	X and complete lines	3,310,313.	00	J, 409, 332 •
	Orga	67 through 69 and lines 73 and 74.	and complete intes			
Ses	67	Unrestricted		1,164,393.	67	1,429,460.
laŭ	68	Temporarily restricted		2,756,758.		2,657,941.
Ba	69	Permanently restricted	[500,674.		539,174.
Ē	Orga	nizations that do not follow SFAS 117, check I	nere 🕨 🔲 and			
Ĕ		complete lines 70 through 74.				
Net Assets or Fund Balances	70	Capital stock, trust principal, or current funds		70		
SSe	71	Paid-in or capital surplus, or land, building, and	· ·		71	
et A	72	Retained earnings, endowment, accumulated in			72	
ž	73	Total net assets or fund balances. Add lines 67 throu	·	A A01 00E	_,	A 606 575
	74	(Column (A) must equal line 19 and column (B) must Total liabilities and net assets/fund balances.	4,421,825. 7,940,340.		4,626,575. 8,116,127.	

Form 990 (2007)

	990 (2007) RIVER REGION UNITED W			<u>63-0330'</u>			age 6
Pa	t V-A Current Officers, Directors, Trustees, and Ke	y Employees (continu	ied)			Yes	No
75 a	Enter the total number of officers, directors, and trustees permitted to	to vote on organization bus	siness at board	Ì			
	meetings		▶	50	1		
b	Are any officers, directors, trustees, or key employees listed in Form	990, Part V-A, or highest of	compensated empl	lovees		. 1	
•	listed in Schedule A, Part I, or highest compensated professional and	d other independent contr	actors listed in Sch	nedule A,		i	
	Part II-A or II-B, related to each other through family or business rela-	tionships? If "Yes," attach	a statement that is	dentifies		. 1	
	the individuals and explains the relationship(s)			-	75b		<u> </u>
C	Do any officers, directors, trustees, or key employees listed in Form	990, Part V-A, or highest c	ompensated empl	oyees			
	listed in Schedule A, Part I, or highest compensated professional and						
	Part II-A or II-B, receive compensation from any other organizations,		able, that are relat	ed to the		.	
	organization? See the instructions for the definition of "related organ			-	75c		X
	If "Yes," attach a statement that includes the information described	in the instructions		ŀ		i	
-	Does the organization have a written conflict of interest policy? † V-B Former Officers, Directors, Trustees, and Ke	v Employees That B	Pagaiwad Cami		75d		<u> </u>
Pai	Benefits (If any former officer, director, trustee, or key en						na.
	the year, list that person below and enter the amount of co						
			(C) Compensation	(D) Contributions to		E) Expe	
	(A) Name and address	(B) Loans and Advances	(if not paid, enter -0-)	employee benefit plans & deferred		ccount	
	NONE		enter -u-)	compensation plan	s otne	er allow	ances
					-		
					┼		
					+-		
					+		
					+-		
					+-		
					+		
					1		
					1		
		· · · · · · · · · · · · · · · · · · ·			+		
- -	~						
Pa	t VI Other Information (See the instructions.)	<u> </u>	J			Yes	No
76	Did the organization make a change in its activities or methods of co	nducting activities? If "Ve-	s." attach a detaile	d	-		
. •	statement of each change		o, altaona actalle	_	76		X
7 7	Were any changes made in the organizing or governing documents to	out not reported to the IRS	32	F	77		X
• •	If "Yes," attach a conformed copy of the changes	out not reported to the inc	,.		''		
78 a	Did the organization have unrelated business gross income of \$1,00	O or more during the year	covered by this ret	urn?	700		Х
, o a	If "Yes," has it filed a tax return on Form 990-T for this year?	o or more during the year (covered by this fet		78a 78b		
79	Was there a liquidation, dissolution, termination, or substantial contri	action during the year? If t	'Voc " attach a sta		79		Х
19 80 a	Is the organization related (other than by association with a statewid		•		'3	-	
uv a		=	· ·		900	,	X
h	membership, governing bodies, trustees, officers, etc., to any other of the organization.	evenibi or nonexembi oids	arnzatiOH (}	80a		
U	If "Yes," enter the name of the organization ► N/A	and aback whether it is [avamet es	Tagagement	İ		
Q1 ^	Enter direct and indirect political expanditures (See line 24 instance)	and check whether it is L	exemptor leas	nonexempt _		,	
	Enter direct and indirect political expenditures (See line 81 instructional the organization file Form 1120 POL for this year?	nio j	81a		ا ۱۰		х
U	Did the organization file Form 1120-POL for this year?				81b Form	990 (
							/

Form	990 (2007) RIVER REGION UNITED WAY 63-033	0778	Р	age 7
Pa	rt VI Other Information (continued)		Yes	No
82 a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially			
	less than fair rental value?	82a		X
b	If "Yes;" you may indicate the value of these items here. Do not include this			
	amount as revenue in Part I or as an expense in Part II.			
	(See instructions in Part III) 82b N/A			
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	_X	
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	X	
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?	84a		<u> </u>
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not			
	tax deductible? N/A	84b	ļ	<u> </u>
	501(c)(4), (5), or (6) Were substantially all dues nondeductible by members? N/A	85a	ļ	<u> </u>
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less? N/A	85b		Ь
	If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a			
	waiver for proxy tax owed for the prior year			
C	Dues, assessments, and similar amounts from members 85c N/A	-		
d	Section 162(e) lobbying and political expenditures 85d N/A	4		
е	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices 85e N/A	4		
f	Taxable amount of lobbying and political expenditures (line 85d less 85e) 85f N/A	_		
9	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f? N/A	85g		├
þ	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f			
	to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the			
00	following tax year? N/A	85h	 	
86	501(c)(7) organizations. Enter a Initiation fees and capital contributions included on line 12			
		\dashv		
	· · · · · · · · · · · · · · · · · · ·	-	ł	
87		\dashv		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) 87b N/A			
88 2	against amounts due or received from them) At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership,	\dashv		
00 a	or an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3?			
	If "Yes," complete Part IX	88a		x
h	At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of	002		-^
·	section 512(b)(13)? If "Yes," complete Part XI	► 88b		x
89 a	501(c)(3) organizations Enter Amount of tax imposed on the organization during the year under	1000		1
00 4	section 4911 ▶ 0 . ; section 4912 ▶ 0 .			
b	501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit	· [
-	transaction during the year or did it become aware of an excess benefit transaction from a prior year?			
	If "Yes," attach a statement explaining each transaction	89b		Х
С	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under	7.5		
-	sections 4912, 4955, and 4958			
d	Enter Amount of tax on line 89c, above, reimbursed by the organization		1	
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?	89e	L	X
f	All organizations. Did the organization acquire a direct or indirect interest in any applicable insurance contract?	89f		X
9	For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the supporting organization,			
•	or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	89g		X
90 a	List the states with which a copy of this return is filed ▶NONE			
b	Number of employees employed in the pay period that includes March 12, 2007			19
91 a	The books are in care of ▶ DAVID MILLS Telephone no. ▶ 334-2	64-7	318	
	Located at ► 532 S. PERRY STREET, MONTGOMERY, AL ZIP+4 ►		4	
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over		Yes	No
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	91b		X
	If "Yes," enter the name of the foreign country ▶N/A	.	1	
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank		1	1
	and Financial Accounts	Ш_		
		Form	990	(2007)

Form 990 (2007)		R REGION	UNITE	D WAY		. 	<u>63-</u>	0330778 Page 8
Part VI 0	ther Information (c	ontinued)						Yes No
	e during the calendar ye			ntain an office outside o	f the Un	ited States?		91c X
if "Yes," e	nter the name of the fore	eign country 🕨 _		<u>N/A</u>				
	947(a)(1) nonexempt cha	-			heck he	ere	ı	▶ ∐
	the amount of tax-exemp						92	<u> </u>
	nalysis of Income-							
	oss amounts unless other	wise -	(A)	ted business income	(C)	ed by section 512, 51	13, or 514	(E)
ındıcated			Business	(B) Amount	Exclu- sion	(D) Amount		Related or exempt
93 Program se	ervice revenue:	_	code		code		_	function income
a			`		-			
b					1			
c					1			
d								
e								L
f Medicare/N	Medicaid payments	L						<u> </u>
g Fees and c	ontracts from governmen	nt agencies						
94 Membershi	p dues and assessment	s						<u> </u>
95 Interest on s	avings and temporary cash	investments			14	97	<u>,119.</u>	<u></u> _
96 Dividends	and interest from securiti	es						<u> </u>
97 Net rental i	ncome or (loss) from real	estate						
a debt-financ	ed property							<u> </u>
b not debt-fir	nanced property	L			1 1			
98 Net rental i	ncome or (loss) from per	sonal property						
99 Other inves	stment income	_			-			<u> </u>
100 Gain or (los	ss) from sales of assets							
other than	inventory				18	25	<u>,197.</u>	_
101 Net income	e or (loss) from special ev	rents			\perp			
102 Gross profi	t or (loss) from sales of ir	nventory			$\downarrow \downarrow \downarrow$			<u> </u>
103 Other rever								
a MISCE	LLANEOUS INC	OME						2,387.
b								
c					4			<u></u>
d					1			
е					\perp			
104 Subtotal (a	dd columns (B), (D), and	(E))		0.		122	,316.	2,387.
	line 104, columns (B), (D)						▶.	124,703.
	olus line 1e, Part I, should							
	elationship of Acti	vities to the	Accompl	ishment of Exemp	ot Pur	poses (See the	e instruction	ons)
	ain how each activity for whi				d importa	antly to the accom	plishment o	of the organization's
	npt purposes (other than by							
103A OTH	ER INCOME RE	LATED TO	THE O	RGANIZATION'	S PI	RIMARY E	<u>XEMPT</u>	PURPOSE
	 			··		_ _		
Dort IV 1	formation Description	mm Tourselle C	a de ci di s	ing and Discussion	la el F	Aiding to		
Part IX In	nformation Regardi (A)		upsidiar	(C)	ea En		instruction	
Name, address	, and EIN of corporation,	(B) Percentage of		Nature of activities		(D) Total incor	ne	(E) End-of-year
partnership,	, or disregarded entity	ownership interest						assets
	N/A		·			· · · · · · · · · · · · · · · · · · ·		
	<u> </u>	%						<u>. </u>
			10					
	formation Regardi							
(a) Did the orga	anization, during the year, re	eceive any funds, di	rectly or ındı	rectly, to pay premiums on	n a perso	nal benefit contrac	t?	Yes X No
(b) Did the orga	anization, during the year, pa	ay premiums, direc	tly or indirec	tly, on a personal benefit c	ontract?			Yes X No
Note: If "Yes"	to (b), file Form 8870 and	d Form 4720 (see	instruction	ns)				
								Form 990 (2007)

	n 990 (2007) RIVER REGION UNITED WAY		63-033077	8 P	age 9
Pa	rt XI	Information Regarding Transfers To and From C	ontrolled Entitie	S. Complete only if the organization	is a	
		controlling organization as defined in section 512(b)(13).	N/A			
					Yes	No
106	Did t	he reporting organization make any transfers to a controlled entity a	s defined in section 5	12(b)(13) of the Code? If "Yes,"		
	, com	plete the schedule below for each controlled entity.				
		(A)	(B)	(C)	(D)	
		Name, address, of each	Employer		mount o	of
		controlled entity	Identification Number	transfer	transfer	-
\neg						
а						
٠						
\dashv						
.		· -				
b						
-			+			
c						
			L			
		Totals			1.7	
					Yes	No
107		the reporting organization receive any transfers from a controlled en	tity as defined in secti	on 512(b)(13) of the Code? If "Yes,"		
- 1	com	plete the schedule below for each controlled entity				<u></u>
		(A)	(B) Employer	(C)	(D)	_
		Name, address, of each	Identification	•	mount o	-
_		controlled entity	Number	transfer	transfer	
а						
ŀ						
b						
С						
		Totals				
					Yes	No
108	Did t	he organization have a binding written contract in effect on August 1	7, 2006, covering the	interest, rents, royalties, and		İ
		ities described in question 107 above?				
		Under penalties of perjury, I declare that I have examined this return, including accompanyi and complete Declaration of preparer (o) her than officer) is based on all information of which	ng schedules and statements	s, and to the best of my knowledge and belief, it i	s true, com	rect
		k 10 . // 62 - MA	m proposer nos any knownedg			
Plea		Is lavel Mills		Date //2//28	10	
Sign	- 1	Signature of officer		Date /		
Here	•	▶ DAVID MILLS, DIRECTOR OF OPERAT	IONS	•		
		Type or print name and title				
		Preparer's MI	Date C	heck If Preparer's SSN or PTIN	(See Gen	Inst X)
Paid		signature	01/18/10 8	elf- mployed >		
•	_ 1	Firm's name (or CARR, RIGGS & INGRAM, L.L.		EIN ►		
Jse (Only	self-employed), > 7550 HALCYON SUMMET DRIVE				
		address, and ZIP + 4 MONTGOMERY, AL 36117		Phone no. ▶ 334-271	-667	R
		HOMIGOTHAT, AL JULI		FI HOHE HO. P JJE-Z/I	<u> </u>	<u> </u>

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Organization Exempt Under Section 501(c)(3)

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

Supplementary Information-(See separate instructions.)

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

OMB No 1545-0047

2007

Name of the organization	tion				Employer identifi	cation number
	RIVER REGION UNIT				63 03307	
	ompensation of the Five High to page 1 of the instructions. List each one.			Officers, Direc	ctors, and Ti	rustees
(a) Na	me and address of each employee paid more than \$50,000		(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and othe allowances
NONE	. 					
		~				
			_			
		-				
Total number of other over \$50,000	employees paid	•	0			
	ompensation of the Five High	est Paid Inde		rs for Professi	onal Service	es
(Se	e page 2 of the instructions. List each one (whether individuals	or firms). If there are none, e	nter "None.")		
(a) N	ame and address of each independent contr	actor paid more tha	an \$50,000	(b) Type of s	service	(c) Compensation
NONE						·
	**, ///					
		- -				
			-			
Total number of other						
\$50,000 for professio		▶	0	no four Others Co		
	ompensation of the Five Higher teach contractor who performed services of the		-		ervices	
	ns. If there are none, enter "None." See page	•				-
(a) N	ame and address of each independent contr	actor paid more tha	an \$50,000	(b) Type of s	ervice (c) Compensation
						_
NONE						
-						
			-			
-						
Total number of other	contractors receiving over					
\$50,000 for other serv		<u> </u>	0			

S	chedule A (Form 990 or 990-EZ) 2007 RIVER REGION UNITED WAY 63-033	<u>077</u>	8 P	age 2
	Part III Statements About Activities (See page 2 of the instructions.)		Yes	No
1	During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence			
	public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the			
	lobbying activities 🕨 \$ (Must equal amounts on line 38, Part VI-A, or			
	line i of Part VI-B.)	_1_		X
	Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations	, ,		
	checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.			
2	During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)			
	a Sale, exchange, or leasing of property?	2a		Х
	b Lending of money or other extension of credit?	2b		X
	c Furnishing of goods, services, or facilities?	2c		X
	d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	2d		Х
	e Transfer of any part of its income or assets?	2e_		Х
3	a Did the organization make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how			
	the organization determines that recipients qualify to receive payments.)	3a		Х
	b Did the organization have a section 403(b) annuity plan for its employees?	3b	X	
	c Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space,			
	the environment, historic land areas or historic structures? If "Yes," attach a detailed statement	3c		Х
	d Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?	3d		Х
4	a Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g. If "No," complete lines 4f			
	and 4g	4a		X
	b Did the organization make any taxable distributions under section 4966? N/A	4b		
	c Did the organization make a distribution to a donor, donor advisor, or related person?	4c		
	d Enter the total number of donor advised funds owned at the end of the tax year		N/	Α

e Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year

g Enter the aggregate value of assets in all funds or accounts included on line 4f at the end of the tax year

f Enter the total number of separate funds or accounts owned at the end of the year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts

Schedule A (Form 990 or 990-EZ) 2007

Par	t IV	Reason for Non-Private Foundation S	Status (See pages 4 t	hrough 8 of the instructio	ns.)						
I certif	v that th	ne organization is not a private foundation because it is: (Please check only ONE a	ipplicable box.)							
5		· A church, convention of churches, or association of ch									
6 .		A school. Section 170(b)(1)(A)(II). (Also complete Part V.)									
7		A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(III).									
8		A federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).									
9		A medical research organization operated in conjunction	on with a hospital. Section	n 170(b)(1)(A)(III). Enter t	he hospital's	name, city,					
		and state 🕨									
10		An organization operated for the benefit of a college or	An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv).								
		(Also complete the Support Schedule in Part IV-A.)									
11a	\mathbf{X}	An organization that normally receives a substantial pa	art of its support from a g	governmental unit or from	the general	public					
		Section 170(b)(1)(A)(vi). (Also complete the Support	Schedule in Part IV-A.)								
11b		A community trust. Section 170(b)(1)(A)(vi). (Also cor	mplete the Support Sche	dule in Part IV-A.)							
12		An organization that normally receives: (1) more than	33 1/3% of its support fr	om contributions, membe	rship fees, a	nd gross					
		receipts from activities related to its charitable, etc., fui									
		its support from gross investment income and unrelati				ses acquired					
		by the organization after June 30, 1975. See section 5	ios(a)(z). (Also completi	e me Support Schedule II	Pan IV-A.)						
13		An organization that is not controlled by any disqualifie	ed persons (other than fo	undation managers) and	otherwise me	ets the requir	ements of section				
		509(a)(3). Check the box that describes the type of su	pporting organization:								
		Type I Type II	Type III-Fu	nctionally Integrated		Type III-	Other				
		Provide the following information a	bout the supported orga	nizations. (See page 8 of	the instruction	ons.)					
		(a)	(b)	(c)	(d))	(e)				
		Name(s) of supported organization(s)	Employer identification	Type of organization		ipported	Amount of				
			number (EIN)	(described in lines 5 through 12 above		on listed in porting	support				
			,	or IRC section)	organiz	zation's					
					governing	documents?					
					Yes	No					
						}					
						-					
						1					
	_			<u> </u>	L	<u> </u>					
	_			J	<u> </u>						
<u>Total</u>			<u></u>			•					
Total		An organization organized and operated to test for pub	lla antahi Santra FRAV-	VAN /Soo page 2 of the	ntruotic = 2 \	•					

Page 4

0.1	Note: You may use the	e worksheet in the insti	ructions for converting	from the accrual to th	e cash method of acco	punting
	dar year (or fiscal year ning in)	(a) 2006	(b) 2005	(c) 2004	(d) 2003	(e) Total
15 .	Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	5.596.553.	5.211.306.	5,406,344.	5.261.505.	21,475,708.
16	Membership fees received	5705070000		0,100,0110	0/202/0000	
17	Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose					
18	Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, income from similar sources, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	142,823.	151,282.	49,247.	75,231.	418,583.
19	Net income from unrelated business		- -			
20	activities not included in line 18 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf				,	
21	The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge					
22	Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets	2,445.	3,367.			5,812.
23	Total of lines 15 through 22	5,741,821.	5,365,955.	5,455,591.	5,336,736.	21,900,103.
24	Line 23 minus line 17	5,741,821.	5,365,955.	5,455,591.		21,900,103.
25	Enter 1% of line 23	57,418.	53,660.	54,556.	53,367.	
26	Organizations described on lines 10	O or 11: a Enter 2% of	amount in column (e), lin	ne 24	▶ 26a	438,002.
b	Prepare a list for your records to sho	ow the name of and amou	nt contributed by each po	erson (other than a gover	nmental	
	unit or publicly supported organization	on) whose total gifts for 2	003 through 2006 excee	ded the amount shown in	line 26a.	
	Do not file this list with your return.	Enter the total of all thes	e excess amounts		▶ 26b	0.
C	Total support for section 509(a)(1) to				▶ 26c	21,900,103.
đ	Add: Amounts from column (e) for li		18,583. 19			
		22	<u>5,812.</u> 26b		≥6d	424,395.
е	Public support (line 26c minus line 2	26d total)			▶ 26e	21,475,708.
	Public support percentage (line 26				▶ 26f	98.0621%
27	Organizations described on line 12					•
	records to show the name of, and to		ach year from, each "disq	ualified person." Do not fi	le this list with your retu	rn. Enter the sum of
	<u>=</u>	N/A				
	(2006)	(2005)	•	004)	(2003)	
b	For any amount included in line 17 th					
	and amount received for each year, t			•	•	
	described in lines 5 through 11b, as	· ·			_	amount received and
	the larger amount described in (1) of	· ·				
	(2006)	(2005)	•	004)	(2003)	
C	Add: Amounts from column (e) for li					
				21	\	N/A
d	Add: Line 27a total		d line 27b total		<u>27d</u>	<u>N/A</u>
е	Public support (line 27c total minus	•	•	ا سا	► 27e	N/A
f	Total support for section 509(a)(2) to				N/A	37/3
9	Public support percentage (line 27	•			► 27g	N/A %
	Investment income percentage (line				▶ 27h	N/A %
S	Inusual Grants: For an organization do how, for each year, the name of the co eturn Do not include these grants in I	ontributor, the date and ai	mount of the grant, and a	isual grants during 2003 to brief description of the n	through 2006, prepare a lature of the grant. Do not	ist for your records to file this list with your
	1 12-27-07	N	ONE		Schedu	ile A (Form 990 or 990-EZ) 2007

If you answered "Yes" to either 34a or b, please explain using an attached statement.

1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation

Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50,

Private School Questionnaire (See page 9 of the instructions.) (To be completed ONLY by schools that checked the box on line 6 in Part IV) Yes No Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing 29 instrument, or in a resolution of its governing body? 29 Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues. 30 30 and other written communications with the public dealing with student admissions, programs, and scholarships? Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of 31 solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? 31 If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.) Does the organization maintain the following: 32 a Records indicating the racial composition of the student body, faculty, and administrative staff? 32a Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? 32b Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? d Copies of all material used by the organization or on its behalf to solicit contributions? 32d If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.) Does the organization discriminate by race in any way with respect to: 33 Students' rights or privileges? 33a Admissions policies? 33b Employment of faculty or administrative staff? 33c 33d Scholarships or other financial assistance? Educational policies? 33e f Use of facilities? 33f Athletic programs? 33g 33h Other extracurricular activities? If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.) 34 a Does the organization receive any financial aid or assistance from a governmental agency? 34a b Has the organization's right to such aid ever been revoked or suspended? 34b

Schedule A (Form 990 or 990-EZ) 2007

35

h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means

	art VI-A Lobbying Exp		ON UNITED WA		ge 11 of	the instructions.)	63	3-0330778 Page 6 N/A
Che		INLY by an eligible organi n belongs to an affiliated g	zation that filed Form 5768) group. Check		vou che	cked "a" and "limited	control	nrovisions apply
One	. Limi	ts on Lobbying E	xpenditures	<u> </u>	you che	(a) Affiliated group totals		(b) To be completed for all electing organizations
_					r	N/A		
36	Total lobbying expenditures to in	fluence public opinion (gr	assroots lobbying)		36	•		
37	Total lobbying expenditures to in	fluence a legislative body	(direct lobbying)		37			
38	Total lobbying expenditures (add	lines 36 and 37)			38_			
39	Other exempt purpose expenditu	res			39_			
40	Total exempt purpose expenditur	•			40_			
41	Lobbying nontaxable amount. En		-					
	If the amount on line 40 is -		nontaxable amount is -					
	Not over \$500,000	20% of the amo						
	Over \$1,000,000 but not over \$1,000,000	· · · · · · · · · · · · · · · · · · ·	15% of the excess over \$500,000		41			
	Over \$1,000,000 but not over \$1,500,00 Over \$1,500,000 but not over \$17,000.0	•	10% of the excess over \$1,000,0 5% of the excess over \$1,500,00		7!-			
	Over \$17,000,000	\$1,000,000	3 0 0 0 7 8 9 1,000,00	-				
42	Grassroots nontaxable amount (e	• •			42			
43	Subtract line 42 from line 36. Ent	er -0- if line 42 is more th	an line 36		43			
44	Subtract line 41 from line 38. Ent	er -0- if line 41 is more th	an line 38		44			
	Caution: If there is an amount							
	(Soi	me organizations that mad	Averaging Period U de a section 501(h) election ructions for lines 45 through	do not have to	comple	ete all of the five colu	mns	
			Lobbying Expe	nditures Durin	g 4-Yea	r Averaging Period		N/A
	lendar year (or cal year beginning in)	(a) 2007	(b) 2006	(c) 2005	j	(d) 2004	.,	(e) Total
45	Lobbying nontaxable amount							0.
46	Lobbying ceiling amount	1						
_	(150% of line 45(e))		·					0.
47	Total lobbying							
40	expenditures Grassroots nontaxable							0.
70	amount							
49	Grassroots ceiling amount							
	(150% of line 48(e))							0.
50	Grassroots lobbying							
_	expenditures							0.
P			ing Public Charitie					
_			not complete Part VI-A) (Se					N/A
	ing the year, did the organization a	•	- ·	including any	attempt	to Yes	No	Amount
	uence public opinion on a legislativ	ve matter or referendum, t	nrough the use of:				 	
a	Volunteers Paid staff or management (Include	lo nomponentias	oon raported on hann - Al	uah h \		<u> </u>	-	1
D	Paid staff or management (Include Media advertisements	ie compensation in expen	ses reported on lines c thro	បប្វារ ព.)			+	
c d	Mailings to members, legislators,	or the nublic					1	
e	Publications, or published or broad					_	1	
f	Grants to other organizations for						1	
a	Direct contact with legislators, the		cials or a legislative hody					

0.

Part		garding Transfers To an cations (See page 14 of the inst		Relationships With Nonchar	table
	old the reporting organization d	rectly or indirectly engage in any of ection 501(c)(3) organizations) or	f the following with any other	•	
a. 1	ransfers from the reporting org (i) Cash ii) Other assets Other transactions:	janization to a noncharitable exemp	et organization of:	militar organizations	Yes No 51a(i) X a(ii) X
() () () () () () () () ()	ii) Purchases of assets from a ii) Rental of facilities, equipme iv) Reimbursement arrangeme (v) Loans or loan guarantees vi) Performance of services or sharing of facilities, equipment, if the answer to any of the above oods, other assets, or services	membership or fundraising solicita mailing lists, other assets, or paid e e is "Yes," complete the following so given by the reporting organization	itions employees shedule. Column (b) should a i. If the organization received	•	b(i) X b(ii) X b(iii) X b(iv) X b(v) X b(vi) X c X
(a)	(b)	ent, show in column (d) the value of (c)	of the goods, other assets, of	r services received: (d)	N/A
52 a Is	s the organization directly or incode (other than section 501(c)	(3)) or in section 527?		Description of transfers, transactions, and	
<u>b</u> !!	"Yes," complete the following s (a) Name of org		(b) Type of organization	(c) Description of relations	ship

FORM 990 GAIN (L	OSS) FROM PUBI	LICLY TRADED S	SECURITIES	STATEMENT 1
•				
DESCRIPTION		OSS COST PRICE OTHER		
SECURITIES	273	271,965. 246,768. 0.		
TO FORM 990, PART I, LI	NE 8 271	1,965. 246	5,768. 0	25,197
FORM 990 OTHER C	HANGES IN NET	ASSETS OR FUN	ND BALANCES	STATEMENT 2
DESCRIPTION				AMOUNT
UNREALIZED LOSS ON INVE	STMENTS		•	-165,328
TOTAL TO FORM 990, PART	I, LINE 20		•	-165,328
			:	
FORM 990	ОТНІ	ER EXPENSES		STATEMENT 3
FORM 990	OTHI (A)	(B)	(C)	STATEMENT 3
			(C) MANAGEMENT AND GENERAL	
DESCRIPTION DUES NON-AFFILIATED ORGANIZATIONS	(A) TOTAL 2,504.	(B) PROGRAM	MANAGEMENT AND GENERAL 2,204.	(D)
DESCRIPTION DUES NON-AFFILIATED ORGANIZATIONS INSURANCE MISCELLANEOUS	(A) TOTAL	(B) PROGRAM SERVICES	MANAGEMENT AND GENERAL 2,204. 2,142.	(D) FUNDRAISING
DESCRIPTION DUES NON-AFFILIATED ORGANIZATIONS INSURANCE MISCELLANEOUS PROJECT SAFE NEIGHBORHOODS ROTHSCHILD EXPENSES	(A) TOTAL 2,504. 2,142. 38,514. 32,425. 8,281.	(B) PROGRAM SERVICES	MANAGEMENT AND GENERAL 2,204. 2,142. 60,657.	(D) FUNDRAISING
DESCRIPTION DUES NON-AFFILIATED ORGANIZATIONS INSURANCE MISCELLANEOUS PROJECT SAFE NEIGHBORHOODS	(A) TOTAL 2,504. 2,142. 38,514. 32,425.	(B) PROGRAM SERVICES 200. 3,581.	MANAGEMENT AND GENERAL 2,204. 2,142. 60,657.	(D) FUNDRAISING

FORM 990	CASH GRANTS AND ALLOCATIONS TO OTHERS		STATEMENT	4
CLASS OF ACTIVITY	//DONEE'S NAME AND ADDRESS		AMOUNT	
CURRENT ALLOCATIC VARIOUS VARIOUS VARIOUS	ONS EXPENSE	-	3,739,78	85.
TOTAL INCLUDED ON	FORM 990, PART II, LINE 22B	-	3,739,78	85.
FORM 990	OTHER PROGRAM SERVICES		STATEMENT	5
DESCRIPTION OF OT	HER PROGRAM SERVICES	GRANTS ANI ALLOCATION		ES
BORN LEARNING - T 3-6 FOR LEARNING.	O PREPARE KIDS BETWEEN THE AGES OF		0. 5,1	48.
	OS PROJECT-DEPARTMENT OF JUSTICE RESSES YOUTH CRIME ISSUES AND AIMS DLENCE.		0. 32,4	25.
	SHIP - TO MENTOR "AT RISK" CHILDRE OF THE COMMUNITY.		0. 5,9	25.
TOTAL TO FORM 990	, PART III, LINE E		43,49	98.
FORM 990	OTHER LIABILITIES		STATEMENT	6
DESCRIPTION		BEGINNING OF YEAR	END OF YEA	AR
ALLOCATIONS DUE T DESIGNATIONS DUE		2,681,213. 544,708.	2,609,6 611,1	
TOTAL TO FORM 990	, PART IV, LINE 65	3,225,921.	3,220,8	27.

FORM 990 OTH	ER SECURITI	ES		STATEMENT	7
SECURITY DESCRIPTION			COST/FMV	OTHER SECURITIE	s
SECURITIES AND OTHER INVESTMENT	rs	•	COST	1,078,2	24.
TO FORM 990, LINE 54B, COL B				1,078,2	24.
SCHEDULE A	OTHER IN	ICOME		STATEMENT	8
DESCRIPTION	2006 AMOUNT	2005 AMOUNT	2004 AMOUNT	2003 AMOUNT	
OTHER INCOME	2,445.	3,367	•	0.	0.
TOTAL TO SCHEDULE A, LINE 22	2,445.	3,367	•	0.	0.

10/2/2009 11:10:22 AM

MONTGOMERY AREA UNITED WAY [30-30571] Depreciation Expense Financial

63-0330778 10/01/2007 - 09/30/2008 Sorted: General - tax link

10/01/2007 - 09/30/2008

					1000 1000 1000	-					
System No	S Description	Date In Service	Method / Conv	Life	Cost / Other Besis	Bus / Inv %	Sec 179/ Bonus	Salvage/ Basıs Adj	Beg Accum Depreciation	Current Depreciation	Total Depreciation
990-EZ, Pg 1 #1 -											
•	S QND	11/6/1991	No Calc / N/A	1 0000	50,000,00	100 000	,000	000	- :	,	, c
4	PHOTOGRAPH	1/9/1992	No Calc / N/A	1 0000	200 00	100 0000	000	000	800	800	8 0
S	PORTRAIT.	9/1/1992	No Calc / N/A	1 0000	1,750 00	100 0000	000	000	000	000	00 0
۰ ۵	TYPEWBITER	12/4/2000	SL / N/A	5 0000	348 00	100 0000	8 6	0 0	348 00	000	348 00
. 6	CREAM STEEL	1/1/1967	SL / N/A	10 0000	326 64	100 0000	8 0	800	326 64	800	326 64
<u>ء</u> ج	4DR CREAM	1/1/1967	SL / N/A	10 0000	100 00	100 0000	000	000	100 00	000	100 00
= =	HALL FIRE	1/1/1967	SL/N/A	10 0000	227 96	100 0000	8 6	000	227 96	000	227 96
2 E	IMMIF'S	2/19/1997	0L/ R/A	2 0000	230 08	100 0000	800	900	290 00	8 6	230.08
4	MOSLER SAFE	_	SL / N/A	10 0000	350 00	100 0000	800	8 6	350 00	800	350.00
16	ASE 4DR FILES	0	SL / N/A	10 0000	248 50	100 0000	000	000	248 50	000	248 50
18	4DR METAL	2/1/1978	SL / N/A	10 0000	36 00	100 0000	000	00 0	36 00	0000	36 00
19	3DR METAL	2/1/1978	SL / N/A	10 0000	18 00	100 0000	000	00 0	18 00	000	18 00
8 5		8/10/19/8	SL/N/A	0000 01	15980	100 0000	8 6	860	159 80	000	159 80
	FOLDING	9/20/1978	S-1 N/A	000000	139 80	100 0000	86	8 6	139 80	8 6	28 80
8 8	FOLDING	9/29/1978	SL/N/A	10 0000	207 80	100 0000	800	800	207 80	8 6	207.80
24	TABLES,	9/29/1978	SL / N/A	10 0000	155 85	100 0000	000	000	155 85	000	155.85
32	STORAGE	4/20/1981	SL / N/A	5 0000	176 25	100 0000	000	000	176 25	000	176 25
8 8	4DR METAL	9/30/1982	SL / N/A	2 0000	00 66	100 0000	000	000	00 66	000	00 66
£ 8	DESK TOP	9/22/1983	SL / N/A	5 0000	895 00	100 0000	000	000	895 00	000	895 00
37	FILE CABINET	9/22/1983	S / N/A	0000	00 689	0000 001	88	8 6	00 689	8 6	00 689
; 8	FILE CABINET	9/22/1983	SL/N/A	10 0000	00 689	100 0000	8 8	8 8	00 689	800	00 689
20	REFRIGERATO	9/28/1984	SL / N/A	5 0000	179 95	100 0000	000	000	179 95	000	179 95
51	EXECUTIVE	9/11/1984	SL / N/A	2 0000	259 00	100 0000	000	000	759 00	0000	759 00
52	CREDENZA 68-	9/11/1984	`	2 0000	715 00	100 0000	000	000	715 00	000	715 00
33	CHI FOLDING	4/25/1985	SL / N/A	2 0000	101 00	100 0000	000	000	101 00	000	101 00
. 8	2 DR	9/30/1990	SI / N/A	0000 5	37.00	100 0000	8 6	86	96 78	8 6	57 00 85 00
88	MAGNOVOX	9/10/1991		5 0000	5 6 6 6 8 9	100 0000	8 8	8 8	10.00	8 8	100 00
93	2 LAMPS FOR	9/30/1997		2 0000	813 00	100 0000	00 0	000	813 00	000	813 00
97	DESK CHAIR	6/28/1996	SL / N/A	10 0000	346 00	100 0000	000	000	346 00	000	346 00
90	WOOD	8/24/1992	SL / N/A	10 0000	221 66	100 0000	000	000	221 66	000	221 66
102	(1) STEFL CASE	8/10/1992	SL/N/A	10 0000	1 195 00	100 000	8 6	000	2,390 00	8 6	2,390 00
103	1 STEELCASE	8/10/1992	SL/N/A	10 0000	834 00	100 0000	88	800	834 00	8 6	834 00
104	CREDENZA	8/4/1992		10 0000	440 00	100 0000	0000	000	440 00	000	440 00
105	TABLE &	8/17/1992		10 0000	488 66	100 0000	000	000	488 66	000	488 66
107	CARPET	7/31/1992		10 0000	5,400 00	100 0000	000	000	5,400 00	000	5,400 00
109	SHADE & BEFRIGERATO	7/6/1992	SL/N/A	10 0000	138 24	100 0000	8 8	8 6	138 24	8 6	138 24
110	SITE PREP	6/30/1992		10 0000	3.710.00	100 0000	8 6	800	3 710 00	8 6	3 710 00
111	MICROWAVE	7/6/1992		10 0000	225 00	100 0000	000	000	225 00	000	225 00
112	2 FOUR	7/9/1992		10 0000	376 00	100 0000	000	000	376 00	00 0	376 00
5113	2 DESKS	7/9/1992	SL/N/A	10 0000	1,898 00	100 0000	000	0 0	1,898 00	000	1,898 00
116	1 BOOKCASE	7/9/1992		10 0000	136 00	000000	8 6	8 6	136.00	8 6	136.00
117	BOOKCASE	7/9/1992		10 0000	268 00	100 0000	000	800	268 00	800	268 00
118	BLINDS	6/15/1992		10 0000	1,458 32	100 0000	000	0000	1,458 32	000	1,458 32
119	BLINDS	8/31/1992		10 0000	316 00	100 0000	000	000	316 00	000	316 00
121	FIRE SYSTEM	6/9/1992	SI / N/A	00000	2,185.00	0000 001	8 6	8 6	2,185.00	8 6	2,185.00
122	PAINTING	8/26/1992		10 0000	105 30	100 0000	000	000	105 30	000	105 30
123	DEDICATED	7/2/1992	SL / N/A	5 0000	137 45	100 0000	000	000	137 45	000	137 45
124	S SIDE CHAIRS	9/1/1992	SL/N/A	10 0000	1,600 00	100 0000	000	000	1,600 00	000	1,600 00
127	36" ROUND	3/1/1992		10 0000	150 00	100 000	8 6	88	1,250 00	88	1,250 00
128.	VIS AIDE	3/1/1992		10 0000	750 00	100 0000	000	800	750 00	8 8	750 00
130	WALNUT	3/1/1992		10 0000	200 00	100 0000	000	00 0	200 00	000	200 00
13.1	WALNUT &	3/1/1992	SL / N/A	10 0000	200 00	100 0000	000	000	200 00	000	200 00
133.	BUILDING	11/6/1991	SL/N/A	40 0000	150.211.50	100 000	8 6	86	59 771 70	3 755 29	300 000 63 526 99
-				:		1				i :	

10/2/2009 .10 22 AM			
118,403 25 5,400 00 2,461 00 109 00 485 00 151 00 857 00 119 00 119 00 11,10 22 AM	Total Depreciation	881 00 229 98 191 68 80 00 598 00 570 48 11,271 1 44 11,974 00 907 00 61,249 64 15.96 50 11,685 00 11,685 00 11,685 00 11,358 47 628 55 620 55 65 650 25 650	149 25
7,361 86 0 00 0 00 0 00 0 00 0 00 0 00 0 00 0	Current	0 00 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	39 80
111,041 39 5,400 00 2,461 00 109 00 487 00 285 00 151 00 119 00	Beg Accum Depreciation	881 00 229 98 191 68 8 00 598 00 543 95 570 48 11,271 44 1,974 00 907 00 61,249 64 1,595 00 1,066 93 61,91 83 14,70 48 15,80 00 1,067 37 628 95 3359 40 1,067 37 628 95 3359 40 1,067 37 628 95 3359 10 550 10 694 02 694 02 694 02 694 02 694 02 694 02 694 02 695 10 55 11 55 11 55 11 55 11 55 11 55 11 55 11 55 11 55 11 55 11 55 11 55 11 55 11 55 11 55 11 56 11 56 11 56 11 56 11 56 11 57 11 58 11 58 11 58 11 58 11 58 11 58 11 58 11 58 11 58 11 58 11 58 11 58 11 58 11 58 11 58 11 58 11 58 11 59 11 5	109 45
8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8	Salvage/ Basis Adj		00 0
000 000 000 000 000 000 000 000	Sec 179/ S Bonus		00 0
100 0000 100 0000	Bus / Inv %	100 0000 001 0000 0000 001 0000 0000 0000 0000 0000 0000 0000 0000	100 0000
0000 294,474 30 100 000 0000 5,400 00 100 000 0000 2,461 00 100 000 0000 487 00 100 000 0000 285 00 100 000 0000 151 00 100 000 0000 159 00 100 000 0000 119 00 100 000 0000 P857 00 100 000 0000 119 00 100 000 0000 T19 00 T00 000 0000 T10 000	Cost / Other Basis	881 00 229 98 191 68 8 00 589 00 589 00 5710 48 12,711 44 1,974 00 907 00 61,249 64 1,555 00 65,852 40 1,665 00 1,665 00 1,261 00 1,261 85 867 00 1,002 00 1	199 00
40 0000 294,474 30 100 0000 10 00000 10 00000 5,400 00 100 0000 5 0000 2.461 00 100 0000 10 0000 10 0000 10 0000 10 0000 10 0000 285 00 100 0000 10 00	D	10 0000 5 0000 10 0	2 0000
N	Method / Conv	\$\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	SL / N/A
8/24/1992 10/19/1992 11/18/1992 1/29/1993 5/14/1993 6/30/1993 7/9/1993	Date In Service	11/11/1992 1/24/1994 3/28/1994 8/10/1994 8/10/1994 8/10/1994 11/1/1995 11/1/1995 3/13/1996 5/1/1999 9/21/2000 2/10/2004 2/10/2004 2/10/2004 2/10/2004 2/10/2004 2/10/2004 2/10/2004 2/10/2004 2/10/2004 2/10/2004 2/10/2004 2/10/2004 2/10/2004 2/10/2004 2/10/2004 2/10/2004 2/10/2004 12/19/2004	12/19/2004
BUILDING BRASS HEATER CHAIR CHAIR CHAIR BOOKCASE PANASONIC WORKSTATION	Description	PARKING LOT CAMERA MINOLTA VORTV CASE OUASAR 20' FIRE PANEL CAMBRA 20' FIRE PANEL CAMBRA 20' KITCHEN TWO DRAWER COMPUTER FAX MACHINE BRICK WALL REVONATIONS BASEMENT PHONE LEASE Dell Computer Dell Troot Laser	Dell 1700 Laser
134 135 137 137 140 143 144 145 10/01/2007 - 09/30/2008 Sorted. General - tax link	System No S 990-EZ, Pg 1 #1 -		. _
134 135 137 139 139 144 144 144 145 160 160 160 160 160 160 160 160 160 160	8	15.5 15.5	22

;

	10/2/2009 11-10-22 AM	463,236 62 463,236 82 463,236 82 404,402 82 Difference ng an accelerated ill adjust accumulated e SL basis
9,705 00 190 50 190 50 1,211 22 489 13 1,070 67 1,618 40 1,776 44 7,927 67 1,458 33 7,418 16 6,276 68 900 00 294 92 318 67 463,236 62		414,079 81 49,157 01 483,236 82 414,079 81 49,157 01 483,236 82 WTB 1801 463,236 82 422,834 00 WTB 1801 AJE #3 40,402 82 Difference NOTE CY depreciation expense is less than this report because certain items were being depreciated using an accelerated method incorrectly This will adjust accumulated depreciation to actual on the SL basis
0 0 0 50 80 134 50 80 133 40 292 60 80 482 40 482 40 1036 28 82 69 27 700 00 60 638 42 4707 51 600 624 92 318 67 49,157 01 49,157 01	Current	414,079 81 49,157 01 483,236 82 000 414,079 81 49,157 01 483,236 82 422,834 00 422,834 00 422,834 00 400 600 600 600 600 600 600 600 600
9,705 00 139 70 139 70 1,076 64 355 73 778 67 1,156 00 1,156 00 1,156 00 1,156 00 1,156 00 1,156 00 1,156 00 1,055 74 1,059 17 300 00 0 00 0 00 0 00 0 00 0 10 414,079 81	Beg Accum Depreciation	A14,079 81 414,079 81 414,079 81 NOTE CY (than this rep were being c method inco depreciation
90000000000000000000000000000000000000	Salvage/Basis Adj	000 000
	30571] Sec 179/ Bonus	9e 3 of 3 9e 3 of 3 9e 3 of 3 9e 3 of 3 120 54 120 54 120 63 WTB #1800-000-10 120 14,545 02 13-10 14,545 02 14-10 2,020 14 15-10 13,736 96 1-10 13,736 96 1-10 6,060 42 1-10 6,060 42 1-10 6,060 42 1-10 6,060 42
000 000 000 000 000 000 000 000 000 00	ge 2 of 3 A UNITED WAY [30- tion Expense nancial o7 - 09/30/2008 Ther Bus/ Inv %	9e 3 of 3 9e 3 of 3 9e 3 of 3 10 50 54 10 50 54 10 6 00 00 00 00 00 00 00 00 00 00 00 00
9,705 00 254 00 254 00 1,211 22 667 00 1,400 02 2,312 00 2,312 00 2,312 00 2,312 00 3,181 38 4,263 47 13,990 00 3,500 00 3,500 00 3,500 00 3,500 00 1,608 63 2,390 00 1,608 63 2,390 00 1,003,020 54	Page 2 of 3 MONTGOMERY AREA UNITED WAY [30-30571] Depreciation Expense Financial 10/01/2007 - 09/30/2008 Life Cost / Other Bus / Inv % Sec Basis Basis	1,030,0 1,030,
0000 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	MONTGOME Dep	
2	Method / Conv	
10/14/2004 1/13/2005 1/13/2005 1/20/2005 1/25/2005 3/24/2005 3/24/2005 8/24/2006 12/13/2005 8/14/2007 10/26/2007 10/26/2007	Date in Service	
ANDAR Dell Flat Penel Dell Flat Penel Dell Flat Penel Microsoft 2003 MS SQL Server MS SQL Server Toshiba Printer Office Office Office Server and Reck Building Credit card Computer and 2 Dell	Description	cchanges.
221 ANDAR 222 Dell Flat 223 Microso 224 Microso 225 Microso 226 Microso 227 Toshiba 228 Toshiba 228 Toshiba 229 Office 230 Office 231 Au & He 232 Server 8 234 Building 235 Comput 237 Comput 237 Lass dispositions and exchanges Net for 990-EZ, Pg 1 #1 -	63-0330778 10/01/2007 - 09/30/2008 Sorted. General - tax link System No.	Subtotal Less dispositions and exchanges Grand Totals.

532 South Perry Street 36104		PHONE.	(334) 264-7.	318
			34) 264-748.	
P. O. Box 6135 36106		TAA: (3.	74) 204-746. Term	<u> </u>
B7	Address	Begin	Service	Expires
Name ·	Address			
Walter Overby	Alfa Insurance Companies	2005	5	2009
<u>President</u>	2108 East South Boulevard, 36106			
	P. O. Box 11000, 36191-0001	 		
	(334) 613-4292wk			
	woverby@alfains.com			
CC	Whitney National Bank	2004	5	2008
Gene Crane	Chief Executive Officer	2004	<u> </u>	2008
Vice President	4001 Carmichael Road, Suite 570			
	Montgomery, AL 36106			
	P. O. Box 230714, 36123-0714			
	(334) 270-3570wk/(334) 269-1299home			
	eccrane@whitneybank.com			
	eccrane(wmmeybank.com			
Teresa Johnston	First Community Financial Services	2004	5	2008
Treasurer	Financial Advisor/Registered Principal	2004	<u> </u>	2008
<u> 1 reasurer</u>	P. O. Box 1270, 36092-0022			
	715 Wilson Street, Wetumpka, AL 36092			
	(334) 567-0081 wk/(334) 567-3295 fax			
	tjohnston@fcbca.com			
	tjonnston(w)coca.com			,
Kim Adams	Alabama Power Company	2006	3	2009
Kill Additis	303 Gilmer Avenue, Tallassee, Al 36078			
	(334) 283-6592wk/(334) 850-8420hm			
	kkadams@southernco.com			
	Madams & Southerness Com.			
Jeremy Arthur	Prattville Area Chamber of Commerce	2008	3	2010
	131 North Court Street			
	Prattville, AL 36067			
	(334) 365-7392wk/318-0089			
	jarthur@prattvillechamber.com			
Art Bolin*	APB Consultant, LLC	2006	3	2008
	88 Orchard Trace			
	Wetumpka, AL 36093			
	(334) 782-4910cell/(334) 567-3137home			
	abolin@elmore.rr.com			
Michael Briddell	City Hall	2006	3	2008
	Office of the Mayor			
	P.O. Box 1111			
	Montgomery, AL 36101			
	(334) 241-2005wk			
	mbriddell@montgomeryal.gov			

	T_			Term	
Name		Address	Begin	Service	Expires
Ronnie Brown		Jim Wilson & Associates, LLC	2008	3	2010
		2660 Eastchase Lane, Suite 100			
•		Montgomery, AL 36117			
•		(334) 260-2500wk/(334) 260-2506direct line			
		r.brown@jwamalls.com			·
	1				
Scott Brown*		8807 Wellston Place	2008	2	2009
		Montgomey, AL 36117			
		(334) 799-1582cell			
		browntjw@aol com			
					·
Jeffrey Bryant		Alfa Financial Corporation	2006	3	2009
		2108 East South Blvd., 36116			·
	_	P. O. Box 11000, 36191			
		(334) 613-4626wk/(334) 273-0101hm		·	
		jbryant@alfains.com			
Carter Burwell	<u> </u>	2161 Campbell Road	2007	3	2009
Carter Burwell		Montgomery, AL 36111			
		(334) 324-7317/(334) 277-1000 Aronov			
		carter.burwell@aronov.com			
	+				
Kevin Butler		2023 LeBron Avenue	2005	4	2009
	1-	Montgomery, AL 36106			-
		(334) 834-1317wk/(334) 324-1349			
		kevin butler@fd org			
Les Butler*	 	SABIC Innovative Plastics	2008	1	2008
		1 Plastics Drive			
		Burkville, AL 36752			
		(334) 832-5650wk/(334) 799-1425cell		-	
		lionel.butler@sabic-ip.com			
			†		
Dr. Jamye Witherspoon Carter*	wĸ	Alabama State University	2006	3	2008
		915 South Jackson St. 36104			
	НМ	416 Apache Court, Montgomery, Al 36117	-		
		(334)-229-4236wk/(334)-303-3409cell			
	+	jcarter@alasu.edu			<u>.</u>
		Jean to taken and a			
David Daniel*		Mayor Pro-Tem	2008	3	2010
(No Email)		P. O. Box 133	2000		2010
(110 Dillali)		Hayneville, AL 36040	 		
	-	(334) 548-2659hm/(334) 399-4673cell		-	
	+	(337) 340-20371111/(334) 377-40/30611	 		

			Term	
Name	Address	Begin	Service	Expires
Lynn Davis*	Alfa Insurance Co.	2008	2	2009
	P. O. Box 11000		_	
•	Montgomery, AL 36191			
	(334) 613-4257wk			
	ldavis@alfains.com			
Ron Dickerson	Alabama State University	2008	3	2010
	915 South Jackson Street, 36104			
	(334) 229-4505wk/(334) 229-4507			
	rdickerson@alasu.edu			
Tyler Fondren	ATT Alabama, Regional Manager	2006	3	2008
	770 Washington Avenue, Suite 164			
	Montgomery, AL 36104			
· · · · · · · · · · · · · · · · · · ·	(334) 834-1428wk/(334) 324-6221		· · · · · · · · · · · · · · · · · · ·	
	tyler.fondren@att.com			
				·
Randy Grissett	Sterling Bank	2007	3	2009
Randy Grissett	2005 Cobbs Ford Road			
	Prattville, AL 36066			
	(334) 358-4651wk			
	randygrissett@sterlingmontgomery.com			
Jenny Hamilton	Elmore County District Attorney Office	2008	3	2010
Jenny Hamilton	P. O. Box 700			
Johny Hammon	Wetumpka, AL 36092			
	(334) 567-2237wk/(334) 850-5618cell			
	jennyhamilton@elmore rr.com			
Paul Hankins	Alabama Association of Independent Colleges	2006	3	2008
	and Universities, President			
	8384 Longneedle Drive			
	Montgomery, AL 36117			
· · · · · · · · · · · · · · · · · · ·	(334) 356-9850hm /(334) 833-4070wk/(334) 39	91-3644 cell		
	hankinsp@knology.net			
Dr. Andre Harrison	Elmore Co. Board of Education	2008	3	2010
21.711.010	P. O. Box 817	2000		
	Wetumpka, AL 36092			
	(334) 567-1290x26001/391-3007cell			
	andre.harrison@elmore.k12.al.us			
	and on an instance of the second			
Barbara Howard	1202 Clark Avenue	2008	3	2010
Jan Jana 110 Walu	Tuskegee Institute, AL 36088-1902	2000		2010
	(334) 727-5219hm/(334) 727-8822wk			
	(334) 727-3219mm(334) 727-3822WK			
	bhoward@tuskegee.edu			
	<u>Diloward(withskegee.edu</u>			

			 	Term	
Name		Address	Begin	Service	Expires
Lance Hunter*		Hodges Warehouse	2008	2	2009
		1065 N. Eastern Blvd.			
•		Montgomery, AL 36117			
		(334) 280-2042			
		lancehunter@hodgeswarehouse.com			
Kate Jackson*	WK	Tuskegee University School of Nursing	2005	4	2008
		209 Basil O'Conner Hall, Tuskegee, AL 3608	8		
	НМ	2504 Brothers Drive, Tuskegee, AL 36083			
		(334) 727-8188wk/(334) 439-9577 cell			
	1st	katejackson334@aol.com			
		kjackson@tuskegee.edu			
David Lewis		River Bank and Trust	2008	3	2010
		P. O. Box 680249			
		Prattville, AL 36068			
		(334) 290-1012wk/(334) 546-0656cell			
		dlewis@riverbankandtrust.com			
5'11 7			2006		2000
Billy Livings		Wachovia Bank	2006	3	2008
		2895 Eastern Boulevard			
		Montgomery, AL 36116			
		P. O. Box 230517, 36123-0517			
		(334) 309-3822wk/(334) 220-0643cell			
		billy.livings@wachovia.com			
Michael Luckett		Smith Barney	2008	3	2010
		P. O. Box 241117			
		Montgomery, AL 36124			
		(334) 270-2600wk/(334) 270-2616direct line			·
		michael.h.luckett@smithbarney.com	 		
		michael.n.ruckett(@simthoanney.com			
Barbara Pugh Mays*		P. O. Box 240502, 36124-0502	2008	1	2008
		(334) 354-6229			
		www.iuniverse.com/bookstore			
····		bjpm123@charter.net			
Carol McGalliard		4095 Lakeview Drive, Millbrook, AL 36054	2007	3	2009
		(334)285-7176hm/(334) 391-3013wk			
		hcmcgalliard@bellsouth.net			
Tina McManama		Montgomery Area Chamber of Commerce	2006	3	2008
		Vice Presicent, Marketing & Communications			
		41 Commerce Street, 36104			
		P. O. Box 79, 36101			
		(334) 240-9295wk/(334) 391-3002cell	<u> </u>		
		(334) 358-1319home/(334) 834-5200wk			
		tmcmanama@montgomerychamber.com			

		Term		
	Address	Begin	Service	Expires
	Colonial Bank	2008	3	2010
	100 Colonial Bank Boulevard			
	Montgomery, AL 36117			
	Montgomery Water Works	2008	1	2008
				2000
	tmorgan(contwwsso.com			!
	Poto Landsono Co. Inc	2008		2009
		2008		2009
		 		
	rick@patelandscape.com			
		2005	5	2009
				·
	Shorter, AL 36075			
	(334) 727-9190wk			
	hpowell@shorteralabama.com			
	3310 Ridgefield Drive	2008	3	2010

	104 Melmar Drive	2007	3	2009
	<u> </u>		<u></u>	
TINA				
FIN	boorogers3029(acharter.net			
	Alabama Power Company	2006	2	2000
		2000	<u> </u>	2008
	<u> </u>			
				
	desander(a)southernco.com			
	BankTrust, City President	2006	3	2008
	1916 Cobbs Ford Road			·,.,
	Prattville, AL 36066			
	(334) 361-3059wk/(334) 358-3666			
	wseamon@banktrustal.net			
	HM	Colonial Bank 100 Colonial Bank Boulevard Montgomery, AL 36117 (334) 676-5062wk sarah moore@colonialbank.com Montgomery Water Works 22 Bibb Street, Montgomery, AL 36104 (334) 206-1607wk/Ask for Shannon Ballard tmorgan@mwwssb.com Pate Landscape Co., Inc. President 3408 Greenpine Circle, 36108 (334) 264-2220wk/(334) 264-8370fax rick@patelandscape.com Shorter Town Hall Town of Shorter Clerk 2521 Old Federal Road/P. O. Box 117 Shorter, AL 36075 (334) 727-9190wk hpowell@shorteralabama.com 3310 Ridgefield Drive Montgomery, AL 36106 (334) 272-4012 104 Melmar Drive Prattville, Al 36067 365-5629hm HM boorogers5629@charter.net Alabama Power Company P.O. Box 910 Wetumpka, AL 36092 (334) 206-2501wk/(334) 271-4999hm desander@southernco.com BankTrust, City President 1916 Cobbs Ford Road Prattville, AL 36066 (334) 361-3059wk/(334) 358-3666	Colonial Bank 2008	Address

			Term	,
Name	Address	Begin	Service	Expires
Will Sellers	Balch & Bingham	2007	3	2009
	P.O. Box 78			
•	Montgomery, AL 36101			
	(334) 834-6500wk/(334) 269-3147hm			
	wsellers@balch.com			·
Ken Selvaggi	WSFA-TV, General Manager	2007	3	2009
385	12 East Delano Avenue			
	Montgomery, AL 36105			
	(334) 288-1212wk/(334) 613-8230			
	kselvaggi@wsfa.com			
·····				
Roger Spain	Aldridge Borden & Company	2008	3	2010
	74 Commerce Street			
	Montgomery, AL 36104			
	(334) 834-6640wk/(334) 420-2872direct line	 		
	rspain@abcpa.com			
	ισραιτισγισσέμισστιι	 		
Quesha Starks	3455 Fernway Drive	2008	3	2010
Questia etarks	Montgomery, AL 36111	2000		2010
	(334) 717-3754cell			
	stars4kids@knology.net			
	<u>Stats4Kids@kilology.liet</u>			
Walter Thomas, Jr	Public Service Commission	2007	3	2009
Walter Thomas, Ji	100 North Union Street, 850	2007		2009
	Montgomery, AL 36104			
	(334) 242-5218wk			
	·			
	walter.thomas@psc.alabama.gov			<u> </u>
Cind. T	AUC anth Communical Deal Fototo	2004		2000
Cindy Turner	AllSouth Commercial Real Estate	2004	5	2008
	542 McQueen Smith Road	 		
	Prattville, AL 36066			
	(334) 358-0047	ļ <u> </u>		
	cindyturner@allsouthcorp.com			
Sue Waters	218 Quail Ridge Road	2008	3	2010
	Elmore, AL 36025			
	(334) 313-3857cell/(334) 290-2040			-
	lsw10760@yahoo.com			
David Wright	Publix Super Markets, Store Manager	2008	3	2010
	3026 Zelda Road			·
	Montgomery, AL 36106			
	(334) 285-6553hm/(334) 244-4481wk			
	(334) 285-0227Prattville			
	ddavidl59@aol.com			
				

		Term		
Name	Address	Begin	Service	Expires
Ex-Officio Board Members				
<u>Heather Coleman</u>	Winter Loeb Building			
<u>Chairman •</u>	105 Tallapoosa St., Suite 103		-	
Budget & Allocations	Montgomery, AL 36104			
	(W) 230-9420 (Cell) 220-2446			
	heathercoleman@bellsouth.net			
Christy Cantrell	Alfa Insurance Companies			
Chairman	Vice President, Marketing & Communications			
Communications/Marketing	2108 E. South Blvd.			
	Montgomery, AL 36116			
	(334) 613-4218			
	ccantrell@alfains com			
Diane Weil	9513 Bent Brook Drive			
<u>Chairman</u>	Montgomery, AL 36117	-		
<u>Community Council</u>	(334) 279-6211			
	dhwmom@aol.com			
Will Sellers	Balch & Bingham		··, ₁₁ ,	·
Campaign Chairman	P.O. Box 78			
	Montgomery, AL 36101			·
	(334) 834-6500wk/(334) 269-3147hm			"' -
	wsellers@balch.com			
Dr. Bruce Murphy	Headquarters Air University	-		
Chief Academic Officer	Chief Academic Officer			
Maxwell AFB	55 LeMay Plaza South			·—.
	Maxwell AFB, AL 36112-6335			
	(334) 953-5841/ (334) 953-2749 (fax)			
	bruce.murphy@maxwell.af.mil			
Joe Mathis	Community Leader			
Immediate Past President	1416 Northington Road			
	Prattville, AL 36067			
	(334) 365-0767wk			<u> </u>
	jmathis@knology.net			
Melody Colvert	Autauga County United Way			
Director	P. O. Box 680293			
Autauga County United Way	Prattville, AL 36068			
riding County Office 17 uy	600 East Main Street/36067			
	(334) 365-8852wk/(334) 365-3243(direct line w	/k)		
	melody.colvert@knology.net	,		