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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 Open to Public Inspection

A F	or the	2009 cal	endar year, or tax year beginning and ending		
B	Check if pplicable	e Please use IRS	C Name of organization	D Employer identi	fication number
	Addre:	an label or	WEIRTON UNITED WAY, INC.		
	Name chang	type	Doing Business As	55-0	0583651
	Initial return	See	Number and street (or P.O. box if mail is not delivered to street address) Room/s		
Ļ	Termir		3205 PENNSYLVANIA AVENUE B	(304	4)748-7212
	Ameno return Applic		295,729.		
L	tion pendir		H(a) Is this a group		
			ne and address of principal officer:WILLIAM KIEFER ETHANY, WV 26032	for affiliates?	Yes X No
1 7			is: X 501(c) ( 3 ) ◀ (insert no.) 4947(a)(1) or 527	H(b) Are all affiliates in	a list. (see instructions)
		te: ► N/		H(c) Group exempti	,
					M State of legal domicile: WV
	art I	Summa			10, 0.00
a	1	Briefly des	scribe the organization's mission or most significant activities: TO PROVI	DE FINANCIAL	ASSISTANCE
Activities & Governance		TO AR	EA NON-PROFIT ORGANIZATIONS.		
era	2	Check this	s box $lacktriangle$ If the organization discontinued its operations or disposed of r	nore than 25% of its net a	assets
õ			f voting members of the governing body (Part VI, line 1a)	3	
8			f independent voting members of the governing body (Part VI, line 1b)	4	
iţies	i		ber of employees (Part V, line 2a)	5	<del>                                     </del>
ξ	l .		ber of volunteers (estimate if necessary) s unrelated business revenue from Part VIII, column (C), line 12	<u>6</u>   7a	<del> </del>
Ă		•	ted business taxable income from Form 990-T, line 34	78 7b	
	Ť		ons and grants (Part VIII line 1b) RECEIVED	Prior Year	Current Year
o)	8	Contributi	181,212.		
eun		Program s			
Revenue	10	Investmer	rervice revenue (Part VIII, line 2g)   +	22,765	
_	11	Other reve	enue (Part VIII, column (A), lines 5, 6d, βc, 9c, 10c, and 11e)	99,624	
			nue · add lines 8 through 11 (must equal Rark VIII, eolumn (A), time 12)	313,772	
	l		d similar amounts paid (Part IX, cdiumn (4), 4-16e/13) V, U	168,710	236,115.
<b>'</b> 0	i	-	aid to or for members (Part IX, column (A), line 4) ther compensation, employee benefits (Part IX, column (A), lines 5-10)	30,710.	39,608.
Expenses			nal fundraising fees (Part IX, column (A), line 11e)	30,710.	35,000:
e De			raising expenses (Part IX, column (D), line 25) 15,599.		
ω			enses (Part IX, column (A), lines 11a-11d, 11f-24f)	43,220	38,433.
	18	Total expe	nses. Add lines 13-17 (must equal Part IX, column (A), line 25)	242,640	
		Revenue I	ess expenses. Subtract line 18 from line 12	71,132.	<43,573.>
Sq				Beginning of Current Year	
SSE	20		ts (Part X, line 16)	973,393.	<del> </del>
Net Assets or Fund Balances	21		ttes (Part X, line 26)	973,393	929,820.
	ırt II		s or fund balances. Subtract line 21 from line 20	3/3,333	929,020.
		Under penal	ties of perjury, I declare that I have examined this return, including accompanying schedules and stateme	nts, and to the best of my knowle	dge and belief, it is true, correct,
		and complet	e Declaration of preparer (other than officer) is based on all information of which preparer has any knowle	edge C	
Sign	n		4/11/6/C/M-	Jun	e 3 L010
Her			ature of others	Pate	<del></del>
			LLIAM KIEFER, PRESIDENT		····
			or print name and title	Check if Prepa	erer's identifying number
Paid	ı	Preparer's signature	Ronel M. Konne M. COA 6.3.2010	self-	rer's identifying number instructions)
Prep	arer's	Firm's name		employed ►	- · · · -
Use	Only	yours if self-employe	626 NORTH 4TH STREET	CIN	
		address, and ZIP + 4	STEUBENVILLE OH 43952	Phone no. ► (	(740) 282-2771
May	the IF	RS discuss	this return with the preparer shown above? (see instructions)	1	Yes No
	01 02-04		A For Privacy Act and Paperwork Reduction Act Notice, see the separate	instructions.	Form <b>990</b> (2009)

	990 (2009)	WEIRTON UNITE of Program Service Acc		55-058365	1 Page 2
1	Briefly describe the or				
			<del></del>		
2	-		am services during the year which were not		
	the prior Form 990 or			L\ <b>Y</b>	res 🗓 No
3		se new services on Schedule C	o. Ilficant changes in how it conducts, any pro	narom convoca?	es X No
3		se changes on Schedule O	inicant changes in now it conducts, any pro	grant services r	162 CTT 140
4			n of the organization's three largest progran	n services by expenses	
	Section 501(c)(3) and	501(c)(4) organizations and se	ction 4947(a)(1) trusts are required to repor	t the amount of grants and	
	allocations to others,	the total expenses, and revenu	e, if any, for each program service reported	I.	
40		V/Europeo © 236	, 115 · including grants of \$	) (Revenue \$	······································
4a	(Code TO PROVIDE	)(Expenses \$ 236 FINANCIAL ASSIS	TANCE TO AREA NON-PROP		HAT ,
			ES LESS FORTUNATE THAN		
		<u></u>		· · · · · · · · · · · · · · · · · · ·	<del></del>
	<del></del>	<del></del>			
	•	·			
4b	(Code	) (Expenses \$	including grants of \$	) (Revenue \$	)
				<u> </u>	
			<del></del>		
			······································		
4c	(Code	) (Expenses \$	including grants of \$	) (Revenue \$	)
			<u> </u>		
		<del></del>	<del></del>		
	<del></del>	······································			
	<del></del>				
		······································		<u></u>	
				<del></del>	<del></del>
4d	Other program service	ces (Describe in Schedule O)			
	(Expenses \$	including gran	ts of \$ ) (Revenue \$	)	
4e	Total program servi	ce expenses ► \$	236,115.		

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	X		
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х		
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			х	
	public office? If "Yes," complete Schedule C, Part I  Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	3 4		$\frac{x}{X}$	
4 5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and				
5	reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5			
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to				
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X	
7					
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X	
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		х	
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		X	
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments?				
	If "Yes," complete Schedule D, Part V	10		X	
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VIII, IX, or X			ļ	
	as applicable	11	X		
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,	,			
_	Part VI	-	ķ		
•	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total	Š		.,	
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	, ,	1		
•	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	`		,	
•	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in	] .	]		
	Part X, line 16? If "Yes," complete Schedule D, Part IX	l . ,	, ,	•	
•	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	,	,		
•	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	İ			
	the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X		,		
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			Į	
	Schedule D, Parts XI, XII, and XIII	12	Х	<u> </u>	
12A	Was the organization included in consolidated, independent audited financial statements for the tax year?  Yes No		] ,	,	
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional X	<u> </u>		· -	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	-	X	
	Did the organization maintain an office, employees, or agents outside of the United States?  Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	14a	<del> </del> -	<del>  ^</del> -	
D	and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b		х	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization	140			
13	or entity located outside the United States? If "Yes," complete Schedule F, Part II	15	Ì	x	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals	<u></u>		<u> </u>	
located outside the United States? If "Yes," complete Schedule F, Part III					
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,				
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	<b>↓</b>	X	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			v	
40	1c and 8a? If "Yes," complete Schedule G, Part II	18	<del> </del>	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	40	1	Х	
20	complete Schedule G, Part III  Did the organization operate one or more hospitals? If "Yes," complete Schedule H	19 20	$\vdash$	X	
2.0	The distance obstate one of those hospitals, in test combists actionis to		990	(2009)	
				,	

			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Х	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2 <sup>9</sup> If "Yes," complete Schedule I, Parts I and III	22		<u>x</u>
<b>2</b> 3	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete		1	
	Schedule J	23	_	X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K If "No", go to line 25	24a	. 1	X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	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		
ч	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a	270		
200	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
_		Zua		
D	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	i	1	
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete	051		x
	Schedule L, Part I	25b		
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified			v
	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial		ļ	
	contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete	1	ĺ '	1,7
	Schedule L, Part III	27	<u> </u>	X
28	Was the organization a party to a business transaction with one of the following parties, (see Schedule L, Part IV			,
	instructions for applicable filing thresholds, conditions, and exceptions):	-,	ĵ.	,_ <u>-</u> _
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
C	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was			
	an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation		Ì	
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity?			
	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	1	X
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?			
	If "Yes," complete Schedule R, Part V, line 2	35	-	x
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	1		<del>                                     </del>
J1	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?	13,	$\vdash$	<del></del>
æ	Note. All Form 990 filers are required to complete Schedule O	38	X	
	1997 Auri out 1990 liletà die required to complete donedule o			(2009)
				(/

Page 5

-					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		_	
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and r	eportal	ole gamıng	Î		-
	(gambling) winnings to prize winners?			1c		
<b>2</b> a	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	- 2	پ	<u> </u>	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retu			<b>2</b> b	Х	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see			٠,٠	,	-
	Did the organization have unrelated business gross income of \$1,000 or more during the year covered	ed by th	nis return?	3a		<u>X</u>
	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					37
	financial account in a foreign country (such as a bank account, securities account, or other financial	accour	nt)?	4a		X
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 a	ind	(		,
	Financial Accounts				,	₽,
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transfer			<b>5</b> b		
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Region 2.	arding !	Prohibited	_		
_	Tax Shelter Transaction?			<u>5c</u>	<u> </u>	
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did to	ne orga	anization solicit		ļ	x
	any contributions that were not tax deductible?		:	6a	}	<u> </u>
D	If "Yes," did the organization include with every solicitation an express statement that such contribu	itions o	rgins	<b>6</b> b	<u> </u>	
7	were not tax deductible?	•		-00		<del></del>
7	Organizations that may receive deductible contributions under section 170(c).  Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for	r acode	and senuces	á.	. '	ļ
а	provided to the payor?	goods	and services	7a	}	x
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	•	•	7b	<del>                                     </del>	
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it v	vas red	uired			
Ī	to file Form 8282?	,,,,,		7c		х
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d		,		
	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a	person	al	1 、 3	*	` ,
	benefit contract?	•		7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit con-	tract?		7f		
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required			7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-	C as re	quired?	<b>7</b> h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting o	rganiza	ations. Did the	,	- 3	
	supporting organization, or a donor advised fund maintained by a sponsoring organization, have ex-	cess bu	ısıness holdıngs	ه ا		
	at any time during the year?			8	<u> </u>	<u> </u>
9	Sponsoring organizations maintaining donor advised funds.					*
а	Did the organization make any taxable distributions under section 4966?			9a	ļ	X
þ	Did the organization make a distribution to a donor, donor advisor, or related person?		•	9b		X
10	Section 501(c)(7) organizations. Enter		1		,	] ^
а	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	l		: [	.
11	Section 501(c)(12) organizations. Enter:	1	ı		;	]``.
a	Gross income from members or shareholders	11a		-	1	1
b	(2 - 1.				,	1
40	amounts due or received from them.)	11b	<u></u>	1	-	1
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		ĺ	12a	<del> </del>	┼
	If "Yes." enter the amount of tax-exempt interest received or accrued during the year	12b	l	Form	gan	(2009)
				1 0111		10000

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

18 Enter the number of voting members of the governing body  19 Enter the number of voting members that are independent  10 Did say officer, director, fusited, or flex proposes have a family relationship or a business relationship with any other officer, director, trustees, or few employees to a management duties customently performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?  19 Did the organization delegate control over management duties customently performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?  20 Did the organization become aware during the year of a material deesano of the organization's assets?  30 Did the organization have members, sockholders, or other persons who may elect one or more members of the governing body?  31 Did the organization have members, sockholders, or other persons who may elect one or more members of the governing body?  32 Did the organization have members, sockholders, or other persons who may elect one or more members of the governing body?  32 Did the organization have members, sockholders, or other persons who may elect one or more members of the governing body?  33 Did the organization have members, sockholders, or other persons who may elect one or more members of the governing body?  34 Did the organization have because the members and self-did written actions undertaken during the year by the following  35 Did the organization have because the members and self-did written actions undertaken during the year by the following  36 Did because the did the person that the members and self-divisions while the year of the power person of the power person the power person that the power per	Sect	ion A. Governing Body and Management							
b Enter the number of voting members that are independent  2 Did any officer, director, fusuee, or key employee have a family relationship or a business relationship with any other officer, director, fusuee, or key employees to a management outlies customarily performed by or under the direct supervision of officers, directors or trustates, or key employees to a management company or other person?  4 Did the organization nake any significant changes to its organizational documents since the prior Form 990 was filed?  5 Did the organization have members or stockholders?  6 Did the organization have members or stockholders?  7 Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?  5 Did the organization have members, stockholders, or other persons who may elect one or more members of the governing body?  6 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following  7 Te Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following  8 Teg overning body?  8 Each committee with authority to act on behalf of the governing body?  9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization should be a supplied of the program o								Yes	No
Did any officer, director, frustee, or key employee have a family relationship or a business relationship with any other officer, director, frustees, or key employee?  Did the organization divelegate control over management duties customarily performed by or under the direct supervision of officers, directors or frustees, or key employees to a management company or other person?  3	1a	Enter the number of voting members of the governing body	1a					- 1	
officer, director, fustees, or key employee? 3 Det 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? 4 Det the organization make any significant changes to its organizational documents since the prior Form 990 was filed? 5 Did the organization have members or stockholders? 6 Des the organization have members or stockholders. Or other persons who may elect one or more members of the governing body? 7 Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? 5 Day any decisions of the governing body subject to approval by members, stockholders, or other persons? 7 Day 3 X X Destroy of the governing body? 8 Day 1 Section 8 Destroy of the governing body? 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organizations making address? If "Yes," provide the names and addresses in Schedule 0  10a Does the organization have local chapters, branches, or affiliates? 10 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? 11 Has 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? 11 Has become such as 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? 10 Describe in Schedule O the process, if any, used by the organization or review the Form 990. 11 Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form? 11 Describe organization in equilarl	b	Enter the number of voting members that are independent	1b	<u> </u>		24		`	
Section B. Policies (Trees Section B. Policies (Trees Section B. Policies) (Trees, described to the degranzation have local chapters, branches, or and addresses m Schedule C  10 Does the organization have making the year of a material diversion of the organization have making the year of a material diversion of the organization have making the year of a material diversion of the organization have members of stockholders?  21 Described to the governing body subject to approval by members, stockholders, or other persons?  22 Described to the governing body subject to approval by members, stockholders, or other persons?  23	2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	ıp with	h a	ny other		İ		
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c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done  13 Does the organization have a written whistleblower policy?  14 Does the organization have a written document retention and destruction policy?  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  b Other officers or key employees of the organization if "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions.)  16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?  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?  Section C. Disclosure  Section 6.104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection indicate how you make these available. Check all that apply  Own website Another's website X Upon request  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.  State the name, physical address, and telephone number of the person who possesses the books and records of the organization. ▶  CHERYL COSTELLO 304-748-7213	b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise					1		
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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  b Other officers or key employees of the organization if "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions.)  15a	13							ļ	
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<ul> <li>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.</li> <li>State the name, physical address, and telephone number of the person who possesses the books and records of the organization. ►</li> <li>CHERYL COSTELLO - 304-748-7213</li> </ul>									
statements available to the public.  State the name, physical address, and telephone number of the person who possesses the books and records of the organization:  CHERYL COSTELLO - 304-748-7213			n=1	f1 4	of inter-	ot polici -	nd 4	anaial	
State the name, physical address, and telephone number of the person who possesses the books and records of the organization. ► CHERYL COSTELLO - 304-748-7213	19		, conti	IIICT	orintere	est policy, a	uiu iin	ancial	
CHERYL COSTELLO - 304-748-7213		·	opel -		ordo of t	he ergeni-	ation: I		
	20		and r	160	urus UI I	ne organiza	auOH	_	
12U1 PENNSTUVANIA AVENUE, SUITE D. WEIKTON, WV. 20002			606	62					

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees. See instructions for definition of "key employee "
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

Check this box if the organization did not co		у сц	rren			, dire	cto		<del></del>	
(A)	(B)	(C)					(D)	(E)	(F)	
Name and Title	Average	١,,		Pos				Reportable	Reportable	Estimated
	hours	(CI	(check all that apply)			app	iy)	compensation from	compensation	amount of other
	per week	ecto.						the	from related organizations	compensation
	WCCK	e di			}	ited		organization	(W-2/1099-MISC)	from the
		stee	ruste			bens		(W-2/1099-MISC)	(=	organization
	,	Individual trustee or director	Institutional trustee		Key employee	Highest compensated emptoyee				and related ·
		dıvığı	strtut	Officer	E .	ghes	Former			organizations
		=	드	6	ž	Ŧ 5	- E			
DONALD DONELL	10 00				İ	<u> </u>		0		0
EX-VICE PRESIDENT CATHERINE FERRARI	10.00	X	-	<u> </u>		-		0.	0.	0.
VICE-PRESIDENT	10.00	x				ļ		0.	0.	0.
ROMIE CASTELLI	10.00	^	-	-	⊢	├		0.	0.	
VICE-PRESIDENT	10.00	X	l		l			0.	0.	0.
WILLIAM KIEFER	20.00			$\vdash$	$\vdash$	┢				
PRESIDENT	10.00	x				ļ		0.	0.	0.
RUSSELL WICKHAM					T	Ī				
TREASURER	10.00	$\mathbf{x}$	<u> </u>		l			0.	0.	0.
JOHN FRANKOVITCH										
SECRETARY	10.00	X	L		_	<u> </u>		0.	0.	0.
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Par	Section A. Officers, Directors, Tru	stees, Key Er	nplo	oyee	s, a	nd l	High	est	Compensated Employ	ees (continued)				
	(A) (B) (C) Name and title Average Position			(D)	(E)			(F)						
	Name and title	Average hours	(6)				า ∶app	dv)	Reportable compensation	Reportable compensatio			imate ount d	
		per week	individual trustee or director	Institutional trustee	Officer		Highest compensated Employee		from the organization (W-2/1099-MISC)	from related organization: (W-2/1099-MIS	s	comp fro orga and	other pensate om the anizate I relate nization	ion on ed
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1b	Total						▶		0.		0.			0.
2	Total number of individuals (including but recompensation from the organization	not limited to th	nose	e list	ed a	bov	e) w	ho r	eceived more than \$100	0,000 in reportab	le			0
3	Did the organization list any former officer	director or tri	iste	e ke	v er	ทกได	vee	or	highest compensated e	molovee on	1		Yes	No
	line 1a? If "Yes," complete Schedule J for s	such individual	1									3	, 4	<u>X</u>
4	For any individual listed on line 1a, is the s and related organizations greater than \$15									tne organization		4	- 44	X
5	Did any person listed on line 1a receive or the organization? If "Yes," complete Sched				fron	n an	y un	rela	ted organization for sen	rices rendered to	1	5	٠	x
Sec	tion B. Independent Contractors													
1	Complete this table for your five highest countries the organization.  NONE	ompensated in	dep	end	ent	con	tract	ors	that received more than	\$100,000 of cor	npens	ation	from	
(A) (B) Name and business address Description of services							С	(Compe		n				
							_			····		<u> </u>		
_	<del></del>							-						
		·									 			
_	T	<del> </del>								Al-	<u> </u>			
2 —	Total number of independent contractors \$100,000 in compensation from the organ		not	umit	ea to	υ the	0 0	ıste	u above) who received i	nore man				

#### 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).										
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	( <b>D</b> ) Fundraising expenses						
1	Grants and other assistance to governments and			,	<del></del>						
	organizations in the U.S. See Part IV, line 21	236,115.	236,115.	` ` `							
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	į			`- ,						
	See Part IV, lines 15 and 16				i,						
4	Benefits paid to or for members				-						
5	Compensation of current officers, directors,										
	trustees, and key employees	30,000.		18,000.	12,000.						
6	Compensation not included above, to disqualified										
	persons (as defined under section 4958(f)(1)) and										
	persons described in section 4958(c)(3)(B)	i		İ							
7	Other salanes and wages	6,975.		6,975.							
8	Pension plan contributions (include section 401(k)										
U	and section 403(b) employer contributions)										
0	· · · · · · · · · · · · · · · · · · ·										
9	Other employee benefits	2,633.		1,715.	918						
10	Payroll taxes	2,033.		<u> </u>	210						
11	Fees for services (non-employees)										
а	Management										
b	Legal	4 250		4 250							
С	Accounting	4,250.		4,250.							
d	Lobbying										
е	Professional fundraising services. See Part IV, line 17		<u> </u>	73							
f	Investment management fees										
g	Other										
12	Advertising and promotion										
13	Office expenses	1,238.	_	1,238.							
14	Information technology										
15	Royalties										
16	Occupancy	11,070.		11,070.							
17	Travel	3,300.		3,300.							
18	Payments of travel or entertainment expenses										
	for any federal, state, or local public officials										
19	Conferences, conventions, and meetings										
20	Interest										
21	Payments to affiliates										
22	Depreciation, depletion, and amortization	201.		201.	<del></del>						
23	Insurance	1,934.		1,934.	····						
24	Other expenses. Itemize expenses not covered										
<b>4</b> 4	above. (Expenses grouped together and labeled	3	,	[							
	miscellaneous may not exceed 5% of total	, , ,	`		* * * * * * * * * * * * * * * * * * * *						
	expenses shown on line 25 below.) SUPPLIES	10,990.		8,309.	2,681						
a	DIEG AND ACCEDENT	2,797.		2,797.	2,001						
b	TELEDUONE	1,329.		1,329.							
C	PORT DMENIO NA TATOENTANCE	1,134.		1,134.							
C		1,134.		150.							
e				40.	<del> </del>						
f	·	40.	026 115		15 500						
25	Total functional expenses. Add lines 1 through 24f	314,156.	236,115.	62,442.	15,599						
26	Joint costs. Check here  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			<u> </u>	Form <b>990</b> (2009						

Part X | Balance Sheet (A) (B) Beginning of year End of year 1 Cash - non-interest-bearing 973,091. 929,780. 2 Savings and temporary cash investments 2 3 3 Pledges and grants receivable, net 4 4 Accounts receivable, net Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II 5 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete 6 Part II of Schedule L 7 7 Notes and loans receivable, net 8 inventories for sale or use 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment; cost or other 20,524. 10a basis Complete Part VI of Schedule D 20,423. 302. 101. 10b 10c b Less, accumulated depreciation 11 Investments - publicly traded securities 11 12 12 Investments - other securities See Part IV, line 11 13 Investments - program-related. See Part IV, line 11 13 14 14 Intangible assets 15 Other assets. See Part IV, line 11 15 973,393. 929,881 16 Total assets. Add lines 1 through 15 (must equal line 34) 16 17 17 Accounts payable and accrued expenses 18 18 Grants payable 19 19 Deferred revenue 20 20 Tax-exempt bond liabilities 21 Escrow or custodial account liability Complete Part IV of Schedule D Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II 22 of Schedule L 23 Secured mortgages and notes payable to unrelated third parties 23 24 Unsecured notes and loans payable to unrelated third parties 24 25 Other liabilities, Complete Part X of Schedule D 25 61. 0. 26 Total liabilities. Add lines 17 through 25 26 Organizations that follow SFAS 117, check here \_ and complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances 27 27 Unrestricted net assets 28 Temporarily restricted net assets 29 Permanently restricted net assets Organizations that do not follow SFAS 117, check here 🕨 🗓 and complete lines 30 through 34. Ó. Ó. 30 30 Capital stock or trust principal, or current funds Ō. 0. 31 31 Paid-in or capital surplus, or land, building, or equipment fund 929,820. 973,393. 32 Retained earnings, endowment, accumulated income, or other funds 32 973,393. 929,820. 33 33 Total net assets or fund balances

929,881. Form **990** (2009)

973,393.

34

Total liabilities and net assets/fund balances

**b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit

or audits, explain why in Schedule O and describe any steps taken to undergo such audits

За

3b

X

Act and OMB Circular A-133?

#### **SCHEDULE A**

Department of the Treasury

(Form 990 or 990-EZ)

Public Charity Status and Public Support

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

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

√Open:to Public Inspection

Internal Revenue Service

Name of the organization

WEIRTON UNITED WAY, INC

Employer identification number 55-0583651

OMB No 1545-0047

Reason for Public Charity Status (All organizations must complete this part.) See instructions Part The organization is not a private foundation because it is. (For lines 1 through 11, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 3 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 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in X section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An organization that normally receives. (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 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 Type III - Other b Type II c \_\_\_\_ Type III - Functionally integrated a Type I 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). 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 Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? g A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, Yes 11g(i) the governing body of the supported organization? 11g(ii) (ii) A family member of a person described in (i) above? (iii) A 35% controlled entity of a person described in (i) or (ii) above? 11g(iii) Provide the following information about the supported organization(s). h (iii) Type of (vi) Is the (iv) is the organization (v) Did you notify the (vii) Amount of (i) Name of supported (ii) EIN organizátion in col. organization in col. (i) listed in your organization in col. (i) organized in the U.S.? support organization (described on lines 1-9 governing document? (i) of your support? above or IRC section (see instructions)) No No Yes

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

Schedule A (Form 990 or 990-EZ) 2009

Total

Schedule A (Form 990 or 990-EZ) 2009 WEIRTON UNITED WAY, INC.

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

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not	i					
	include any "unusual grants ")	211,465.	161,621.	187,535.	191,383.	181,212.	933,216.
2	Tax revenues levied for the organ-		· · · · · · · · · · · · · · · · · · ·				
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to		1				
	the organization without charge						
4	Total. Add lines 1 through 3	211,465.	161,621.	187,535.	191,383.	181,212.	933,216.
5	The portion of total contributions	٧ ',		7.	, , ;		
	by each person (other than a	, ,					
	governmental unit or publicly	, ,	, , , , , , , , , , , , , , , , , , ,	, ,	, h	, ,	
	supported organization) included			· ` ` .	, ,	,	
	on line 1 that exceeds 2% of the	ė	, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1,	, ,	] .	۳	
	amount shown on line 11,						
	column (f)			7 35	, ;	8.5	6,193.
6	Public support. Subtract line 5 from line 4	,	, <del>4</del>	, , ,		, à	927,023.
	tion B. Total Support		<u> </u>				
Cale	endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
	Amounts from line 4	211,465.	161,621.	187,535.	191,383.	181,212.	933,216.
8	Gross income from interest,						
	dividends, payments received on				ļ		
	securities loans, rents, royalties		Ì				
	and income from similar sources	16,333.	26,048.	33,507.	22,765.	17,234.	115,887.
9	Net income from unrelated business						
	activities, whether or not the		ĺ			į	
	business is regularly carried on	ł				1	
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part IV.)	79,773.	86,305.	103,387.	99,624.	72,137.	441,226.
11			V 1997	` ,			1490329.
12		, etc. (see instruct	ions)			12	<del></del>
13	First five years. If the Form 990 is for			rd, fourth, or fifth t	ax year as a section	on 501(c)(3)	
	organization, check this box and sto	p here					<b>_</b> _
Se	ction C. Computation of Pub	lic Support Pe	ercentage			- <u>-</u> -	
14	Public support percentage for 2009	(line 6, column (f) c	divided by line 11,	column (f))		14	62.20 %
15	Public support percentage from 200	8 Schedule A, Par	t II, line 14			15	62.26 %
16a	a 33 1/3% support test - 2009.If the o	organization did no	ot check the box o	n line 13, and line	14 is 33 1/3% or n	nore, check this bo	
	stop here. The organization qualifies	as a publicly sup	ported organization	า			ightharpoons
i	33 1/3% support test - 2008.If the	organization did no	ot check a box on l	ine 13 or 16a, and	d line 15 is 33 1/3%	or more, check th	nis box
	and stop here. The organization qua	lifies as a publicly	supported organiz	cation			
17:	a 10% -facts-and-circumstances tes	st - 2009.If the org	janization did not d	check a box on line	e 13, 16a, or 16b, a	and line 14 is 10%	or more,
	and if the organization meets the "fa						
	meets the "facts-and-circumstances"						▶□
ı	o 10% -facts-and-circumstances tes	st - 2008.If the org	janization did not d	check a box on line	e 13, 16a, 16b, or	17a, and line 15 is	10% or
	more, and if the organization meets						
	organization meets the "facts-and-cil				· ·		▶□
18							ns 🕨 🗀
							or 990-EZ) 2009

Schedule A (Form 990 or 990-EZ) 2009 Page 3 Part III | Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I.) Section A. Public Support Calendar year (or fiscal year beginning in) (c) 2007 (d) 2008 (a) 2005 (b) 2006 (e) 2009 (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 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 Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 3 received from disqualified persons b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year c Add lines 7a and 7b Public support (Subtract line 7c from line 6.) Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2005 (b) 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total 9 Amounts from line 6 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 c Add lines 10a and 10b 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) Total support (Add lines 9, 10c, 11, and 12) 14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f)) 15 % 16 16 Public support percentage from 2008 Schedule A, Part III, line 15 % Section D. Computation of Investment Income Percentage 17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f)) 17 % 18 % 18 Investment income percentage from 2008 Schedule A, Part III, line 17 19a 33 1/3% support tests - 2009. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

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

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

### Schedule D

(Form 990)

Department of the Treasury Internal Revenue Service

# Supplemental Financial Statements ► Complete if the organization answered "Yes," to Form 990,

Part IV, line 6, 7, 8, 9, 10, 11, or 12.

➤ Attach to Form 990. ➤ See separate instructions.

OMB No 1545-0047 Open to Public Inspection

Name of the organization

WEIRTON UNITED WAY, INC.

Employer identification number 55-0583651

Par	til	<b>Organizations Maintaining Donor Advised</b>	Funds or Other Similar Funds	or Accounts. Complete if the
		organization answered "Yes" to Form 990, Part IV, line 6	5	
			(a) Donor advised funds	(b) Funds and other accounts
1	Total	number at end of year		
2	Aggre	gate contributions to (during year)		
3	Aggre	gate grants from (during year)		
		gate value at end of year		
5		e organization inform all donors and donor advisors in wi	riting that the assets held in donor advis	sed funds
		e organization's property, subject to the organization's e		Yes No
6		e organization inform all grantees, donors, and donor ad	_	used only
		aritable purposes and not for the benefit of the donor or		
		missible private benefit?	, , , ,	Yes No
(Rar		Conservation Easements. Complete if the orga	inization answered "Yes" to Form 990, F	
		ose(s) of conservation easements held by the organization		<del></del>
		Preservation of land for public use (e.g., recreation or ple		storically important land area
		Protection of natural habitat	· —	tified historic structure
	$\overline{\Box}$	Preservation of open space		
2		olete lines 2a through 2d if the organization held a qualifie	ed conservation contribution in the form	of a conservation easement on the last
_		f the tax year.		
	<b></b> , -	, the tax year.		Held at the End of the Tax Year
а	Total	number of conservation easements		2a
b		acreage restricted by conservation easements	•	2b
		per of conservation easements on a certified historic stru	cture included in (a)	2c
d		per of conservation easements included in (c) acquired at		2d
3		per of conservation easements modified, transferred, rele		
	vear		abou, oxurigatoriou, or terrimitated by the	o organization daming the tax
4	, .	per of states where property subject to conservation easi	ement is located	
5		the organization have a written policy regarding the period		
•		ions, and enforcement of the conservation easements it		Yes No
6		and volunteer hours devoted to monitoring, inspecting, a		
7		unt of expenses incurred in monitoring, inspecting, and e		
8		each conservation easement reported on line 2(d) above		
Ü		section 170(h)(4)(B)(ii)?	satisfy the requirements of section 174	Yes No
9		rt XIV, describe how the organization reports conservation	on easements in its revenue and expens	<del></del>
3		de, if applicable, the text of the footnote to the organization		
		ervation easements.	on s infancial statements that describes	the organization's accounting to
Pa	rt III	Organizations Maintaining Collections of	Art. Historical Treasures, or C	Other Similar Assets.
		Complete if the organization answered "Yes" to Form 9		
		······································		
1a	If the	organization elected, as permitted under SFAS 116, not	to report in its revenue statement and i	palance sheet works of art, historical
		ures, or other similar assets held for public exhibition, ed		
		potnote to its financial statements that describes these it	· ·	
b		organization elected, as permitted under SFAS 116, to r		nce sheet works of art, historical treasures.
		ner similar assets held for public exhibition, education, or	•	
		e items.	Todardi ili tara loraziono di papilo dol vio	so, provide the remember and remaining to
		Revenues included in Form 990, Part VIII, line 1		<b>&gt;</b> \$
		ssets included in Form 990, Part X		► \$ ► \$
2		organization received or held works of art, historical trea	isures or other similar assets for financi	
-		ollowing amounts required to be reported under SFAS 11		ar garry provide
a		nues included in Form 990, Part VIII, line 1	o rolling to those terms	<b>&gt;</b> \$
		ts included in Form 990, Part X		► \$
	, 200	to molaced in Ferri 900, Fart A		<b>ν</b> Ψ

		UNITED WA	Y, I	NC.				55-05	8365	L Pa	age 2
Par	t III   Organizations Maintaining C	ollections of A	rt, Hist	torical Tr	easures, c	or Othe	r Simila	ır Asse	<b>ts</b> (conti	nued)	
3	Using the organization's acquisition, accessi	on, and other record	ls, checl	k any of the	following tha	t are a si	gnificant L	se of its	collection	ı item	ıs
	(check all that apply)										
а	Public exhibition	d	· :	Loan or exc	hange progra	ıms					
b	Scholarly research	е		Other							
С	Preservation for future generations										
4	Provide a description of the organization's co	ollections and explai	n how th	ney further t	he organizati	on's exer	npt purpo	se in Parl	t XIV		
5	During the year, did the organization solicit o	r receive donations	of art, hi	storical trea	sures, or oth	er sımılar	assets				
	to be sold to raise funds rather than to be ma	aintained as part of t	the orga	nization's co	ollection?			_	Yes		No.
Par	t IV Escrow and Custodial Arran	gements. Comple	ete if org	ganization a	nswered "Yes	" to Forn	n 990, Pa	rt IV, line	9, or		
	reported an amount on Form 990, Par	rt X, line 21.									
1a	Is the organization an agent, trustee, custodi	an or other intermed	tiary for	contribution	ns or other as	sets not	ıncluded				
	on Form 990, Part X?								Yes		No
b	If "Yes," explain the arrangement in Part XIV	and complete the fo	llowing	table.							
									Amount		
С	Beginning balance						1c				
d	Additions during the year						1d	~			
е	Distributions during the year						1e				
f	Ending balance					-	1f				
2a	Did the organization include an amount on F	orm 990. Part X. line	21?		••				Yes	$\neg$	No
	If "Yes," explain the arrangement in Part XIV.								_ ,,		
	tiv Endowment Funds. Complete i		swered	"Yes" to Fo	rm 990, Part	IV. line 1	0				
<b></b>		(a) Current year		rior year	(c) Two year		(d) Three y	ears back	(e) Four	vears	back
1a	Beginning of year balance	(4/ 00/ 00/ 10/	1=7:		(-/		<del></del>	· · · · · · · · · · · · · · · · · · ·		<u> </u>	
b	Contributions				,	- ;	,	٠_، ۶	<u>`                                    </u>	<u> </u>	
-	Net investment earnings, gains, and losses				<del>                                     </del>	<del>- 1</del>					
c d	Grants or scholarships				<del> </del>	<del>`                                    </del>		<del></del>	-	<del></del>	<del>,                                    </del>
	Other expenditures for facilities				<del>  `` \</del>				<u> </u>		
е	'		ļ		, 5	٥,					•
	and programs				<del> </del>		·		<del> </del>		
	Administrative expenses				<u>`</u>		· ", \_ ,	· · · · · · · · · · · · · · · · · · ·			
g	End of year balance	L	L		L		<u>`</u>		l		`
2	Provide the estimated percentage of the year	ir end balance neld a									
a		<del></del>	_%								
b	Permanent endowment	%									
С		.%									
3a	Are there endowment funds not in the posse	ession of the organiz	ation th	at are held a	and administe	ered for ti	ne organiz	ation			
	by.									Yes	No
	(i) unrelated organizations								3a(i)		ļ
	(ii) related organizations								3a(ii)		
þ	If "Yes" to 3a(II), are the related organization	s listed as required o	on Sche	dule R?					3b		<u> </u>
4	Describe in Part XIV the intended uses of the										
Pa	rt:VI , Investments - Land, Buildin	gs, and Equipm	ent. Se			10					
	Description of investment	(a) Cost or o	other	(b) Cos	t or other	(c) A	ccumulate	:d	( <b>d</b> ) Boo	k valu	ie
		basis (investi	ment)	basis	(other)	der	preciation				
1a	Land	ļ					<u></u>	\			
þ	Buildings										
c	Leasehold improvements										
d	Equipment			2	20,524.		20,4	23.		1	01.
е	Other										

Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c))

Schedule D (Form 990) 2009

Schedule D (Form 990) 2009 WEIRTON UN	ITED WAY, INC.	55-	-0583651 Page <b>3</b>
Part VII Investments - Other Securities. S	ee Form 990, Part X, line 12		
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valua Cost or end-of-year mar	
Financial derivatives			
Closely-held equity interests			
Other			
		<del></del>	
	<del></del>	<del></del>	
<del></del>	<del></del>	<del></del>	
	<del></del>		<del></del>
		<del></del>	· · · · · · · · · · · · · · · · · · ·
Total. (Col (b) must equal Form 990, Part X, col (B) line 12.)			
Part VIII Investments - Program Related.	See Form 990, Part X, line 13		
(a) Description of investment type	(b) Book value	(c) Method of valua	
(a) Description of investment type	(b) Book value	Cost or end-of-year mar	ket value
<del></del>		· · · · · · · · · · · · · · · · · · ·	
<u> </u>	<u> </u>		
	<del> </del>		
	<del></del>		
	+		
<del></del>			
Total. (Col (b) must equal Form 990, Part X, col (B) line 13.)	<del>                                     </del>	N N	· · · · · · · · · · · · · · · · · · ·
Part IX Other Assets. See Form 990, Part X, lin	e 15		<u>,                                      </u>
(a	) Description		(b) Book value
	<del></del>		
<del></del>			
<del>-</del>		<del></del>	
		······································	
	<del></del>	<del></del>	<del></del>
<del></del>	<del></del>		
****			· · · · · · · · · · · · · · · · · · ·
Total. (Column (b) must equal Form 990, Part X, col (B) II.			
Part X Other Liabilities. See Form 990, Part X	K, line 25		
1 (a) Description of liability	(b)	Amount	· · · · · · · · · · · · · · · · · · ·
Federal income taxes			
		<del></del>	1.72
<del></del>		<del></del>	
<del></del>		···-	,
		· ` ` ` ` `	
<del></del>		~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	× ,
<del></del>			
	<del></del>		<b>\'</b>
Total. (Column (b) must equal Form 990, Part X, col (B) In	ne 25)		<u>-</u>
6 FM 40 5 1 1 1 5 1 1 1 1 1 1 1 1 1 1 1 1 1 1			

2. FIN 48 Footnote In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 932053 02-01-10

Sche	dule D (Form 990) 2009 WEIRTON UNITED WAY, INC.				55-05	83651	Page 4
Par	t-XI   Reconciliation of Change in Net Assets from Form 990 to	Audit	ed Financ	cial Sta	tements		
1	Total revenue (Form 990, Part VIII, column (A), line 12)			1		270	583.
2	Total expenses (Form 990, Part IX, column (A), line 25)			2		314	156.
3	Excess or (deficit) for the year Subtract line 2 from line 1			3		<43	573.>
4	Net unrealized gains (losses) on investments			4			
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 through 8		Ī	9			0.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and	d 9		10		<43	<u>,573.</u> >
Par	t:XII Reconciliation of Revenue per Audited Financial Stateme	nts W	ith Rever	nue per	Return		
1	Total revenue, gains, and other support per audited financial statements				1	270	,583.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				5		
а	Net unrealized gains on investments	2a					
b	Donated services and use of facilities	2b					
С	Recoveries of prior year grants	2c			/		
d	Other (Describe in Part XIV.)	2d					
e	Add lines 2a through 2d				2e		0.
3	Subtract line 2e from line 1				3	270	,583.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:						
а	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 must equal Form 990, Part I, line 12)				5	270	,583.
Pa	t XIII Reconciliation of Expenses per Audited Financial Statem	ents V	Vith Expe	nses p	er Return		452
1	Total expenses and losses per audited financial statements		-		1	314	,156.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25.	1 1			17.4		
а	Donated services and use of facilities	2a					
b	Prior year adjustments .	2b			^ ^		
С	Other losses	2c			<b>-</b>  `		
d	Other (Describe in Part XIV.)	2d			_		•
е	Add lines 2a through 2d				2e	214	150
3	Subtract line 2e from line 1				3	314	,156.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 1	l				
	Investment expenses not included on Form 990, Part VIII, line 7b	4a			`		
þ	Other (Describe in Part XIV.)	4b					^
C	Add lines 4a and 4b				4c	21/	156
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	_			5	314	,156.
_	rt XIV Supplemental Information					<u> </u>	<del></del> _
	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part II						4; Part
X, lin	e 2, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also comp	plete this	s part to pro	ovide any	additional in	formation	
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Employer identification number Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. Governments, and Individuals in the United States Grants and Other Assistance to Organizations, ► Attach to Form 990. Department of the Treasury Internal Revenue Service SCHEDULE (Form 990)

INC

WAY,

WEIRTON UNITED

Name of the organization

Open to Public OMB No 1545-0047

55-0583651

Ińspectión

Schedule I (Form 990) 2009 % |X (h) Purpose of grant or assistance Yes recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed

(b) EIN

(c) IRC section

if applicable

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cash g Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any 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 other) ٥. ٥. 0 o. ö Ö Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States 19,000 5,000 8 000 000 09 48,360 15,000 LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. Enter total number of section 501(c)(3) and government organizations General Information on Grants and Assistance criteria used to award the grants or assistance? Enter total number of other organizations HANCOCK COUNTY SHELTERED WORKSHOP 1 (a) Name and address of organization WEIRTON CHAPTER - AMERICAN RED MARY H WEIR PUBLIC LIBRARY WEIRTON CHRISTIAN CENTER WEIRTON SALVATION ARMY HEALTHWAYS, INC Part Part II CROSS

932101 02-02-10

Page 2 Schedule I (Form 990) 2009 (f) Description of non-cash assistance 55-0583651 (e) Method of valuation (book, FMV, appraisal, other) Schedule | (Form 990) 2009 WEIRTON UNITED WAY, INC.

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22
Use Part IV and Schedule I-1 (Form 990) if additional space is needed. Part if . Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information. (d) Amount of non-cash assistance (c) Amount of cash grant WEIRTON UNITED WAY, INC. (b) Number of recipients (a) Type of grant or assistance 932102 02-02-10

Schedule I-1 (Form 990) 2009 OMB No 1545-0047 Open to Public Inspection (h) Purpose of grant or assistance Employer identification number 55-0583651(g) Description of non-cash assistance Part | Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.) (f) Method of valuation (book, FMV, appraisal, other) ► Attach to Form 990 to list additional information for Schedule I (Form 990), Part II or Part III. Continuation Sheet for Schedule I (Form 990) °. Ö o. Ö Ö (e) Amount of non-cash assistance 5,000. (d) Amount of cash grant 40,000 6,750 5,000 9,500 LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. (c) IRC section if applicable INC. WEIRTON UNITED WAY (b) EIN BOYS AND GIRLS CLUB OF AMERICA (a) Name and address of organization or government DUNBAR RECREATION FUND COMMUNITY BREAD BASKET HOSPITAL CHARITY FUND Name of the organization INC Department of the Treasury Internal Revenue Service SCHEDULE I-1 C.H.A.N.G.E. (Form 990)

### SCHEDULE O

(Form 990)

### Supplemental Information to Form 990

Department of the Treasury

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

OMB No 1545-0047 Openito Public

➤ Attach to Form 990. Inspection Internal Revenue Service Employer identification number Name of the organization 55-0583651 WEIRTON UNITED WAY, INC. FORM 990, PART VI, SECTION B, LINE 11: A COPY OF THE FINAL FORM 990 IS MAILED TO EACH VOTING MEMBER OF THE ORGANIZATION'S GOVERNING BOARD FOR REVIEW FORM 990, PART VI, SECTION B, LINE 15A: THE BOARD MAKES ANNUAL REVIEWS OF THE EXECUTIVE DIRECTOR'S PERFORMANCE AND THEN LOOKS AT PAST YEARS EARNINGS AND INDUSTRY AVERAGES TO COME UP WITH A CURRENT YEARS SALARY. FORM 990, PART VI, SECTION C, LINE 19: NO DOCUMENTS AVAILABLE TO THE PUBLIC FORM 990, PART VII CONTACT ADDRESSES FOR OFFICERS, DIRECTORS, ETC: DONALD DONELL ~ 401 PENNSYLVANIA AVE, WEIRTON, WV 26062 CATHERINE FERRARI - 351 CAROLINA AVE, CHESTER, WV 26034 ROMIE CASTELLI - 4224 FREEDOM WAY, WEIRTON, WV 26062 WILLIAM KIEFER - BETHANY COLLEGE -VICE-PRESIDENT OFFICE, BETHANY, WV 26032 RUSSELL WICKHAM - 1014 LANDVIEW WEIRTON, WV 26062 JOHN FRANKOVITCH - P.O. BOX 2369, WEIRTON, WV 26062

# Weirton United Way 3205-B Pennsylvania Avenue Weirton, WV 26062 Phone (304) 748-7213 Fax (304) 740-5006

### Weirton United Way Board of Directors

AFFILIATION   TERM   POST OFFICE
Edwin J. Bowman  WV State Senator  WV State Auditor Office  2012  Weirton  Romano B. Castelli*  P I & I Trucking  2012  Weirton  William Cattrell  Lisa Conti  C. William D'Alesio  Donald R. Donell*  Starvaggi Industries  Top Of WV CVB  Pastor James Foglio  Don Gianni, Jr.  James White Construction  John Frankovitch*  Assure America Corp.  John Greco  Mark Heilman  Brian James  Arcelor Mittal Steel  Weirton  John Frankovitch*  Assure America Corp.  John Greco  Greco-Hertnick Funeral  Brian James  Arcelor Mittal Steel  2011  Weirton  Alex Marshall  Weirton Daily Times  2013  Weirton  Alex Marshall  Weirton Daily Times  2013  Weirton  Tamara Pettit  Mountaineer Resort  Glenda Robinson  Medical Billing & Mgmt.  Charles Robinson  Weirton  David L. Robertson  Spilman, Thomas& Battle  2013  Weirton  Dor, Chip Sagan, DDS  Dentist  Weirton
Kristin Bowman Cross Romano B. Castelli* P I & I Trucking 2012 Weirton William Cattrell Lisa Conti C. William D'Alesio Donald R. Donell* Dan Greathouse Catty Ferrari* Hancock County Savings Don Gianni, Jr. James White Construction John Frankovitch* John Greco Mark Heilman Brian James Arcelor Mittal Steel Weirton Weirton Weirton Weirton Weirton Weirton Collage Bethany College Beth
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Scott Winwood First Choice America CFCU 2011 Weirton
*EXECUTIVE BOARD OF DIRECTORS*
PRESIDENTWilliam R. Kiefer 2012 Weirton
EX-VICE PRESIDENT Donald R. Donell 2011 Weirton
VICE PRESIDENTRomano B. Castelli 2012 Weirton
VICE PRESIDENTCathy Ferrari 2011 Weirton
SECRETARYJohn Frankovitch 2012 Weirton
TREASURERRussell E. Wickham 2011 Weirton
Executive DirectorCheryl Costello

Effective as of the Annual Meeting, April 6, 2010