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

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493228020480

Form **990**

Department of the Treasury
Internal Revenue Service

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

2008

Open to Public Inspection

A For the 2008 calendar year, or tax year beginning 10-01-2008 and ending 09-30-2009

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

Please use IRS label or print or type. See Specific Instructions.

C Name of organization
RIVER REGION UNITED WAY

Doing Business As

Number and street (or P O box if mail is not delivered to street address) | Room/suite
532 SOUTH PERRY STREET

City or town, state or country, and ZIP + 4
MONTGOMERY, AL 36104

D Employer identification number
63-0330778

E Telephone number
(334) 264-7318

G Gross receipts $ 4,320,944

F Name and address of Principal Officer
RUSS DUNMAN
532 SOUTH PERRY STREET
MONTGOMERY, AL 36104

H(a) Is this a group return for affiliates? ☐ Yes ☑ No

H(b) Are all affiliates included? ☐ Yes ☐ No
(If "No," attach a list See instructions)

H(c) Group Exemption Number ▶

I Tax-exempt status ☑ 501(c) (3) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

J Web site: ▶ www doingwhatmatters org

K Type of organization ☑ Corporation ☐ trust ☐ association ☐ other ▶

L Year of Formation 1953

M State of legal domicile AL

Part I Summary

1 Briefly describe the organization's mission or most significant activities

THE MISSION OF THE RIVER REGION UNITED WAY IS TO IMPROVE THE QUALITY OF LIFE IN THE COMMUNITIES IT SERVES BY CREATING LASTING AND SUSTAINABLE CHANGES IN COMMUNITY CONDITIONS IN ITS DAILY OPERATIONS, RIVER REGION UNITED WAY WILL UNITE VOLUNTEERS, CONTRIBUTORS, AND COMMUNITY ORGANIZATIONS TO ADDRESS THE CAUSES OF ISSUES IDENTIFIED IN REGULARLY CONDUCTED NEEDS ASSESSMENTS

2 Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its assets

Activities & Governance	3 Number of voting members of the governing body (Part VI, line 1a)	3	45
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	45
	5 Total number of employees (Part V, line 2a)	5	23
	6 Total number of volunteers (estimate if necessary)	6	640
	7a Total gross unrelated business revenue from Part VIII, line 12, column (C)	7a	0
	b Net unrelated business taxable income from Form 990-T, line 34	7b	0

		Prior Year	Current Year
Revenue	8 Contributions and grants (Part VIII, line 1h)	5,044,819	4,199,442
	9 Program service revenue (Part VIII, line 2g)		0
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	122,316	23,138
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	2,387	-1,375
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	5,169,522	4,221,205
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	3,739,785	2,944,932
	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)	631,815	566,810
	16a Professional fundraising fees (Part IX, column (A), line 11e)		0
	b (Total fundraising expenses, Part IX, column (D), line 25 240,330)		
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	427,844	680,230
	18 Total expenses—add lines 13–17 (must equal Part IX, line 25, column (A))	4,799,444	4,191,972
	19 Revenue less expenses Subtract line 18 from line 12	370,078	29,233

		Beginning of Year	End of Year
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	8,116,127	7,915,011
	21 Total liabilities (Part X, line 26)	3,489,552	3,228,915
	22 Net assets or fund balances Subtract line 21 from line 20	4,626,575	4,686,096

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

Please Sign Here

****** 2010-08-16
Signature of officer Date

RUSS DUNMAN EXECUTIVE DIRECTOR
Type or print name and title

Paid Preparer's Use Only

Preparer's signature ▶ M CHAD SINGLETARY CPA	Date 2010-08-16	Check if self-empolyed ▶ ☐	Preparer's PTIN (See Gen Inst)
Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ CARR RIGGS & INGRAM LLC 7550 HALCYON SUMMIT DRIVE MONTGOMERY, AL 36117			EIN ▶ Phone no ▶ (334) 271-6678

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

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

1 Briefly describe the organization's mission

THE MISSION OF THE RIVER REGION UNITED WAY IS TO IMPROVE THE QUALITY OF LIFE IN THE COMMUNITIES IT SERVES BY CREATING LASTING AND SUSTAINABLE CHANGES IN COMMUNITY CONDITIONS IN ITS DAILY OPERATIONS, RIVER REGION UNITED WAY WILL UNITE VOLUNTEERS, CONTRIBUTORS, AND COMMUNITY ORGANIZATIONS TO ADDRESS THE CAUSES OF ISSUES IDENTIFIED IN REGULARLY CONDUCTED NEEDS ASSESSMENTS

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

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

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

If "Yes," describe these changes on Schedule O

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses Section 501(c)(3) and (4) organizations and 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 $ 2,944,932 including grants of $) (Revenue $)

DIRECT SUPPORT TO UNITED WAY AGENCIES

4b (Code) (Expenses $ 473,571 including grants of $) (Revenue $)

ALLOCATIONS AND AGENCY RELATIONS, OTHER PROGRAMS

4c (Code) (Expenses $ including grants of $) (Revenue $)

4d Other program services (Describe in Schedule O)

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

4e Total program service expenses $ 3,418,503 *Must equal Part IX, Line 25, column (B).*

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*	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Yes	
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*	3		No
4	Section 501(c)(3) organizations Did the organization engage in lobbying activities? *If "Yes," complete Schedule C, Part II*	4		No
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? *If "Yes," complete Schedule C, Part III*	5		
6	Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		No
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*	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		No
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*	9		No
10	Did the organization hold assets in term, permanent,or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10	Yes	
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? *If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable*	11	Yes	
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? *If "Yes," complete Schedule D, Parts XI, XII, and XIII*	12	Yes	
13	Is the organization a school as described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the U S ?	14a		No
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, and program service activities outside the U S ? *If "Yes," complete Schedule F, Part I*	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or assistance to any organization or entity located outside the United States? *If "Yes," complete Schedule F, Part II*	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or assistance to individuals located outside the United States? *If "Yes," complete Schedule F, Part III*	16		No
17	Did the organization report more than $15,000 on Part IX, column (A), line 11e? *If "Yes," complete Schedule G, Part I*	17		No
18	Did the organization report more than $15,000 total on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18		No
19	Did the organization report more than $15,000 on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		No
20	Did the organization operate one or more hospitals? *If "Yes," complete Schedule H*	20		No
21	Did the organization report more than $5,000 on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	21		No
22	Did the organization report more than $5,000 on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	22		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? *If "Yes," complete Schedule J*	23		No
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 questions 24b–24d and complete Schedule K. If "No," go to question 25*	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
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?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
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*	25a		No
b	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? *If "Yes," complete Schedule L, Part I*	25b		No
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*	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? *If "Yes," complete Schedule L, Part III*	27		No

Part IV Checklist of Required Schedules *(Continued)*

			Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee			
a	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? *If "Yes," complete Schedule L, Part IV*	**28a**		No
b	Have a family member who had a direct or indirect business relationship with the organization? *If "Yes," complete Schedule L, Part IV*	**28b**		No
c	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? *If "Yes," complete Schedule L, Part IV* .	**28c**		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	**32**		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations section 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	**33**		No
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*	**34**		No
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	**35**		No
36	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*	**36**		No
37	Did the organization conduct more than 5 percent 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*	**37**		No

Part V Statements Regarding Other IRS Filings and Tax Compliance

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096, *Annual Summary and Transmittal of U.S. Information Returns. Enter -0-* if not applicable	1a	0		
b	Enter the number of Forms W-2G included in line 1a *Enter -0-* if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c			No
2a	Enter the number of employees reported on Form W-3, *Transmittal of Wage and Tax Statements* filed for the calendar year ending with or within the year covered by this return	2a	23		
b	If at least one is reported in 2a, did the organization file all required federal employment tax returns? **Note:** *If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return.*	2b		Yes	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year covered by this return?	3a			No
b	If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O*	3b			
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a			No
b	If "Yes," enter the name of the foreign country _____ See the instructions for exceptions and filing requirements for **Form TD F 90-22.1,** *Report of Foreign Bank and Financial Accounts.*				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a			No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b			No
c	If "Yes," to 5a or 5b, did the organization file Form 8886-T, *Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?*	5c			
6a	Did the organization solicit any contributions that were not tax deductible?	6a			No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b			
7	*Organizations that may receive deductible contributions under section 170(c).*				
a	Did the organization provide goods or services in exchange for any quid pro quo contribution of $75 or more?	7a			No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b			
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c			No
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e			No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f			No
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g			No
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h			No
8	*Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.* Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8			
9	*Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.*				
a	Did the organization make any taxable distributions under section 4966?	9a			
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b			
10	*Section 501(c)(7) organizations.* Enter				
a	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	Section 501(c)(12) organizations Enter				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b			
12a	*Section 4947(a)(1) non-exempt charitable trusts.* Is the organization filing Form 990 in lieu of Form 1041?	12a			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			

Part VI Governance, Management, and Disclosure *(Sections A, B, and C request information about policies not required by the Internal Revenue Code.)*

Section A. Governing Body and Management

			Yes	No
	For each "Yes" response to lines 2-7 below, and for a "No" response to lines 8 or 9b below, describe the circumstances, processes, or changes in Schedule O. See instructions.			
1a	Enter the number of voting members of the governing body . .	1a 45		
b	Enter the number of voting members that are independent . .	1b 45		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? . .	3		No
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed? . .	4		No
5	Did the organization become aware during the year of a material diversion of the organization's assets? . .	5		No
6	Does the organization have members or stockholders?	6		No
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a		No
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons? . .	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
a	the governing body?	8a	Yes	
b	each committee with authority to act on behalf of the governing body?	8b	Yes	
9a	Does the organization have local chapters, branches, or affiliates?	9a		No
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	9b		
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990	10	Yes	
11	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	11		No

Section B. Policies

			Yes	No
12a	Does the organization have a written conflict of interest policy? *If "No", go to line 13* . .	12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes	
13	Does the organization have a written whistleblower policy?	13		No
14	Does the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision			
a	The organization's CEO, Executive Director, or top management official?	15a	Yes	
b	Other officers or key employees of the organization?	15b	Yes	
	Describe the process in Schedule O			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable Federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

Section C. Disclosure

17 List the States with which a copy of this Form 990 is required to be filed _____

18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection Indicate how you make these available Check all that apply

☐ own website ☐ another's website ☑ upon request

19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public See Additional Data Table

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization

JULIE GREENE
532 SOUTH PERRY STREET
MONTGOMERY, AL 36104
(334) 264-7318

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

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

1a Complete this table for all persons required to be listed Use Schedule J-2 if additional space is needed
* List all of the organization's **current** officers, directors, trustees (whether individuals or organizations) and key employees regardless of amount of compensation, and current key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid

* 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, or highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations

* List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations

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

☐ Check this box if the organization did not compensate any officer, director, trustee or key employee

(A) Name and Title	**(B)** Average hours per week	**(C)** Position (check all that apply)						**(D)** Reportable compensation from the organization (W-2/1099MISC)	**(E)** Reportable compensation from related organizations (W- 2/1099-MISC)	**(F)** Estimated amount of other compensation from the organization and related organizations
		Individual Trustee or Director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			

Part VII Continued

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual Trustee or Director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
1b Total ▶								126,679	0	12,667

2 Total number of individuals (including those in 1a) 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*		No
4	For any individual listed online 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*		No
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? *If "Yes," complete Schedule J for such person*		No

Section B. Independent Contractors

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

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

2 Total number of independent contractors (including those in 1) who received more than $100,000 in compensation from the organization ▶ 0

Part VIII **Statement of Revenue**

			(A) Total Revenue	(B) Related or Exempt Function Revenue	(C) Unrelated Business Revenue	(D) Revenue Excluded from Tax under IRC 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns . . 1a				
	b	Membership dues 1b				
	c	Fundraising events 1c				
	d	Related organizations . . . 1d				
	e	Government grants (contributions) 1e				
	f	All other contributions, gifts, grants, and similar amounts not included above 1f 4,199,442				
	g	Noncash contributions included in lines 1a-1f $				
	h	**Total (Add lines 1a-1f)** . . . . . ▶	4,199,442			
Program Service Revenue			Business Code			
	2a					
	b					
	c					
	d					
	e					
	f	All other program service revenue				
	g	**Total. Add lines 2a-2f** . . . . . ▶ $				
	3	Investment income (including dividends, interest other similar amounts) . . . . . ▶	47,938	47,938		
	4	Income from investment of tax-exempt bond proceeds . . ▶				
	5	Royalties . . . . . ▶				
			(i) Real	(ii) Personal		
	6a	Gross Rents				
	b	Less rental expenses				
	c	Rental income or (loss)				
	d	Net rental income or (loss) . . . . . ▶				
			(i) Securities	(ii) Other		
	7a	Gross amount from sales of assets other than inventory	74,939			
	b	Less cost or other basis and sales expenses	99,739			
	c	Gain or (loss)	-24,800			
	d	Net gain or (loss) . . . . . ▶	-24,800	-24,800		
	8a	Gross income from fundraising events (not including $ _____ of contributions reported on line 1c) See Part IV, line 18 *Attach Schedule G if total exceeds $15,000* . . . . . 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 *Complete Schedule G if total exceeds $15,000* 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 INCOME	900,099	-1,375	-1,375	
	b					
	c					
	d	All other revenue _____				
	e	**Total. Add lines 11a-11d** . . . . . ▶ $ -1,375				
	12	**Total Revenue.** Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e . . . . . ▶	4,221,205	21,763	0	0

Other Revenue

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.
All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U S See Part IV, line 21	2,944,932	2,944,932		
2 Grants and other assistance to individuals in the U S See Part IV, line 22				
3 Grants and other assistance to governments, organizations and individuals outside the U S See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	139,346	27,869	78,034	33,443
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	313,737	62,415		74,236
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	36,093	11,241	20,298	4,554
9 Other employee benefits	33,218	8,945	18,853	5,420
10 Payroll taxes	44,416	11,883	24,009	8,524
11 Fees for services (non-employees)				
a Management				
b Legal				
c Accounting	15,690		15,690	
d Lobbying				
e Professional fundraising *See Part IV, line 17*				
f Investment management fees				
g Other	6,542		6,542	
12 Advertising and promotion	63,242	117	4,810	58,315
13 Office expenses	61,644	5,556	40,151	15,937
14 Information technology				
15 Royalties				
16 Occupancy	54,665	2,000	46,679	5,986
17 Travel				
18 Payments of travel or entertainment expenses for any Federal, state or local public officials				
19 Conferences, conventions and meetings	43,278	8,795	20,153	14,330
20 Interest	2,720		2,720	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	45,911	13,773	15,610	16,528
23 Insurance	2,142		2,142	
24 Other expenses—Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
a OTHER PROGRAM EXPENSES	176,917	176,917		
b Grant department	65,351	65,351		
c MISCELLANEOUS	61,424	1,877	56,888	2,659
d DETOCQUEVILLE EXPENSES	61,265	61,265		
e MATCHING ACTIVITIES	9,673	9,673		
f All other expenses	9,766	5,894	3,474	398
25 **Total functional expenses.** Add lines 1 through 24f	4,191,972	3,418,503	533,139	240,330
26 **Joint Costs.** Check ☐ if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

			(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing	106,748	1	474,280
	2	Savings and temporary cash investments	2,520,690	2	1,802,583
	3	Pledges and grants receivable, net	3,676,474	3	3,144,479
	4	Accounts receivable, net	161,276	4	170,618
	5	Receivables from current and former officers, directors, trustees, key employees or other related parties *Complete Part II of Schedule L*		5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) *Complete Part II of Schedule L*		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment cost basis — 10a: 1,030,021			
	b	Less accumulated depreciation *Complete Part VI of Schedule D* — 10b: 509,147	566,784	10c	520,874
	11	Investments—publicly traded securities		11	
	12	Investments—other securities See Part IV, line 11 *Complete Part VII of Schedule D*	1,078,224	12	1,796,254
	13	Investments—program-related See Part IV, line 11 *Complete Part VIII of Schedule D*		13	
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11 *Complete Part IX of Schedule D*	5,931	15	5,923
	16	**Total assets.** *Add lines 1 through 15 (must equal line 34)*	8,116,127	16	7,915,011
Liabilities	17	Accounts payable and accrued expenses	47,220	17	46,822
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow account liability *Complete Part IV of Schedule D*		21	
	22	Payable 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	221,505	23	197,414
	24	Unsecured notes and loans payable		24	
	25	Other liabilities *Complete Part X of Schedule D*	3,220,827	25	2,984,679
	26	**Total liabilities.** *Add lines 17 through 25*	3,489,552	26	3,228,915
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**			
	27	Unrestricted net assets	1,429,460	27	1,981,619
	28	Temporarily restricted net assets	2,657,941	28	2,145,553
	29	Permanently restricted net assets	539,174	29	558,924
		Organizations that do not follow SFAS 117, check here ▶ ☐ 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	4,626,575	33	4,686,096
	34	Total liabilities and net assets/fund balances	8,116,127	34	7,915,011

Part XI Financial Statements and Reporting

				Yes	No
1	Accounting method used to prepare the Form 990	☐ cash ☑ accrual ☐ other			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
b	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
c	If "Yes" to lines 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?		2c	Yes	
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?		3a		No
b	If "Yes," did the organization undergo the required audit or audits?		3b		

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493228020480

SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.
Attach to Form 990 or Form 990-EZ. See separate instructions.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
RIVER REGION UNITED WAY

Employer identification number
63-0330778

Part I Reason for Public Charity Status (to be completed by all organizations) (See Instructions)

The organization is not a private foundation because it is (Please check only **one** organization)

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).** (Attach Schedule H)

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 331/3% 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 331/3% 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).** (See instructions)

11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **Section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h

a ☐ Type I **b** ☐ Type II **c** ☐ Type III - Functionally Integrated **d** ☐ Type III - Other

e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)

f If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box ☐

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

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

h Provide the following information about the organizations the organization supports

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

Part II **Support Schedule for Organizations Described in IRC 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.)

Public Support

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")	5,406,344	5,211,306	5,596,553	5,044,819	4,199,442	25,458,464
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 line 1-3	5,406,344	5,211,306	5,596,553	5,044,819	4,199,442	25,458,464
5 The portion of total contribution by each person (other than a government unit or publicly supported organization) included on line 1 that exceed 2% of the amount shown on line 11, column (f)						919,963
6 **Public Support** subtract line 5 from line 4						24,538,501

Total Support

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7 Amounts from line 4	5,406,344	151,282	5,596,553	5,044,819	4,199,442	25,458,464
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	49,247	151,282	142,823	122,316	23,188	488,856
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)		3,367	2,445	2,387	-1,375	6,824
11 **Total Support** (Add lines 7 through 10)						25,954,144

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 501(c)(3) organization, check this box and **stop here** ☐

Computation of Public Support Percentage

14	Public Support Percentage for 2008 (line 6 column (f) divided by line 11 column (f))	14	**94.550 %**
15	Public Support Percentage for 2007 Schedule A, Part IV-A, line 26f	15	**97.840 %**

16a **33 1/3% Test - 2008.** 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 ☑

b **33 1/3% Test - 2007.** If the organization did not check the 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 ☐

17a **10% Facts and Circumstances Test - 2008.** 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 ☐

b **10% Facts and Circumstances Test - 2007.** 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 ☐

18 **Private Foundation.** If the organization did not check the box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions ☐

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(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 business under section 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 1-5						
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 1% of the total of lines 9, 10c, 11, and 12 for the year or $5,000						
c Total of lines 7a and 7b						
8 **Public Support** (Substract line 7c from line 6)						

Total Support

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(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 30 June, 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 501(c)(3) organization, check this box and **stop here** ☐

Computation of Public Support Percentage

15	Public Support Percentage for 2008 (line 8 column (f) divided by line 13 column (f))	15
16	Public Support Percentage for 2007 Schedule A, Part IV-A, line 27g	16

Computation of Investment Income Percentage

17	Investment Income Percentage for **2008** (line 10c column (f) divided by line 13 column (f))	17
18	Investment Income Percentage from **2007** Schedule A, Part IV-A, line 27h	18

19a **33 1/3% Tests - 2008.** 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% Tests - 2007.** 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 ☐

Part IV **Supplemental Information.** Complete this part to provide the information required by Part II, line 10; Part II, line 17a or 17b, or Part III, line 12. Provide and any other additional information. (see instructions)

Facts and Circumstances Test

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493228020480

SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ **Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.**

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
RIVER REGION UNITED WAY

Employer identification number
63-0330778

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.

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate Contributions to (during year)		
3	Aggregate Grants from (during year)		
4	Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other impermissible private benefit? ☐ Yes ☐ No

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

1 Purpose(s) of conservation easements held by the organization (check all that apply)

☐ Preservation of land for public use (e g , recreation or pleasure) ☐ Preservation of an historically importantly land area
☐ Protection of natural habitat ☐ Preservation of certified historic structure
☐ Preservation of open space

2 Complete lines 2a–2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

			Held at the End of the Year
a	Total number of conservation easements	2a	
b	Total acreage restricted by conservation easements	2b	
c	Number of conservation easements on a certified historic structure included in (a)	2c	
d	Number of conservation easements included in (c) acquired after 8/17/06	2d	

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable 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, violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff or volunteer hours devoted to monitoring, inspecting and enforcing easements during the year ▶

7 Amount of expenses incurred in monitoring, inspecting, and enforcing 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 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

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

1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenues included in Form 990, Part VIII, line 1 ▶ $

(ii) Assets included in Form 990, Part X ▶ $

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items

a Revenues included in Form 990, Part VIII, line 1 ▶ $

b Assets included in Form 990, Part X ▶ $

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

3 Using the organization's 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 Trust, Escrow and Custodial Arrangements. Complete if the 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 why 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	1,080,259				
b Contributions	20,087				
c Investment earnings or losses	34,892				
d Grants or scholarships					
e Other expenditures for facilities and programs	71,575				
f Administrative expenses					
g End of year balance	1,063,663				

2 Provide the estimated percentage of the year end balance held as

- a Board designated or quasi-endowment ▶ 0 %
- b Permanent endowment ▶ 53 000 %
- c Term endowment ▶ 47 000 %

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)		No
(ii) related organizations	3a(ii)		No
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b		

4 Describe in Part XIV the intended uses of the organization's endowment funds

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

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		1,030,021	509,147	520,874
e Other				
Total. Add lines 1a-1e *(Column (d) should equal Form 990, Part X, column (B), line 10(c).)* ▶				520,874

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

(a) Description of security or cateory (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Financial derivatives and other financial products		
Closely-held equity interests		
Other CERTIFICATES OF DEPOSIT	1,183,667	C
Other CACF POOLED ACCOUNTS	167,297	C
Other MUTUAL FUNDS - FIXED INCOME	88,612	F
Other MUTUAL FUNDS - EQUITIES	220,843	F
Other LIMITED PARTNERSHIP INTEREST	135,835	C
Total. *(Column (b) should equal Form 990, Part X, col (B) line 12)* ▶	1,796,254	

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

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Total. *(Column (b) should 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
Total. *(Column (b) should equal Form 990, Part X, col.(B) line 15.)* . . . . . ▶	

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

(a) Description of Liability	(b) Amount
Federal Income Taxes	
ALLOCATIONS DUE TO AGENCIES	2,416,894
DESIGNATIONS DUE TO AGENCIES	567,785
Total. *(Column (b) should equal Form 990, Part X, col (B) line 25)* ▶	2,984,679

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

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

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	4,221,205
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	4,191,972
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	29,233
4	Net unrealized gains (losses) on investments	4	30,288
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 - 8	9	30,288
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	59,521

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	4,251,493
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains on investments	2a	30,288		
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	30,288
3	Subtract line **2e** from line **1**			3	4,221,205
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	0
5	Total Revenue Add lines **3** and **4c.** (This should equal Form 990, Part I, line 12)			5	4,221,205

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

1	Total expenses and losses per audited financial statements			1	4,191,972
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	Losses reported on Form 990, Part IX, line 25	2c			
d	Other (Describe in Part XIV)	2d			
e	Add lines **2a** through **2d**			2e	0
3	Subtract line **2e** from line **1**			3	4,191,972
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	0
5	Total expenses Add lines **3** and **4c.** (This should equal Form 990, Part I, line 18)			5	4,191,972

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 XIV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b

Identifier	Return Reference	Explanation
Part V, Line 4	Description of Intended Use of Endowment Funds	THE ENDOWMENT FUNDS ARE SETUP WITH VARIOUS RESTRICTIONS THE LOEB FAMILY ENDOWMENT RESTRICTIONS USE OF INVESTMENT EARNINGS FOR 10 YEARS AND PRINCIPAL FOR 50 YEARS FROM ITS INCEPTION IN 2001 THE DETOCQUEVILLE FUND MATCHES CONTRIBUTIONS GIVEN TO THE ORGANIZATION OVER A 2 YEAR PERIOD THE COMMUNITY GRANT FUND ALLOCATES ITS FUNDS TO VARIOUS PROGRAMS APPROVED BY A COMMUNITY GRANT COMMITTEE THE MYRON J ROTHSCHILD FUND FOR EMERGENCY RELIEF ASSISTS FAMILIES AND INDIVIDUALS IN NEED AS A RESULT OF HARDSHIP AND SUFFERING NOT COVERED BY ORGANIZED RELIEF AGENCIES THE FUND IS MANAGED BY A THREE PERSON COMMITTEE THAT MAKES ALL DETERMINATIONS CONCERNING THE INVESTMENT OF THE PRINCIPAL AND APPLICATION OF THE INCOME

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493228020480

Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

Grants and Other Assistance to Organizations, Governments and Individuals in the U.S.

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

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
RIVER REGION UNITED WAY

Employer identification number
63-0330778

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" on Form 990, Part IV, line 21 for any recipient that received more than $5,000. Check this box if no one recipient received more than $5,000. Use Part IV and Schedule I-1 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
See Additional Data Table							

2 Enter total number of section 501(c)(3) and government organizations . . . . . ▶ 40

3 Enter total number of other organizations . . . . . ▶

Part III **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Use Schedule I-1 (Form 990) if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance

Part IV **Supplemental Information.** Complete this part to provide the information required in Part I, line 2, and any other additional information.

Identifier	Return Reference	Explanation

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93493228020480

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

▶ **Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.**

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
RIVER REGION UNITED WAY

Employer identification number
63-0330778

Identifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 10		THE FORM 990 IS REVIEWED IN-HOUSE BY THE EXECUTIVE AND FINANCE COMMITTEES AND THE FULL BOARD

Identifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 12c		THE ORGANIZATION REVIEWS THE CONFLICT OF INTEREST POLICY ANNUALLY AND WHEN NEW STAFF IS HIRED

Identifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 15		EXECUTIVE DIRECTOR, OTHER OFFICERS AND KEY EMPLOYEES COMPENSATION IS DETERMINED BY THE EXECUTIVE COMMITTEE THROUGH THE EXECUTIVE SEARCH COMMITTEE WHICH UTILIZES THE PUBLISHED UNITED WAY WORLDWIDE SALARY SURVEY AS A GUIDELINE

Identifier	Return Reference	Explanation
Form 990, Part VI, Section C, line 19		THE GOVERNING DOCUMENTS ARE AVAILABLE FOR PUBLIC REVIEW AT THE PHYSICAL BUSINESS LOCATION MONDAY THROUGH FRIDAY BETWEEN THE HOURS OF 8 30AM AND 5 00PM

Identifier	Return Reference	Explanation
		THE BOARDS FINANCE COMMITTEE ASSUMES THE RESPONSIBILITY FOR OVERSIGHT OF THE AUDIT AND SELECTION OF THE INDEPENDENT ACCOUNTANT

Additional Data

Return to Form

Software ID:
Software Version:
EIN: 63-0330778
Name: RIVER REGION UNITED WAY

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
ACTSPO Box 781111 Tallassee,AL 36078	63-0972894		5,052				ASSIST WITH ORGANIZATIONS PROGRAMS AND SERVICES
AID TO INMATE MOTHERS INC434 N MCDONOUGH STREET MONTGOMERY,AL 36104	63-1032194		8,663				ASSIST WITH ORGANIZATIONS PROGRAMS AND SERVICES
AMERICAN CANCER SOCIETY MONTGOMERY COUNTY UNIT3054-C MCGEHEE ROAD MONTGOMERY,AL 36111	64-0329009		82,581				ASSIST WITH ORGANIZATIONS PROGRAMS AND SERVICES
AMERICAN HEART ASSOCIATION1449 MEDICAL PARK DRIVE BIRMINGHAM,AL 35213	13-5613797		52,329				ASSIST WITH ORGANIZATIONS PROGRAMS AND SERVICES
AMERICAN LEGION AUXILIARY #23961 FAIRFIELD DRIVE MONTGOMERY,AL 36109			423				ASSIST WITH ORGANIZATIONS PROGRAMS AND SERVICES
AMERICAN RED CROSS OF CENTRAL ALABAMA5015 WOODS CROSSING MONTGOMERY,AL 36106	63-0288804		339,941				ASSIST WITH ORGANIZATIONS PROGRAMS AND SERVICES
THE ARC OF EASTERN ELMORE COUNTy230 SUGARBERRY ROAD WETUMPKA,AL 36092	63-1010538		4,936				ASSIST WITH ORGANIZATIONS PROGRAMS AND SERVICES
AUTAUGA COUNTY FAMILY SUPPORT CENTER 113 WEST MAIN STREET PRATTVILLE,AL 36067	72-1392189		15,874				ASSIST WITH ORGANIZATIONS PROGRAMS AND SERVICES
BOY SCOUTS OF AMERICA TUKABATCHEE AREA COUNCIL3067 CARTER HILL RD MONTGOMERY,AL 36111	63-0302109		147,154				ASSIST WITH ORGANIZATIONS PROGRAMS AND SERVICES
BOYS & GIRLS CLUBS OF MONTGOMERY804 S PERRY ST SUITE 201 MONTGOMERY,AL 36104	63-0302108		234,099				ASSIST WITH ORGANIZATIONS PROGRAMS AND SERVICES

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
BOYS & GIRLS CLUBS OF SOUTH CENTRAL ALABAMA456 SOUTH COURT ST MONTGOMERY,AL 36108	63-0496124		70,356				ASSIST WITH ORGANIZATIONS PROGRAMS AND SERVICES
BRANTWOOD CHILDREN'S HOME1309 UPPER WETUMPKA ROAD MONTGOMERY,AL 36107	63-0318657		47,616				ASSIST WITH ORGANIZATIONS PROGRAMS AND SERVICES
CATHOLIC SOCIAL SERVICES4455 NARROW LANE ROAD MONTGOMERY,AL 36116	63-0627699		63,100				ASSIST WITH ORGANIZATIONS PROGRAMS AND SERVICES
CHEMICAL ADDICTIONS PROGRAM1153 AIR BASE BOULEVARD MONTGOMERY,AL 36108	63-0778800		38,155				ASSIST WITH ORGANIZATIONS PROGRAMS AND SERVICES
CHILDREN'S CENTER OF MONTGOMERY310 NORTH MADISON TERRACE MONTGOMERY,AL 36107	63-0356658		71,269				ASSIST WITH ORGANIZATIONS PROGRAMS AND SERVICES
EASTER SEALS CAMP ASCCA5278 CAMP ASSCA DRIVE JACKSONS GAP,AL 36861	63-0680272		11,915				ASSIST WITH ORGANIZATIONS PROGRAMS AND SERVICES
EASTER SEALS CENTRAL ALABAMA REHABILTATION & CAREER CENTER2125 EAST SOUTH BOULEVARD MONTGOMERY,AL 36116	63-0435761		114,638				ASSIST WITH ORGANIZATIONS PROGRAMS AND SERVICES
ELMOREAUTAUGA COMMUNITY ACTION COMMITTEE504 AUTAUGA STREET WETUMPKA,AL 36092	63-6155200		18,902				ASSIST WITH ORGANIZATIONS PROGRAMS AND SERVICES
FAMILY GUIDANCE CENTER OF ALABAMA 2358 FAIRLANE DRIVE MONTGOMERY,AL 36116	63-0400591		201,106				ASSIST WITH ORGANIZATIONS PROGRAMS AND SERVICES
FAMILY SUNSHINE CENTERPO BOX 5160 MONTGOMERY,AL 361035160	63-0756933		90,843				ASSIST WITH ORGANIZATIONS PROGRAMS AND SERVICES

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GIFT OF LIFE FOUNDATION1348 CARMICHAEL WAY MONTGOMERY,AL 36106	63-0978855		9,035				ASSIST WITH ORGANIZATIONS PROGRAMS AND SERVICES
GIRL SCOUTS OF SOUTHERN ALABAMA INC145 COLISEUM BOUELVARD MONTGOMERY,AL 36109	63-0421430		101,202				ASSIST WITH ORGANIZATIONS PROGRAMS AND SERVICES
GOODWILL INDUSTRIES OF CENTRAL ALABAMA 900 AIR BASE BOULEVARD MONTGOMERY,AL 36108	63-0522335		13,829				ASSIST WITH ORGANIZATIONS PROGRAMS AND SERVICES
HEALTH SERVICES INC 4178 LOMAC STREET MONTGOMERY,AL 36106	63-0568762		19,762				ASSIST WITH ORGANIZATIONS PROGRAMS AND SERVICES
JANICE CAPILOUTO CENTER FOR DEAF EASTER SEALS2125 EAST SOUTH BLVD MONTGOMERY,AL 36116	63-1026708		12,942				ASSIST WITH ORGANIZATIONS PROGRAMS AND SERVICES
LIGHTHOUSE COUNSELING CENTER INC1415 EAST SOUTH BOULEVARD MONTGOMERY,AL 36116	23-7126914		76,917				ASSIST WITH ORGANIZATIONS PROGRAMS AND SERVICES
LOUISE M SMITH DEVELOPMENT CENTER (AWEARC)PO BOX 681952 PRATTVILLE,AL 36068	63-0889927		15,884				ASSIST WITH ORGANIZATIONS PROGRAMS AND SERVICES
MAXWELL-GUNTER YOUTH ACTIVITIES220 S TURNER BOULEVARD GUNTER ANNEX,AL 36114	63-0501944		23,314				ASSIST WITH ORGANIZATIONS PROGRAMS AND SERVICES
MENTAL HEALTH AMERICA IN MONTGOMERY1116 SOUTH HULL ST MONTGOMERY,AL 36104	63-0328645		72,410				ASSIST WITH ORGANIZATIONS PROGRAMS AND SERVICES
MONTGOMERY AREA COUNCIL ON AGING115 EAST JEFFERSON STREET MONTGOMERY,AL 36104	63-0634950		78,285				ASSIST WITH ORGANIZATIONS PROGRAMS AND SERVICES

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MONTGOMERY ASSOCIATION FOR RETARDED CITIZENS 527 BUCKINGHAM DR MONTGOMERY,AL 36116	63-0418302		89,564				ASSIST WITH ORGANIZATIONS PROGRAMS AND SERVICES
NELLIE BURGE COMMUNITY CENTER INC1226 CLAY STREET MONTGOMERY,AL 36104	63-0289906		27,472				ASSIST WITH ORGANIZATIONS PROGRAMS AND SERVICES
PASS PEERS ARE STAYING STRAIGHT 1849 GLYNWOOD DRIVE PRATTVILLE,AL 36066	58-2040733		38,048				ASSIST WITH ORGANIZATIONS PROGRAMS AND SERVICES
THE SALVATION ARMY 900 BELL STREET MONTGOMERY,AL 36104	58-0660607		84,607				ASSIST WITH ORGANIZATIONS PROGRAMS AND SERVICES
SAYNO IN THE MONTGOMERY AREA INC492 SOUTH COURT STREET MONTGOMERY,AL 36104	63-1049388		21,751				ASSIST WITH ORGANIZATIONS PROGRAMS AND SERVICES
SICKLE CELL FOUNDATION OF GREATER MONTGOMERY3180 US HWY 80 WEST MONTGOMERY,AL 36108	63-0830977		21,238				ASSIST WITH ORGANIZATIONS PROGRAMS AND SERVICES
VOLUNTEER & INFORMATION CENTER INC2101 EASTERN BOULEVARD MONTGOMERY,AL 36117	63-0663412		115,082				ASSIST WITH ORGANIZATIONS PROGRAMS AND SERVICES
YMCA OF MONTGOMERY 880 SOUTH LAWRENCE STREET MONTGOMERY,AL 36104	63-0288885		199,797				ASSIST WITH ORGANIZATIONS PROGRAMS AND SERVICES
YMCA OF PRATTVILLE 600 MAIN STREET PRATTVILLE,AL 36067	63-6052425		46,011				ASSIST WITH ORGANIZATIONS PROGRAMS AND SERVICES
YMCA OF WETUMPKA 200 RED EAGLE DRIVE WETUMPKA,AL 36092	63-0288885		19,907				ASSIST WITH ORGANIZATIONS PROGRAMS AND SERVICES

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
VARIOUS ENTITIES532 SOUTH PERRY STREET MONTGOMERY,AL 36104			238,923				ASSIST WITH ORGANIZATIONS PROGRAMS AND SERVICES

Additional Data

Software ID:
Software Version:
EIN: 63-0330778
Name: RIVER REGION UNITED WAY

Form 990, Part VII - Section Aaa

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual Trustee or Director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Walter Overby , President		X		X				0	0	0
Gene Crane , Vice President		X		X				0	0	0
Teresa Johnston , board member		X						0	0	0
Kim Adams , Board member		X						0	0	0
Jeremy Arthur , Board member		X						0	0	0
Art Bolin , Board member		X						0	0	0
Michael Briddell , Board member		X						0	0	0
Ronnie Brown , treasurer		X		X				0	0	0
Scott Brown , Board member		X						0	0	0
Jeffrey Bryant , Board member		X						0	0	0
Carter Burwell , Board member		X						0	0	0
Kevin Butler , Board member		X						0	0	0
Les Butler , Board member		X						0	0	0
Dr Jamye Witherspoon Ca , Board member		X						0	0	0
David Daniel , Board member		X						0	0	0
Lynn Davis , Board member		X						0	0	0
Ron Dickerson , Board member		X						0	0	0
Tyler Fondren , Board member		X						0	0	0
Randy Grissett , Board member		X						0	0	0
Jenny Hamilton , Board member		X						0	0	0
Paul Hankins , Board member		X						0	0	0
Dr Andre Harrison , Board member		X						0	0	0
Barbara Howard , Board member		X						0	0	0
Lance Hunter , Board member		X						0	0	0
Kate Jackson , Board member		X						0	0	0
David Lewis , Board member		X						0	0	0
Billy Livings , Board member		X						0	0	0
Michael Luckett , Board member		X						0	0	0
Barbara Pugh Mays , Board member		X						0	0	0
Carol McGalliard , Board member		X						0	0	0

Form 990, Part VII - Section Aaa

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual Trustee or Director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Tina McManama , Board member		X						0	0	0
Sarah Moore , Board member		X						0	0	0
Buddy Morgan , Board member		X						0	0	0
Rick Pate , Board member		X						0	0	0
Harold D Powell , Board member		X						0	0	0
Anne Ramsey , Board member		X						0	0	0
Boo Rogers , Board member		X						0	0	0
David Sanders , Board member		X						0	0	0
Wade Seamon , Board member		X						0	0	0
Will Sellers , Board member		X						0	0	0
Ken Selvaggi , Board member		X						0	0	0
Roger Spain , Board member		X						0	0	0
Quesha Starks , Board member		X						0	0	0
Walter Thomas Jr , Board member		X						0	0	0
Cindy Turner , Board member		X						0	0	0
Sue Waters , Board member		X						0	0	0
David Wright , Board member		X						0	0	0
Heather Coleman , Ex-Officio Board Members		X						0	0	0
Christy Cantrell , Ex-Officio Board Members		X						0	0	0
Diane Weil , Ex-Officio Board Members		X						0	0	0
Will Sellers , Ex-Officio Board Members		X						0	0	0
Dr Bruce Murphy , Ex-Officio Board Members		X						0	0	0
Joe Mathis , Immediate Past President		X						0	0	0
Melody Colvert , Ex-Officio Board Members		X						0	0	0
CHARLES COLVIN , EXECUTIVE DIRECTOR	40 00			X		X		73,815	0	7,381
DAVID MILLS , DIRECTOR OF OPERATIONS	40 00			X		X		52,864	0	5,286