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990 Form

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)

OMB No 1545-0047

2009

Department of the Treasury

Open to Public

interna	l Reven	ue Service		The organization may have to use a copy of this retui	rn to satisfy state repo	rting red	quirement	s	Ins	pection
A F	or the	2009 calendar y	ear, or	tax year beginning	, 2009, and en	ding			, 20	_
B c	B Check if applicable Please C Name of organization UNITED WAY OF RIVER CITIES FOUND IN								D Employer identification no.	
	ddress (us	se IRS abelor	Doing Business As					55-0672	482
\equiv	ame ch		rint or	Number and street (or P O box if mail is not delivered to street ac	ddress)	Roon	v/suite	E	Telephone	number
\equiv	itial retu	-	type. See	820 MADISON AVENUE	,				(304) 52	
\equiv	erminate	. S	pecific	City or town, state or country, and ZIP + 4				G	Gross rece	
=	mended	1 "	nstruc- bons.	HUNTINGTON, WV 25704				ľ	\$	(705,546
\equiv		,					_		<u> </u>	
A	pplicatio	n pending F	Name	and address of principal officer		H(a)	Is this a gro affiliates?	up retu	m for _	Yes X No
				2 4					7	
			501(c) (3) ◀ (insert no) 4947(a)(1) or 527		— H(b)	Are all affilia	ates inc ch a list	t (see instructionaber	Yes No
		▶ N/A				H(c)				
		rganization X Co	rporation	Trust Association Other	L Year of formation 1	986	M State	of legal	domicile	WV
Par	<u>ţ </u>	Summary								
	1	Briefly describe	the org	panization's mission or most significant activities	FUNDING UNITED	YAW C	ADMIN	COSI	?s	
Ĉ G										
t o										
v e	2	Check this box	▶∏ıf	the organization discontinued its operations or dispos	sed of more than 25%	of its ne	t assets			
l r t n	3	Number of votin	ng mem	bers of the governing body (Part VI, line 1a) • • •				3		€
1 a	4		-	it voting members of the governing body (Part VI, line	1b)			4		6
e n s c	5			yees (Part V, line 2a) · · · · · · · · · · · ·				5		0
е &	6			eers (estimate if necessary) · · · · · · · · · · ·				6		
Œ				pusiness revenue from Part VIII, column (C), line 12				7a		0
	1	3					- F	7b		
	b	ivet unirelated b	usmess	s taxable income from Form 990-T, line 34 · · · ·				75		
R	_			(B) (A) (III) (A)	-	Р	nior Year	620	Cum	ent Year
е	8	Contributions a	nd gran	ts (Part VIII, line 1h)	VED		30,	639		20,289
v e	9	Program service	e reven	ue (Part VIII, line 2g) · · · · · · · · · · · · · · · · · · ·	∀₽₽ · · ·					
n	10	investment inco	me (Pa	in VIII, column (A), lines 3, 4, and 70)	္ ေ		(184	, 985	<u> </u>	(725,835
u e	11	Other revenue ((Part VI	II, column (A), lines 5, 6d, 8c, 9c, 119c and 11e)	[22010] : [Sp.] : :-					
	12	Total revenue -	add lin	es 8 through 11 (must equal Part VIII, column (A), line	12)10 (2)		(154	,346)	(705,546
	13	Grants and simi	ılar amo	ounts paid (Part IX, column (A), lines 1-3)	┄╶┊ ┼┷┙╚┤╌┖		35,	.000		8,000
E	14	Benefits paid to	or for r	members (Part IX, column (A), line 4) OGDEN	1.: U 1 · · ·				- 1-	0
X	15	Salaries, other	comper	nsation, employee benefits (Part IX , column (A), lines :	5-10)					C
p e	16a	Professional fur	ndraisin	g fees (Part IX, column (A), line 11e)						C
n	b	Total fundraisin	а ехреі	nses (Part IX, column (D), line 25) ▶	0				_	
s e			•	X, column (A), lines 11a-11d, 11f-24f)				690		1,643
s				nes 13-17 (must equal Part IX, column (A), line 25)			35,	690		9,643
	19			s Subtract line 18 from line 12 · · · · · · ·			(190)	(715,189
음	13	Nevellue less e	xpense	S Subtract line to from line 12				-		
○ Net ∼ Assets	20	Total access (D)	~ # V 1···	16)	 	pegurining.	of Current Y	$\overline{}$		of Year 3,281,228
co or		Total assets (Pa		•				_		252,621
Fund Bal-	21	Total liabilities (•			218,	_		
ances	22		-	ances Subtract line 21 from line 20 · · · · · ·	• • • • • • • • • •		2,906,	464	 	3,028,607
ূ Par	<u>t II 📗</u>	<u>Signature</u>	Bloc	<u>k</u>						
_		Under penalties o	of perjury,	I declare that I have examined this return, including accompanying so, and complete. Declaration of preparer (other than officer) is based of	chedules and statements, and on all information of which pro	d to the be eparer has	est of my kno s anv knowle	wledge dae		
Ω			ic, conco	A 1:	311 all 1110 (111 all 111 all		,	-9-	1 1	
岁 Sign	1	J. Jh	na	1. Miles				-	2/10/1	7
圣 Here	•	Signature of	fofficer	0 6 5	. 1	_	11 0	Date	: 1	
₹	_	_0	lura	- P. Gilliam Greative Direct	tar, United W	ay of	He K	بالاحز	- Maics	,
OS Sign Here		Type or print		nd title	- 1	7				
· ·		Brenamia		Date	Check	ıf	Prepare	er's ider	ntifying numbe	er .
		Preparer's signature	1/2	· (ff / can	self- employ		(see ins	struction	ns)	
Paid		1	//	freewon CAH 108-	05-2010	,cu	-			
Prepa				SULLIVANWEBB PLLC		CIN!	<u> </u>			
Use C	Only	Firm's name (or y	ours	P.O. BOX 2745		EIN				
		if self-employed), address, and ZIP	+4				N 204	_607	-0565	
		L		HUNTINGTON, WV 25727		Phone n	o ≯ 304	-697	-0565	

<u>Pa</u>	<u>rt lii </u>											
1		efly describe the organization's mission										
	FUNDI	NDING UNITED WAY ADMIN COSTS	-									
	_											
2		the organization undertake any significant program services during the year which were no										
	•	prior Form 990 or 990-EZ?	· · · · · · · · · · · · · · · · · · ·									
		Yes," describe these new services on Schedule O										
3		the organization cease conducting, or make significant changes in how it conducts, any pro-										
		vices? · · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · L Yes No									
		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										
		ction 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to rep										
	allocation	ecations to others, the total expenses, and revenue, if any, for each program service reported	d									
			- 									
4a	(Code		8,000) (Revenue \$)									
		E FOUNDATION THROUGH INVESTMENT EARNINGS PROVIDES FUNDING FOR	ADMINISTRATIVE AND CAMPAIGN									
	EXPEN:	PENSES OF THE UNITED WAY OF THE RIVER CITIES, INC.										
			<u> </u>									
	_											
		<u> </u>										
4b	(Code	de) (Expenses \$ including grants of \$) (Revenue \$)									
												
												
			.									
4c	(Code	de) (Expenses \$ including grants of \$) (Revenue \$)									
			· · · · · · · · · · · · · · · · · · ·									
			· · · · · · · · · · · · · · · · · · ·									
4 - 1	011	(2)										
4d		er program services (Describe in Schedule O)										
4.0		penses \$ including grants of \$) (Reve)))									
4e	otal pro	al program service expenses > 8,000										

EEA

Form 990 (2009) UNITED WAY OF RIVER CITIES FOUND IN

55-0672482

Page 2

Par	t 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	Χ	
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 public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete			
	Schedule C, Part II	4		Х
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 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		Х
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		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			71
•	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		•	- 1
•	X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes,"			
	complete Schedule D, Part IV · · · · · · · · · · · · · · · · · ·	9		Х
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		Х
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI,			Λ
••	VII, VIII, IX, or X as applicable • • • • • • • • • • • • • • • • • • •	11	х	
_	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete		Δ.	-
•	Schedule D, Part VI			
_	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more			
•	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII			
_	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more			
•	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII			
_	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets			
•	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX			
_	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X			
•	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
•	the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X			
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
-	Schedule D, Parts XI, XII, and XIII · · · · · · · · · · · · · · · · ·	12	Х	
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 · · · · · · · · · · · · · · · · · · ·			
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising,			
_	business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I	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 or entity located outside the United States? If "Yes," complete Schedule F, Part II	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance			
-	to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16		Х
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		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III · · · · · · · · · · · · · · · · ·	19		Х
20	Did the organization operate one or more hospitals? If "Yes." complete Schedule H	20		X

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Part IV Checklist of Required Schedules (continued) Yes No 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 12 if "Yes," complete Schedule I, Parts I and II 21 X 22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III 22 Х 23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated 23 X 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 Х 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 Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? d 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 X Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 25b X 26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II 26 X 27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? 27 If "Yes," complete Schedule L, Part III Х 28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions) A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28a Х A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete 28b Х 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, X 29 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Х Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified 30 30 Х Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, 31 31 Х Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete 32 32 X Did the organization own 100% of an entity disregarded as separate from the organization under Regulations 33 sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I 33 X Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, 34 34 Х Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete 35 35 X 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related 36 X Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,

Х

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Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and

12a

Form 990 (2009) UNITED WAY OF RIVER CITIES FOUND IN 55-0672482 Page 5 Statements Regarding Other IRS Filings and Tax Compliance Part V 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 0 1b 0 b Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable 1c Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax 2a Statements, filed for the calendar year ending with or within the year covered by this return b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2h Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions) Did the organization have unrelated business gross income of \$1,000 or more during the year covered by 3a X If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O 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 4a **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 Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding 5c Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible? 6a Х If "Yes," did the organization include with every solicitation an express statement that such contributions or 6h 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 goods and services provided to the payor? 7a If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was 7c Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? • • • • • • f 7g For all contributions of qualified intellectual property, did the organization file Form 8899 as required? a For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as h 7h Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? 8 Sponsoring organizations maintaining donor advised funds. 9b Did the organization make a distribution to a donor, donor advisor, or related person? b 10 Section 501(c)(7) organizations. Enter Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities Section 501(c)(12) organizations. Enter 11 11a а Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) 11b

Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?

If "Yes," enter the amount of tax-exempt interest received or accrued during the year

Part VI

55-0672482 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	

Sec	tion A. Governing Body and Management			
		_	Yes	No
1a	Enter the number of voting members of the governing body · · · · · · · · · · · · · · · · · 1a 6			
þ	Enter the number of voting members that are independent • • • • • • • • • • • • • • • • • • •			1
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		<u>X</u>
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		<u>X</u>
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed? • • • • •	4		X
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		_X_
6	Does the organization have members or stockholders?	6		<u>X</u>
7a	Does the organization have members, stockholders, or other persons who may elect one or more members			
	of the governing body?	7a		<u>X</u>
þ	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		<u>X</u>
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			1
	the year by the following			
а	The governing body? • • • • • • • • • • • • • • • • • • •	8a	Χ	
b	Each committee with authority to act on behalf of the governing body? • • • • • • • • • • • • • • • • • • •	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached			
	at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O · · · · · · · · · · · · · · · · · ·	9		<u>X</u>
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal			
Reve	enue Code)			
			Yes	No
10a	Does the organization have local chapters, branches, or affiliates? • • • • • • • • • • • • • • • • • • •	10a		<u>X</u>
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the			
	form?	11	Х	
11a	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give			
	rise to conflicts?	12b		_X_
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe in Schedule O how this is done	12c		<u>X</u>
13	Does the organization have a written whistleblower policy?	13		<u>X</u>
14	Does the organization have a written document retention and destruction policy?	14		<u>X</u>
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?]
а	The organization's CEO, Executive Director, or top management official · · · · · · · · · · · · · · · · · · ·	15a		<u>X</u>
b	Other officers or key employees of the organization · · · · · · · · · · · · · · · · · · ·	15b		<u>X</u>
	If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions)			1
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		<u>X</u>
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate			- 1
	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		<u>X</u>
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed		_	
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only)			
	available for public inspection. Indicate how you make these available. Check all that apply			
	X Own website X Another's website X Upon request			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest			
	policy, and financial statements available to the public			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the			
	organization ► LAURA GILLIAM (304)523-8929			
	820 MADISON AVE HUNTINGTON, WV 25704			

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

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

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

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

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

(A)	(B)			(6	C)			(D)	(E)	(F)
Name and Title	Average hours per week	Posit I t d n r i I s e v t c i e t d e o u r a o l r	i t n r s u t s i t e	Office	All the yemployee	Hat apply	For E e	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
PHIL CLINE										
PRESIDENT	1.00			X				0	0	
KEMP MORTON			'	1						
VICE PRES.	1.00			X	_	1		0	0	
JOHN PATTERSON										
AT-LARGE	1.00			X	<u> </u>		L_	0	0	
LINDA PLEASANTS				ŀ						
AT-LARGE	1.00	ļ		X	<u> </u>	ļ		0	0	-
LARRY STARK									_	
AT LARGE	1.00			X		<u> </u>		0	0	
LAURA GILLIAM										
EX-OFFICIO	2.00	<u> </u>		X		ļ. <u>. </u>	_	0	0	
AARON HEIGHTON					ŀ					
SEC/TREASURER	1.00			X				0	0	
							_			
										_
								_		
	-			 						
		-								

Name and Title Name and Name and Title Name and	Pa	art VII Section A. Officers, Directors, Trustees, I	Key Employe	es, an	d Hi			ompen	sate		ı ,			
Total To		(A)	(B)							(D)	(E)		(F)	
Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization ► 0 Yes No 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 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 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 Section B. Independent Contractors Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization (A) (B) (C) Description of services Compensation Total number of independent contractors (including but not limited to those listed above) who received		Name and Title	hours per	Itd nrı dur ıse vtc ıet deo ur	I t n r u t s t t e u e t i o n	Office	Key employe	H c em g mp l e n p e n y e t a e t e	ForEe	compensation from the organization	compensation from related organizations	o o	amount of other ompensate from the organizate and relate	of ation ne tion ted
Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization ► 0 Yes No 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 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 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 Section B. Independent Contractors Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization (A) (B) (C) Description of services Compensation Total number of independent contractors (including but not limited to those listed above) who received														
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reportable compensation from the organization Yes No	1b	Total		• • •	• •	• •	<u>. </u>	• • •	>		(0
Presentation of 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	2	· · · · · · · · · · · · · · · · · · ·	to those listed	abov	e) w	ho r	ecei	ved m	ore ti	han \$100,000 in				
employee on line 1a? If "Yes," complete Schedule J for such individual For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 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 Section B. Independent Contractors Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization (A) (B) (C) Compensation 2 Total number of independent contractors (including but not limited to those listed above) who received		reportable compensation from the organization		-	_					-			Yes	No
For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual · · · · · · · · · · · · · · · · · · ·	3	Did the organization list any former officer, director or	trustee, key	emplo	yee,	or h	nghe	est con	npen	sated				
the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such Individual												· 3	 	<u> </u>
Individual	4	· · · · · · · · · · · · · · · · · · ·												
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												4	-	Y
services rendered to the organization? If "Yes," complete Schedule J for such person	5											<u> </u>	+	1
Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization (A) (B) (C) Name and business address Description of services Compensation 2 Total number of independent contractors (including but not limited to those listed above) who received												5		Х
compensation from the organization (A) (B) (C) Name and business address Description of services Compensation 2 Total number of independent contractors (including but not limited to those listed above) who received		ction B. Independent Contractors	d independer	nt contr	acto	re th	nat r	ecelve.	d mc	ore than \$100,000	of			
Name and business address Description of services Compensation Total number of independent contractors (including but not limited to those listed above) who received)13 ti			Q 1110		···			
2 Total number of independent contractors (including but not limited to those listed above) who received			s								ervices	Con		n
											_			
										 				<u>-</u>
	2			to thos	se lis	sted	abo	ve) wh	o red	ceived	-			

Part '	VIII	Statement of Revenue					
	-			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
	1a	Federated campaigns · · · · · · 1a	20,289				
	b	Membership dues · · · · · · · 1b					
Contri- butions,	С	Fundraising events · · · · · · 1c					
gifts,	d	Related organizations · · · · · · · 1d					
grants and	е	Government grants (contributions) · · 1e					
other sımilar	f	All other contributions, gifts, grants, and similar amounts not included above					
amounts	g	Noncash contributions included in lines 1a-1f \$	•				1
	h	Total. Add lines 1a-1f		20,289			
			Business Code				
	2a						
_	b						
Program Service	С						
Revenue	d						
	е						
	f	All other program service revenue • • • • • •					
	g	Total. Add lines 2a-2f	• • • • • • •			,	•
	3	Investment income (including dividends, interest, other similar amounts)		(725,835) (725,835)	
	4	Income from investment of tax-exempt bond prod	eeds · · · ▶				
	5	Royalties · · · · · · · · · · · · · · · · · · ·	▶				
	}	(i) Real	(ıı) Personal				
	6a	Gross Rents · · · · · · ·					
	Ь	Less rental expenses · · · ·					
	1	Rental income or (loss) • • •					
	d	Net rental income or (loss)	• • • • • • •		<u> </u>		
		Gross amount from sales of assets other than inventory	(II) Other				
•	b	Less cost or other basis and sales expenses • • • •					
o t	С	Gain or (loss) · · · · ·					
h	d	Net gain or (loss)	• • • • • • •				
e r	8a	Gross income from fundraising					•
_		events (not including \$	•				
R e		of contributions reported on line 1c)					
٧		See Part IV, line 18 · · · · · · · · · a					
e n		Less direct expenses · · · · · · b					
u	1	Net income or (loss) from fundraising events •	• • • • • • •			·····	
е		Gross income from gaming activities					
	I	See Part IV, line 19 · · · · · · · · a					
	1	Less direct expenses · · · · · · b					
	í	Net income or (loss) from gaming activities • •	•				
		Gross sales of inventory, less returns and allowances · · · · · · · · a					
		Less cost of goods sold $\cdots \cdots b$					
	С	Net income or (loss) from sales of inventory · ·	• • • • • • •				
		Miscellaneous Revenue	Business Code				
	11a						
	b						
	С						_
		All other revenue					
	i	Total. Add lines 11a-11d	ŀ	4705 546	(725,835	<u> </u>	
	172	Total revenue. See instructions		(705,546	; (/25.835)) 0	

1 01111 330 (2003)

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). (B) Program service expenses (D) Fundraising Do not include amounts reported on lines 6b. (A) Total expenses Management and 7b, 8b, 9b, and 10b of Part VIII. general expenses expenses Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21 8,000 8,000 2 Grants and other assistance to individuals in the U.S. See Part IV, line 22 · · · · · · Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16 Compensation of current officers, directors, trustees, and key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages Pension plan contributions (include section 401(k) and section 403(b) employer contributions) 10 11 Fees for services (non-employees) Legal 650 650 d Professional fundraising services See Part IV, line 17 . a 12 Office expenses · · · · · · · · · 13 Information technology · · · · · · · · 14 15 16 17 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 20 21 Depreciation, depletion, and amortization 22 23 Insurance 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) 993 993 MISCELLANEOUS EXPENSE b C d e 8,000 1,643 0 9,643 Total functional expenses. Add lines 1 through 24f · · 25 Joint Costs. Check here ▶ I if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and

Part X **Balance Sheet** (A) (B) End of year Beginning of year 1 35,946 22,441 Cash - non-interest-bearing 2 2 Pledges and grants receivable, net 3 3 4 4 Accounts receivable, net 5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of 5 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Α 6 s Notes and loans receivable, net 7 7 е 8 Inventories for sale or use 8 9 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 10a 10c Less accumulated depreciation · · · · · · · · · 10b 2,736,430 3,244,992 11 11 364,200 Investments - other securities See Part IV, line 11 12 12 13 Investments - program-related See Part IV, line 11 13 14 14 2,290 15 290 15 3,125,361 16 3,281,228 Total assets. Add lines 1 through 15 (must equal line 34) 16 17 17 Accounts payable and accrued expenses 18 18 19 19 Deferred revenue 20 20 21 21 Escrow or custodial account liability Complete Part IV of Schedule D 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L 22 23 Secured mortgages and notes payable to unrelated third parties 23 е 24 Unsecured notes and loans payable to unrelated third parties 24 218,897 252,621 25 25 218,897 26 252,621 26 Organizations that follow SFAS 117, check here X and complete lines 27 through 29, and lines 33 and 34. NF 1,732,531 27 2,060,561 u 27 n 28 28 d 1,173,933 29 968,046 В Organizations that do not follow SFAS 117, check here ightharpoonsa I and complete lines 30 through 34. а Capital stock or trust principal, or current funds 30 30 n 31 Paid-in or capital surplus, or land, building, or equipment fund 31 C 32 Retained earnings, endowment, accumulated income, or other funds е 32 S 3,028,607 2,906,464 33 33 3,281,228 3,125,361 34

Form 990 (2009)

Pai	rt XI Financial Statements and Reporting			
			Yes	No
1	Accounting method used to prepare the Form 990 Cash X Accrual Other			
	If the organization changed its methods of accounting from a prior year or checked "Other," explain in	i		
	Schedule O			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a	Х	
þ	Were the organization's financial statements audited by an independent accountant?	2b	Х	
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of			
	the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in			
	Schedule O			
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were			
	issued on a consolidated basis, separate basis, or both			
	Separate basis Consolidated basis Both consolidated and separate basis			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in			
	the Single Audit Act and OMB Circular A-133?	3a		
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	3b		

EEA

Form **990** (2009)

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

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.

OMB No 1545-0047 2009

Open to Public Inspection

Employer identification number Name of the organization UNITED WAY OF RIVER CITIES FOUND IN 55~0672482 Reason for Public Charity Status (All organizations must complete this part) See instructions Part I 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) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, 4 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) 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 section 170(b)(1)(A)(vi). (Complete Part II) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) 8 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). 10 X An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the 11 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 c Type III-Functionally integrated a Ⅹ Type! **b** Type II e | X | 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 f organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the g following persons? (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? 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) Provide the following information about the supported organization(s) h (v) Did you notify (vii) Amount of (vi) Is the (i) Name of supported (ii) EIN (iii) Type of organization (iv) Is the organization organization (described on lines 1-9 in col (i) listed in your the organization in organization in col support above or IRC section governing document? col (i) of your (i) organized in the support? US 7 (see instructions)) Yes No Yes 8,000 UNITED WAY OF THE RI 55-0384704 501 (C) 3 X Х Х

Total

8,000

SCHEDULE D (Form 990)

Supplemental Financial Statements

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

OMB No 1545-0047

2009

Department of the Treasury Internal Revenue Service

▶ Attach to Form 990. ▶ See separate instructions.

Open to Public Inspection

Name	of the organization	Employer identification number
UN	ITED WAY OF RIVER CITIES FOUND IN	55-0672482
	organizations Maintaining Donor Advised Funds or Other Similar Fund	ds 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 advisor	ed
	funds are the organization's property, subject to the organization's exclusive legal control?	· · · · · · · · · · · · · · · · · · ·
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be	
	used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other	
	purpose conferring impermissible private benefit?	
Pa		, Part IV, line 7
1	Purpose(s) of conservation easements held by the organization (check all that apply)	
		torically important land area
	Protection of natural habitat Preservation of a certif	•
	Preservation of open space	
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of	of a conservation
_	easement on the last day of the tax year	
		Held at the End of the Tax Year
а	Total number of conservation easements	
b	Total acreage restricted by conservation easements • • • • • • • • • • • • • • • • • • •	
C	Number of conservation easements on a certified historic structure included in (a)	
d	Number of conservation easements included in (c) acquired after 8/17/06 · · · · · · · · · · · · · · · · · · ·	
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by the	
•	the tax year	organization canning
4	Number of states where property subject to conservation easement is located	
5	Does the organization have a written policy regarding the periodic monitoring, inspection, handling of	
•	violations, and enforcement of the conservation easements it holds?	· · · · · · · · · · · · · · · · · · ·
6	Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements du	
•	>	<i>,</i>
7	Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during	the year
•	▶ \$	•
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section	
_	170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?	· · · · · · · · · · · · · · · · · · ·
9	In Part XIV, describe how the organization reports conservation easements in its revenue and expense	e statement, and
_	balance sheet, and include, if applicable, the text of the footnote to the organization's financial stateme	
	the organization's accounting for conservation easements	
Pai	organizations Maintaining Collections of Art, Historical Treasures, o	r 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 ba	lance sheet works of
	art, historical treasures, or other similar assets held for public exhibition, education, or research in furth	erance 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	ce sheet works of art,
	historical treasures, or other similar assets held for public exhibition, education, or research in furtheral	
	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 financia	
-	following amounts required to be reported under SFAS 116 relating to these items	
а	Revenues included in Form 990, Part VIII, line 1 · · · · · · · · · · · · · · · · · ·	> \$
b	Assets included in Form 990, Part X · · · · · · · · · · · · · · · · · ·	
_		· · ·

Pa	ert ill Organizations Maintaining	Collections of A	Art, Historical 1	reasures, or O	ther Similar As	sets (contin	ued)		
3	Using the organization's acquisition, accession,								
	collection items (check all that apply)								
а	Public exhibition	d 🗌 Loan	or exchange progra	ams					
b	Scholarly research	e 🗌 Othe	r						
С	Preservation for future generations								
4	Provide a description of the organization's colle	ctions and explain ho	w they further the or	rganization's exempt	purpose in				
	Part XIV								
5	During the year, did the organization solicit or re	eceive donations of ar	t, historical treasure	es, or other similar					
	assets to be sold to raise funds rather than to be	e maintained as part o	of the organization's	collection?		· Yes	No		
Pa	ert IV Escrow and Custodial Arra								
	Part IV, line 9, or reported an amour	t on Form 990, Part >	(, line 21						
1a	is the organization an agent, trustee, custodian								
	included on Form 990, Part X? • • • • • •					· Yes	No		
þ	If "Yes," explain the arrangement in Part XIV an	d complete the follow	ing table						
					Amo	unt			
C				10					
d	Additions during the year			10	1				
е	Distributions during the year · · · · · ·			16					
f	Ending balance • • • • • • • • • • • • • • • • • • •								
2a	Did the organization include an amount on Form	n 990, Part X, line 213				Yes	No		
b	If "Yes," explain the arrangement in Part XIV								
Pa	Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10								
		(a) Current year	(b) Pnor year	(c) Two years back	(d) Three years back	(e) Four year	s back		
1a	Beginning of year balance								
b	Contributions								
С	Net investment earnings, gains, and losses •						j		
d	Grants or scholarships · · · · · · · · ·								
е	Other expenditures for facilities								
	and programs		<u>_</u>						
f					_				
g	End of year balance · · · · · · · · · [
2	Provide the estimated percentage of the year er	nd balance held as							
а	Board designated or quasi-endowment	%							
b	Permanent endowment								
С	Term endowment ▶ %								
3a	Are there endowment funds not in the possession	on of the organization	that are held and a	dministered for the		<u> </u>			
	organization by					Yes	s No		
	(i) unrelated organizations · · · · · · ·				• • • • • • • • • •	3a(i)			
	(ii) related organizations · · · · · · · ·				• • • • • • • • •	3a(ii)			
ь	If "Yes" to 3a(ii), are the related organizations lis					3b	Ш		
4	Describe in Part XIV the intended uses of the or	·		00 D-4V L 40					
Pai	rt VI Investments - Land, Buildir	ngs, and Equipn	nent. See Form 9	90, Part X, line 10	 				
	Description of investment	(a) Cost or other	basis (b) Cos	t or other (c)	Accumulated	(d) Book valu	ıe		
4.		(investmen	nt) basis	(other) d	epreciation				
1a	Land · · · · · · · · · · · · · · · · · · ·								
b	Buildings								
C	Leasehold improvements · · · · · · · · · · · · · · · · · · ·								
d	Equipment • • • • • • • • • • • • • • • • • • •								
e Total	Other		column (B) line 10/	(2)					
· uai	ii. Aug inies la unough le (Column (u) must equ	air oini 550, Fail A, t	SSIGNIN (D), INC 10(·, ,	· •				

Part VII	Investments - Other Securities.	See Form 990, Part X, line 12		
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market v	
Financial der	rivatives	•		
Closely-held	equity interests · · · · · · · · · · · · · · · · · ·	•		
Other				
				
				
				-
Total. (Column	(b) must equal Form 990, Part X, coi (B) line 12)			
Part VIII	Investments - Program Related.	See Form 990, Part X, line 13		
(1 Q1 C V 111)	(a) Description of investment type	(b) Book value	(c) Method of valuation	
	(a) Description of investment type	(b) Book value	Cost or end-of-year market v	
				
Total. (Column	(b) must equal Form 990, Part X, col (B) line 13)			
Part IX	Other Assets. See Form 990, Part X, line	9 15		
		Description		(b) Book value
CONTRIBUT	TION RECEIVABLE			290
				
				
Total (Colun	nn (b) must equal Form 990, Part X, col (B) line 1	5)		290
Part X	Other Liabilities. See Form 990, Part X,	line 25		
1	(a) Description of liability	(b) Amount		
Federal incor			1	
	- UWRC, INC	252,621	1	
_			1	
			1	
			1	
]	
]	
			1	
Total (Column	(b) must equal Form 990, Part X, ∞l (B) line 25)	252,621	<u> </u>	

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

Par			
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	(705,546)
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	9,643
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	(715,189)
4	Net unrealized gains (losses) on investments	4	1,201,532
5	Donated services and use of facilities	5	
6	Investment expenses · · · · · · · · · · · · · · · · · ·	6	
7	Prior period adjustments · · · · · · · · · · · · · · · · · · ·	7	204,708
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 through 8 · · · · · · · · · · · · · · · · · ·	9	1,406,240
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	691,051
Par	t XII Reconciliation of Revenue per Audited Financial Statements With Revenue pe	r Ret	
1	Total revenue, gains, and other support per audited financial statements · · · · · · · · · · · · · · · · · · ·	1	495,986
	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments	4	
b	Donated services and use of facilities · · · · · · · · · · · · · · · · · · ·	_	
С	Recoveries of prior year grants	_	
d	Other (Describe in Part XIV)		_
	Add lines 2a through 2d · · · · · · · · · · · · · · · · · ·	2e	
	Subtract line 2e from line 1	3	(705,546)
	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) • • • • • • • • • • • • • • • • • •		_
С	Add lines 4a and 4b · · · · · · · · · · · · · · · · · ·	40	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	
	t XIII Reconciliation of Expenses per Audited Financial Statements With Expenses	per	Return
1	Total expenses and losses per audited financial statements	1	9,643
	Amounts included on line 1 but not on Form 990, Part IX, line 25		
	Donated services and use of facilities · · · · · · · · · · · · · · · · · · 2a	_	
	Prior year adjustments · · · · · · · · · · · · · · · · · · ·	4	
С	Other losses · · · · · · · · · · · · · · · · · ·	4	
d	Other (Describe in Part XIV)		_
	Add lines 2a through 2d · · · · · · · · · · · · · · · · · ·	2e	
	Subtract line 2e from line 1	3	9,643
	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
	Investment expenses not included on Form 990, Part VIII, line 7b · · · · · · · · 4a	4	
	Other (Describe in Part XIV)	-	_
	Add lines 4a and 4b · · · · · · · · · · · · · · · · · ·	40	
	Total expenses Add lines 3 and 4c (This must equal Form 990, Part I, line 18)	5	9,643
Par	t XIV Supplemental Information lete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b		
-	b, Part V, line 4, Part X, line 2, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete		
	art to provide any additional information		
uus pe	art to provide any additional information		

Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22. Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22. Patch to Form 990, Part IV, line 21 or 22. Patch to Form 990, Part IV, line 21 or 22. Patch to Form 990, Part IV, line 21 or 22. Patch to Form 990, Part IV, line 21 or 22. Patch to Form 990, Part IV, line 21 or 29. Patch to Form 990, Part IV, line 21 or 29. Patch to Form 990, Part IV, line 21 or 29. Patch to Form 990, Part IV, line 21 or 29. Patch to Form 990, Part IV, line 21 or 29. Patch 20. Patch to Form 990, Part IV, line 21 or 29. Patch 20. Patch 10.	SCHEDULE I (Form 990)		Gove	Governments, and Individuals in the United States	ndividuals in	the United St	. and Individuals in the United States	<u> </u>	0000
The state of the s			Complete	if the organization answ	ered "Yes " to Form	990 Part IV line 21 or	. 32		5002
Bo IN Grants and Assistance Grants and Assistance Grants and Assistance Grants and Assistance In conscious for monitoring the use of grant funds in the United States. Complete if the organization answered Yes'To recedures for monitoring the use of grant funds in the United States. Complete if the organization answered Yes'To recedures for monitoring the use of grant funds in the United States. Complete if the organization answered Yes'To recedures for monitoring the use of grant funds in the United States. Complete if the organization answered Yes'To recent assistance By Ord additional space is needed Grants and Control of the Contr	Department of the Treasury nternal Revenue Service			•	Attach to Form 990.		.	<u> </u>	Open to Public Inspection
Grants and Assistance The substantiant the grants or assistance, the grantees eligibility for the grants or assistance, and grants or assistance. The substantiant the use of grant funds an the United States. Complete if the organization answered "Yes" to reaction the use of grant funds much consistence in the United States. Complete if the organization answered "Yes" to year, and Organizations in the United States. Complete if the organization answered "Yes" to year, and organizations in the United States. Complete if the organization answered "Yes" to year, and organizations in the United States. Complete if the organization answered "Yes" to year, and organizations in the United States. Complete if the organization answered "Yes" to year, and organization and organizations. So the state of grant funds and Organization and	NITED WAY OF RIV	R CITIES FOUN	NI O					Employer identification 55-0672482	number
goals or assistance. The grants or assistance. The granted States and cocadures for monitoring the use of grant funds in the United States. Cocadures for monitoring the use of grant funds in the United States. Cocadures for monitoring the use of grant funds in the United States. Cocadures for monitoring the use of grant funds in the United States. Complete of the received more than \$5,000 Check this box if no one recipient received more than \$5,000 Uses Solor Check this box if no one recipient received more than \$5,000 Uses Solor Check this box if no one recipient received more than \$5,000 Uses Solor Check this box if no one recipient received more than \$5,000 Uses Solor Check this box if no one recipient received more than \$5,000 Uses I applicable to the control of the complete	Part General In	formation on G	Frants and Assist	ance					
Tocadures for monitoring the use of grant funds in the United States. And government or assistance in a session or accordance in a session or assistance or and government organizations. And government organizations in the United States. Complete if the organization answered "Yes" to severe organization and severe organization answered "Yes" to severe organization and severe organization and severe organization and severe organization and government organizations.	1 Does the organizati	on maintain records	to substantiate the am	ount of the grants or assis	tance, the grantees' e	eligibility for the grants	or assistance, and		ا
And government organizations and government organizations and government organizations and government organizations by elogovernment and government and government and government organization answered "Yes" to by elogovernment and government and government organization and government organizations and government organizations. By color fine organization answered "Yes" to one recipient tracking box of the organization and government organizations and government organizations. By conceptual the organization and source that a fine organization are sourced by the organization and government organizations. By conceptual the organization and source that a fine organization and government organizations. By conceptual the organization and and government organization and government organizations.		he organization's pro	grants or assistance of occedures for monitoring	g the use of grant funds in			•		· · X Yes No
(b) EIN (c) RC section (d) Amount of cash (e) Amount of cash (b) Amount of cash sestimate (c) RC section (d) Amount of conclete (c) (d) (d) (d) (d) (d) (d) (d) (d) (d) (d		d Other Assista	ance to Governm	ents and Organizat	ions in the Unit	ed States. Comple	ite if the organization answithan \$5,000. Use	wered "Yes" to	
(b) EIN (c) IRC section (d) Amount of cash (e) Amount of cash (f) Method of elusion of assistance (f) Cock FMV, appraisal, corresponding to the composition of assistance (f) Cock FMV, appraisal, corresponding to the composition of the composition	Part IV and S	chedule I-1 (Form 99	90) if additional space i	s needed			:	•	•
55-0384704 8,000 N/A N/A N/A N/A and government organizations	1 (a) Name and address or governm	of organization ent	(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,	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
55-0384704 8,000 N/A	NITED WAY OF RIV	R CITIES INC					(1910)		
Effet total number of section 501(c)(3) and government organizations	320 MADISON AVE.	25704	55-0384704		8,000		N/A	N/A	OPERATIONS
Enter total number of section 50f(c)(3) and government organizations									
Enter total number of section 501(c)(3) and government organizations									
Enter total number of section 501(c)(3) and government organizations									
Enter total number of section 501(c)(3) and government organizations			5 5 5 5 5 5						
Enter total number of section 501(c)(3) and government organizations									
Enter total number of section 501(c)(3) and government organizations							-		
Enter total number of section 501(c)(3) and government organizations									
Enter total number of section 501(c)(3) and government organizations									
Enter total number of section 501(c)(3) and government organizations									
Enter total number of section 501(c)(3) and government organizations									
Enter total number of section 501(c)(3) and government organizations									
Enter total number of other organizations									
		of section 501(c)(3) and other organizations	and government organi						

Schedule I (Form 990) 2009 (f) Description of non-cash assistance THE ORGANIZATION MAINTAINS RECORDS TO SUBSTANTIATE THE AMOUNT OF GRANTS OF ASSISTANCE, GRANTEE ELIBILITY, AND SELECTION CRITERIA. Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22 Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information (e) Method of valuation (book, FMV, appraisal, other) non-cash assistance (d) Amount of EE (c) Amount of cash grant Use Part IV and Schedule I-1 (Form 990) if additional space is needed (b) Number of recipients 01. Monitoring procedures (Part I, line 2) (a) Type of grant or assistance Part III

Page 2

55-0672482

UNITED WAY OF RIVER CITIES FOUND IN

Schedule 1 (Form 990) 2009

SCHEDULE O (Form 990)

Supplemental Information to Form 990

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

OMB No 1545-0047

2009

Department of the Treasury Internal Revenue Service Name of the organization

Attach to Form 990.

Open to Public Inspection Employer identification number

55-0672482 UNITED WAY OF RIVER CITIES FOUND IN 01. Form 990 governing body review (Part VI, line 11) BOARD MEMBERS REVIEW DURING BOARD MEETING. 02. CEO, executive director, top management comp (Part VI, line 15a) THE FOUNDATION HAS NO PAID EMPLOYEES. 03. Governing documents, etc, available to public (Part VI, line 19) ALL DOCUMENTS ARE AVAILABLE FOR REVIEW AT THE FOUNDATION OFFICE.

SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service

Related Organizations and Unrelated Partnerships Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.

▶ Attach to Form 990.

▶ See separate instructions.

2009

OMB No 1545-0047

Open to Public

Inspection

Employer identification number 55-0672482 Identification of Disregarded Entities (Complete of the organization answered "Yes" on Form 990, Part IV, line 33) UNITED WAY OF RIVER CITIES FOUND IN Name of the organization Part I

(4)	(a)	(၁)	©	(e)	€
Name, address, and EIN of disregarded entrty	Primary activity	Legal domicile (state or foreign country)	Total income	End-of-year assets	Direct controlling entity
Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)	(Complete if the organization	answered "Yes" on F	orm 990, Part IV, line 3	4 because it	
(a)	(q)	(c)	(p)	(e)	(J)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign country)	Exempt Code section	Public charity status (if section 501(c)(3))	Direct controlling entity
UNITED WAY OF THE RIVER CITIES 55-0384704		ΔM	10 10 10 10 10 10 10		
For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form	Form 990.	EEA		8	Schedule R (Form 990) 2009

Schedule R (Form 990) 2009

Part III

55-0672482 Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.)

General or managing partner? Yes No Percentage ownership Schedule R (Form 990) 2009 Ð 3 Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) end-of-year assets Share of Ð Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" on Form 990, Part IV, Disproportionate allocations? S Ξ 9,643 Yes Share of total income Share of end-of-year assets (B) Type of entity (C corp, S corp, or trust) <u>e</u> Share of total income EE line 34 because it had one or more related organizations treated as a corporation or trust during the tax year) Direct controlling € entity ਉ Predominant income (related, unrelated, excluded from tax under sections 512-514) Legal domicile foreign country) ত <u>e</u> Direct controlling entity Primary activity <u>a</u> ਉ Legal domicile (state or foreign country) (c) Primary activity Name, address, and EIN of related organization **(**q) Name, address, and EIN of related organization <u>e</u> Part IV

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

55-0672482

S

Part V

Schedule R (Form 990) 2009 Amount involved Yes ত্ত 3 5 9 4 4 c Gift, grant, or capital contribution from other organization(s) e Loans or loan guarantees by other organization(s) b Gift, grant, or capital contribution to other organization(s) q Other transfer of cash or property to other organization(s) 2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds Transaction type (a-r) 9 1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV? Performance of services or membership or fundraising solicitations by other organization(s) Performance of services or membership or fundraising solicitations for other organization(s) Name of other organization Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule Sharing of facilities, equipment, mailing lists, or other assets Other transfer of cash or property from other organization(s) Reimbursement paid by other organization for expenses Reimbursement paid to other organization for expenses Sale of assets to other organization(s) Exchange of assets Ε ۵ € 3 **⊕** <u>₹</u> 9 9

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

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

(a)	(q)	p) (3) (q)	(D)		(e)	€	(b)	3	}
EIN of entity	Prime	Legal domicile	Are all pa	arthers		Jenroportionate		General	ō
		(state or foreign	section 501(c)(3)	uo (E)	end-of-year	allocations?	amount in box 20	managing	5 6
			organiza	ations?	200000		(Form 1065)	Ĕ	<u>.</u>
			Yes	શ્		Yes No		Yes	8
			į						1
									1
									1
							1		
			EEA	_			Schedule R (Form 990) 2009	orm 990) 20	8