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Form 990

Return of Organization Exempt From Income Tax

OMB No 1545-0047

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

2009

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

A For the 2009 calendar year, or tax year beginning , 2009, and ending , 20	
B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization <u>STILLWATER AREA UNITED WAY, INC</u> Doing Business As Number and street (or P.O. box if mail is not delivered to street address) Room/suite <u>109 E. 9TH</u> City or town, state or country, and ZIP + 4 <u>STILLWATER OK 74074</u>
	D Employer identification number <u>73-0602756</u>
	E Telephone number <u>(405) 377-2161</u>
	G Gross receipts \$ <u>812,754</u>
	F Name and address of principal officer: H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) H(c) Group exemption number
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527	
J Website: <u>WWW.STILLWATERUNITEDWAY.ORG</u>	
K Form of organization: <input type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other	L Year of formation M State of legal domicile

Part I Summary	
1 Briefly describe the organization's mission or most significant activities <u>UNITED WAY RAISED FUNDS TO SUPPORT/DISTRIBUTE TO 24 NON-PROFIT AGENCIES WHICH SERVE AND ASSIST IN EXCESS OF 40,000 PAYNE COUNTY RESIDENTS.</u>	
2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.	
ACTIVITIES & GOVERNANCE	3 Number of voting members of the governing body (Part VI, line 1a) <u>36</u>
	4 Number of independent voting members of the governing body (Part VI, line 1b) <u>36</u>
	5 Total number of employees (Part V, line 2a) <u>2</u>
	6 Total number of volunteers (estimate if necessary) <u>794</u>
	7a Total gross unrelated business revenue from Part VIII, column (C), line 12 <u>0</u> 7b Net unrelated business taxable income from Form 990-T, line 34 <u>0</u>
REVENUE	8 Contributions and grants (Part VIII, line 1) <u>754,113</u>
	9 Program service revenue (Part VIII, line 2g) <u>749,448</u>
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) <u>6,480</u>
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) <u>45,443</u>
	12 Total revenue -- add lines 8 through 11 (must equal Part VIII, column (A), line 12) <u>799,839</u>
	13 Grants and similar amounts paid (Part IX, column (A), line 1-3) <u>671,274</u>
	14 Benefits paid to or for members (Part IX, column (A), line 4) <u>635,936</u>
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) <u>84,965</u>
	16a Professional fundraising fees (Part IX, column (A), line 11e) <u>74,345</u>
	b Total fundraising expenses (Part IX, column (D), line 25) <u>25,032</u>
EXPENSES	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) <u>45,401</u>
	18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) <u>766,302</u>
	19 Revenue less expenses. Subtract line 18 from line 12 <u>33,537</u>
	20 Total assets (Part X, line 16) <u>1,052,848</u>
	21 Total liabilities (Part X, line 26) <u>807,612</u>
	22 Net assets or fund balances Subtract line 21 from line 20 <u>278,773</u>

Part II Signature Block	
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.	
Sign Here Signature of officer <u>Sheri Carter</u> Type or print name and title <u>Sheri Carter, Executive Director</u>	Date <u>7-15-10</u>
Preparer's signature <u>Megan M. Stone</u> Firm's name (or yours if self-employed), address, and ZIP + 4 <u>DUGGER & CO CPAS PC PO BOX 1713 STILLWATER, OK 74076</u>	Date <u>7-7-10</u> Check if self-employed <input type="checkbox"/> Preparer's identifying number (see instr.) <u>000641369</u> EIN <u>73-1346562</u> Phone no. <u>(405) 372-3909</u>

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

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2009)

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Part III Statement of Program Service Accomplishments**1** Briefly describe the organization's mission:

UNITED WAY RAISED FUNDS TO SUPPORT/DISTRIBUTE TO 24 NON-PROFIT
AGENCIES WHICH SERVE AND ASSIST IN EXCESS OF 40,000 PAYNE COUNTY
RESIDENTS.

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

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

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

If "Yes," describe these changes on Schedule O.

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported**4a** (Code _____) (Expenses \$ 680,837 including grants of \$ _____) (Revenue \$ _____)
SEE ATTACHMENT #1**4b** (Code _____) (Expenses \$ _____ including grants of \$ _____) (Revenue \$ _____)**4c** (Code _____) (Expenses \$ _____ including grants of \$ _____) (Revenue \$ _____)**4d** Other program services (Describe in Schedule O.)

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

4e Total program service expenses ► \$ 680,837

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A.	X	
2 Is the organization required to complete Schedule B, Schedule of Contributors?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I.		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II.		X
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. N/A		
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.		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II.		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III.		X
9 Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV.		X
10 Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V.		X
11 Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		X
• Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete 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.	X	
12A Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional.	Yes X	No X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E.		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I.		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Part II.		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.		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I.		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II.	X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III.		X
20 Did the organization operate one or more hospitals? If "Yes," complete Schedule H.		X

Part IV Checklist of Required Schedules (continued)

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

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

Section A. Governing Body and Management

	Yes	No
1a Enter the number of voting members of the governing body	1a 36	
b Enter the number of voting members that are independent	1b 36	
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	X
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	X
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	X
7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a	X
b Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b	X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following.		
a The governing body?	8a X	
b Each committee with authority to act on behalf of the governing body?	8b	X
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.	9a	X

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

	Yes	No
10a Does the organization have local chapters, branches, or affiliates?	10a	X
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 N/A	
11 Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11 X	
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 X	
b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b X	
c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done.	12c X	
13 Does the organization have a written whistleblower policy?	13 X	
14 Does the organization have a written document retention and destruction policy?	14 X	
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision:		
a The organization's CEO, Executive Director, or top management official?	15a X	
b Other officers or key employees of the organization?	15b X	
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?	16a	X
b If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b N/A	

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ► OK

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
☐ Own website ☐ Another's website ☒ Upon request

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

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization ► SEE ATTACHMENT #2

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 compensate any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)							(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		INDIVIDUAL	DIRECTOR	TRUSTEE	OFFICER	KEY EMPLOYEE	HIGHEST COMPENSATED	FORMER			
SHERIDAN K CARTER EXECUTIVE DIRECTOR	50.00	X					X		55,600	0	5,658
KIMBERLY S HALL ADMINISTRATIVE ASSISTANT	40.00					X			23,066	0	4,715
SHAWNA GOODWIN PRESIDENT					X				0	0	0
JOHNNY ROGERS VICE PRESIDENT					X				0	0	0
LINDA MCPHERSON TREASURER					X				0	0	0
PATRICIA HUFFMAN PRESIDENT-ELECT					X				0	0	0

Part VIII		Statement of Revenue		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
OTHER CONTRIBUTIONS SIMILAR AMOUNTS	1a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, & similar amounts not included above	1f	749,448				
	g Noncash contributions included in lines 1a-1f		\$				
	h Total. Add lines 1a-1f			749,448			
PROGRAM SERVICE REVENUE	2a	Business Code					
	b						
	c						
	d						
	e						
	f All other program service revenue						
	g Total. Add lines 2a-2f						
OTHER REVENUE	3 Investment income (including dividends, interest, and other similar amounts)			4,948			
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6a Gross Rents	(i) Real	(ii) Personal				
	b Less: rental expenses	5,878					
	c Rental income or (loss)	1,495					
	d Net rental income or (loss)	4,383		4,383			
	7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
	b Less: cost or other basis and sales expenses						
	c Gain or (loss)						
	d Net gain or (loss)						
	8a Gross income from fundraising events (not including \$ of contributions reported on line 1c) See Part IV, line 18	a	45,460				
	b Less: direct expenses	b	11,420				
	c Net income or (loss) from fundraising events			34,040			
	9a Gross income from gaming activities See Part IV, line 19	a					
	b Less: direct expenses	b					
	c Net income or (loss) from gaming activities						
10a Gross sales of inventory, less returns and allowances	a						
b Less: cost of goods sold	b						
c Net income or (loss) from sales of inventory							
Miscellaneous Revenue		Business Code					
11a VOLUNTEER CENTER			5,118	5,118			
b DAY OF CARING INCOME			1,797	1,797			
c MISCELLANEOUS INCOME			105	105			
d All other revenue							
e Total. Add lines 11a-11d			7,020				
12 Total revenue. See instructions			799,839	7,020			

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	635,936	635,936		
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	52,000	26,000	13,000	13,000
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	23,208	11,604	5,802	5,802
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	3,760	1,880	940	940
9 Other employee benefits				
10 Payroll taxes	5,997	2,999	1,499	1,499
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	7,254	2,418	4,836	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other				
12 Advertising and promotion				
13 Office expenses	1,431		1,431	
14 Information technology				
15 Royalties				
16 Occupancy				
17 Travel				
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 #3	3,063		3,063	
23 Insurance	9,821		9,821	
24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
a DUES	9,314		9,314	
b CAMPAIGN EXPENSES	3,791			3,791
c UTILITIES	1,861		1,861	
d LEASE EXPENSE	1,758		1,758	
e BANK CHARGES	1,672		1,672	
f All other expenses #4	5,436		5,436	
25 Total functional expenses. Add lines 1 through 24f	766,302	680,837	60,433	25,032
26 Joint costs. Check here <input type="checkbox"/> if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

		(A) Beginning of year		(B) End of year
A S S E T S	1 Cash -- non-interest bearing	129,165	1	69,318
	2 Savings and temporary cash investments	521,212	2	649,163
	3 Pledges and grants receivable, net	366,094	3	392,994
	4 Accounts receivable, net		4	
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges		9	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D.	10a 106,381		
	b Less: accumulated depreciation	10b 60,737	36,377	10c 45,644
	11 Investments -- publicly traded securities		11	
	12 Investments -- other securities. See Part IV, line 11		12	
	13 Investments -- program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
15 Other assets. See Part IV, line 11		15		
16 Total assets. Add lines 1 through 15 (must equal line 34)	1,052,848	16	1,157,119	
L I A B I L I T I E S	17 Accounts payable and accrued expenses	111,810	17	56,079
	18 Grants payable	695,802	18	822,267
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities. Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25	807,612	26	878,346
N E T F U N D A S S E T B A L A N C E S	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	245,236	27	278,773
	28 Temporarily restricted net assets		28	
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	245,236	33	278,773
	34 Total liabilities and net assets/fund balances	1,052,848	34	1,157,119

Part XI Financial Statements and Reporting

1 Accounting method used to prepare the Form 990. ☐ Cash ☒ Accrual ☐ Other _____
 If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.

2a Were the organization's financial statements compiled or reviewed by an independent accountant?

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

c If "Yes" to lines 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?

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?

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 . . . N/A

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

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.

OMB No. 1545-0047

2009

**Open to Public
Inspection**

▶ **Attach to Form 990 or Form 990-EZ.** ▶ **See separate instructions.**

Name of the organization

STILLWATER AREA UNITED WAY, INC

Employer identification number

73-0602756

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions

The organization is not a private foundation because it is. (For lines 1 through 11, check only one box.)

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E.)
- 3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state _____
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 ☐ An organization that normally receives: (1) more than 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions--subject to certain exceptions, and (2) no more than 33 1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 10 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h

a ☐ Type I b ☐ Type II c ☐ Type III-Functionally integrated d ☒ Type III-Other

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

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

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

- (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?
- (ii) A family member of a person described in (i) above?
- (iii) A 35% controlled entity of a person described in (i) or (ii) above?

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

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

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U S ?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
SEE ATTACHMENT #5									
Total									628,815

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

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

2009

**Open to Public
Inspection**

Name of the organization

STILLWATER AREA UNITED WAY, INC

Employer identification number

73-0602756

Part I

Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if
the organization answered "Yes" to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		<input type="checkbox"/> Yes <input type="checkbox"/> No
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?		<input type="checkbox"/> Yes <input type="checkbox"/> No

Part II

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

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

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or pleasure)	<input type="checkbox"/> Preservation of an historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	

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

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

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ►

4 Number of states where property subject to conservation easement is located ►

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ►

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ► \$

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

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

Part III

Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

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

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

(i) Revenues included in Form 990, Part VIII, line 1	► \$	
(ii) Assets included in Form 990, Part X	► \$	

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

a Revenues included in Form 990, Part VIII, line 1	► \$	
b Assets included in Form 990, Part X	► \$	

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

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply).

a ☐ Public exhibition

b ☐ Scholarly research

c ☐ Preservation for future generations

d ☐ Loan or exchange programs

e ☐ Other _____

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV and complete the following table:

	Amount
1c	
1d	
1e	
1f	

c Beginning balance

d Additions during the year

e Distributions during the year

f Ending balance

2a Did the organization include an amount on Form 990, Part X, line 21? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV

Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

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

a Board designated or quasi-endowment ☐ _____ %

b Permanent endowment ☐ _____ %

c Term endowment ☐ _____ %

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

(i) unrelated organizations

(ii) related organizations

	Yes	No
3a(i)		
3a(ii)		
3b		

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

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

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

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment				
e Other				

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

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
Financial derivatives		
Closely-held equity interests		
Other		
Total. (Column (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 valuation: Cost or end-of-year market value
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	

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

1. (a) Description of liability	(b) Amount
Federal income taxes	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	

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.

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

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	799,839
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	766,302
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	33,537
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	9	
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	33,537

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements	1	812,756
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	2a	
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV.)	2d	12,917
e	Add lines 2a through 2d	2e	12,917
3	Subtract line 2e from line 1	3	799,839
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV.)	4b	
c	Add lines 4a and 4b	4c	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	799,839

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

1	Total expenses and losses per audited financial statements	1	779,219
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV.)	2d	12,917
e	Add lines 2a through 2d	2e	12,917
3	Subtract line 2e from line 1	3	766,302
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV.)	4b	
c	Add lines 4a and 4b	4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	766,302

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2; Part XI, line 8, Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

SEE DETAIL STATEMENTS ON LAST PAGE OF RETURN FOR DIFFERENCES BETWEEN THE TOTAL REVENUES PER THE AUDITED FINANCIAL STATEMENTS AND THE TAX RETURN.

SEE DETAIL STATEMENTS ON LAST PAGE OF RETURN FOR DIFFERENCES BETWEEN THE TOTAL EXPENSES PER THE AUDITED FINANCIAL STATEMENTS AND THE TAX RETURN.

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

REVENUE		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		GOLF TOURNAM (event type)	JUKE JOINT J (event type)	(total number)	(Add col. (a) through col. (c))
1	Gross receipts	36,460	9,000		45,460
2	Less: Charitable contributions				
3	Gross income (line 1 minus line 2)	36,460	9,000		45,460
DIRECT EXPENSES	4	Cash prizes			
	5	Noncash prizes			
	6	Rent/facility costs			
	7	Food and beverages			
	8	Entertainment			
	9	Other direct expenses	11,420		
10	Direct expense summary. Add lines 4 through 9 in column (d)				(11,420)
11	Net income summary. Combine line 3, column (d), and line 10				34,040

Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

REVENUE		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) thru col. (c))
		1	Gross revenue		
DIRECT EXPENSES	2	Cash prizes			
	3	Noncash prizes			
	4	Rent/facility costs			
	5	Other direct expenses			
6	Volunteer labor	<input checked="" type="checkbox"/> Yes _____ % <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes _____ % <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes _____ % <input checked="" type="checkbox"/> No	
7	Direct expense summary. Add lines 2 through 5 in column (d)				()
8	Net gaming income summary. Combine line 1, column d, and line 7				

	Yes	No
9 Enter the state(s) in which the organization operates gaming activities: _____		
a Is the organization licensed to operate gaming activities in each of these states?	9a	X
b If "No," explain: _____		
10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?	10a	X
b If "Yes," explain: _____		
11 Does the organization operate gaming activities with nonmembers?	11	X
12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?	12	X

Yes No

13 Indicate the percentage of gaming activity operated in

- | | | |
|--|------------|---|
| a The organization's facility | 13a | % |
| b An outside facility | 13b | % |

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records.

Name ► _____

Address ► _____

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?**15a**

X

- b**
- If "Yes," enter the amount of gaming revenue received by the organization ► \$ _____ and the amount of gaming revenue retained by the third party ► \$ _____.

- c**
- If "Yes," enter name and address of the third party:

Name ► _____

Address ► _____

16 Gaming manager information:

Name ► _____

Gaming manager compensation ► \$ _____

Description of services provided ► _____

☐ Director/officer☐ Employee☐ Independent contractor**17** Mandatory distributions:

- a**
- Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?

17a

X

- b**
- Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ _____

Name of the organization
STILLWATER AREA UNITED WAY, INC

Employer identification number
73-0602756

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☒ Yes ☐ No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States ☐

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AMERICAN RED CROSS 114 W 8TH STILLWATER OK 74074	73-0579222	501(C)(3)	41,166				GENERAL SUPPORT
AMERICAN RED CROSS 114 W 8TH STILLWATER OK 74074	73-0579222	501(C)(3)	1,287				MANIKINS
BIG BROTHERS BIG SISTERS 1513 S SANGRE ROAD STILLWATER OK 74074	73-1076608	501(C)(3)	36,763				GENERAL SUPPORT
BOYS SCOUTS 400 W 7TH STILLWATER OK 74074	73-0579250	501(C)(3)	7,176				GENERAL SUPPORT
CONSUMER CREDIT COUNSELING 118 W 8TH STILLWATER OK 74074	73-0766646	501(C)(3)	4,372				GENERAL SUPPORT
EDWIN FAIR MENTAL HEALTH CENTER 102 FIR PERRY OK 73077	73-6113221	501(C)(3)	39,847				GENERAL SUPPORT
EDWIN FAIR MENTAL HEALTH CENTER 102 FIR PERRY OK 73077	73-6113221	501(C)(3)	4,500				RESURFACING PARKING LOT
GIRL SCOUTS, MAGIC EMPIRE							GENERAL SUPPORT

2 Enter total number of section 501(c)(3) and government organizations. 31

3 Enter total number of other organizations. 31

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.					

Continuation Sheet for Schedule I (Form 990)

▶ Attach to Form 990 to list additional information for
Schedule I (Form 990), Part II or Part III.

OMB No. 1545-0047

2009

Open to Public
Inspection

Name of the organization

STILLWATER AREA UNITED WAY, INC

Employer identification number

73-0602756

Part I Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COUNCIL 315 W 12TH AVE STILLWATER OK 74074 LEGAL AID OF WESTERN OKLAHOMA	73-0579240	501 (C) (3)	6,721				GENERAL SUPPORT
312 S DUCK STILLWATER OK 74074 LIFE ADULT DAYCARE CENTER 411 W MATTHEWS	73-1298893	501 (C) (3)	10,885				GENERAL SUPPORT
STILLWATER OK 74075 MISSION OF HOPE 1804 S. PERKINS	73-1184845	501 (C) (3)	25,935				GENERAL SUPPORT
STILLWATER OK 74074 MOBILE MEALS 1323 W. 6TH AVE	73-0772341	501 (C) (3)	49,359				GENERAL SUPPORT
STILLWATER OK 74074 PAYNE COUNTY CASA 315 W. 6TH	73-1337911	501 (C) (3)	27,546				GENERAL SUPPORT
STILLWATER OK 74074 PAYNE COUNTY DRUG COURT 217 W. 5TH	73-1396936	501 (C) (3)	16,376				GENERAL SUPPORT
STILLWATER OK 74074 PAYNE COUNTY YOUTH SERVICES	73-1573279	501 (C) (3)	14,695				GENERAL SUPPORT
2224 W 12TH STILLWATER OK 74074 PAYNE COUNTY YOUTH SERVICES	73-1093612	501 (C) (3)	32,951				2 NEW DOORS
2224 W 12TH STILLWATER OK 74074 SALVATION ARMY 1101 S. LOWRY	73-1093612	501 (C) (3)	2,300				GENERAL SUPPORT

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

Schedule I-1 (Form 990) 2009

Continuation Sheet for Schedule I (Form 990)

▶ Attach to Form 990 to list additional information for
Schedule I (Form 990), Part II or Part III.

OMB No 1545-0047

2009

Open to Public
inspection

Name of the organization

STILLWATER AREA UNITED WAY, INC

Employer identification number

73-0602756

Part I Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
STILLWATER OK 74074 SAVILLE CENTER 1523 W 9TH	73-0579266	501(C)(3)	20,153				GENERAL SUPPORT
STILLWATER OK 74074 SAVILLE CENTER 1523 W 9TH	73-0579266	501(C)(3)	9,980				COLPOSCOPE
STILLWATER OK 74074 SHELTERED WORKSHOP FOR PAYNE COUNTY 516 EXPO CIRCLE	73-0579266	501(C)(3)	4,441				GENERAL SUPPORT
STILLWATER OK 74074 STARTING POINT II 608 HIGH POINT DRIVE	73-0799560	501(C)(3)	39,865				GENERAL SUPPORT
STILLWATER OK 74075 STARTING POINT II 608 HIGH POINT DRIVE	73-0990986	501(C)(3)	23,997				SINK INSTALLATION
STILLWATER OK 74075 SMART START, PAYNE COUNTY 1601 S. MAIN	73-0990986	501(C)(3)	4,638				GENERAL SUPPORT
STILLWATER OK 74074 SMART START, PAYNE COUNTY 1601 S. MAIN	84-1640787	501(C)(3)	18,216				COMPUTER EQUIPMENT
STILLWATER OK 74074 STILLWATER COMMUNITY HEALTH CENTER 1321 W. 7TH AVE	84-1640787	501(C)(3)	2,593				GENERAL SUPPORT
STILLWATER OK 74074 STILLWATER DOMESTIC VIOLENCE SERVICE 115 E 4TH AVE	73-0772341	501(C)(3)	61,098				GENERAL SUPPORT
STILLWATER OK 74074 STILLWATER DOMESTIC	73-1097811	501(C)(3)	54,514				PORTABLE

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

Schedule I-1 (Form 990) 2009

(Form 990)

Department of the Treasury
Internal Revenue Service

► Attach to Form 990 to list additional information for Schedule I (Form 990), Part II or Part III.

2009

Open to Public Inspection

Name of the organization

Employer Identification number

STILLWATER AREA UNITED WAY, INC

73-0602756

Part I	Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part I.)
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(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
VIOLENCE SERVICE 115 E. 4TH AVE STILLWATER OK 74074 STILLWATER GROUP HOMES 904 W. 11TH STILLWATER OK 74074 STILLWATER INTERFAITH COUNSELING 306 W 7TH AVE STILLWATER OK 74074 STILLWATER LITERACY COUNCIL 1107 S. DUCK STILLWATER OK 74074 STILLWATER LITERACY COUNCIL 1107 S. DUCK STILLWATER OK 74074 STILLWATER YMCA 204 S DUCK STILLWATER OK 74074 STILLWATER YMCA 204 S DUCK STILLWATER OK 74074 NORTH CENTRAL 2-1-1 2615 E. RANDOLPH ENID OK 73701 CANADIAN COUNTY 4-H PO BOX 519 EL RENO OK 73036 OK MEDICAL FOUNDATION 825 NE 13TH STREET	73-1097811 73-1163767 73-1544869 73-1355973 73-1355973 73-0674204 73-0674204 73-1116755 73-1535976	501 (C) (3) 501 (C) (3) 501 (C) (3) 501 (C) (3) 501 (C) (3) 501 (C) (3) 501 (C) (3) 501 (C) (3)	550 4,673 2,575 4,655 591 53,029 1,368 5,000 186				PROJECTION SCREEN GENERAL SUPPO GENERAL SUPPO GENERAL SUPPO BOOKS GENERAL SUPPO TELEVISION AN PROJECTOR NEEDS ASSESSMENT PASS THROUGH FUNDS PASS THROUGH FUNDS

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

Schedule I-1 (Form 990) 2009

Continuation Sheet for Schedule I (Form 990)

▶ Attach to Form 990 to list additional information for
Schedule I (Form 990), Part II or Part III.

OMB No. 1545-0047
2009

Open to Public
inspection

Name of the organization

STILLWATER AREA UNITED WAY, INC

Employer identification number
73-0602756

Part I	Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II)						
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
OKLAHOMA CITY OK 73104 UNITED WAY OF LOGAN COUNTY PO BOX 1602	73-0580274	501 (C) (3)	237				PASS THROUGH FUNDS
GUTHRIE OK 73044 PONCA CITY UNITED WAY 205 N. 2ND	73-1279596	501 (C) (3)	114				PASS THROUGH FUNDS
PONCA CITY OK 74601 TULSA AREA UNITED WAY PO BOX 1859	73-0726446	501 (C) (3)	62				PASS THROUGH FUNDS
TULSA OK 74101 UNITED WAY METRO OKLAHOMA PO BOX 837	73-0580283	501 (C) (3)	1,365				PASS THROUGH FUNDS
OKLAHOMA CITY OK 73101	73-0589829	501 (C) (3)	157				PASS THROUGH FUNDS

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

Schedule I-1 (Form 990) 2009

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

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

► Attach to Form 990.

OMB No 1545-0047

2009

Open to Public
Inspection

Name of the organization

STILLWATER AREA UNITED WAY, INC

Employer identification number

73-0602756

PART VI 11A-THE BOARD OF DIRECTORS REVIEWS THE FORM 990 BEFORE IT IS
FILED WITH THE INTERNAL REVENUE SERVICE AND STATE OF OKLAHOMA.

PART VI 12C-VOLUNTEERS AND EMPLOYEES SHALL COMPLETE A CONFLICT OF
INTEREST DISCLOSURE STATEMENT AND AFFIRMATION OF COMPLIANCE ANNUALLY.
THEY ALSO SHALL DISCLOSE ANY ACTUAL OR POTENTIAL CONFLICT OF INTEREST AS
SOON AS IT IS KNOWN, OR REASONABLY SHOULD BE KNOWN.

PART VI 15-THE EXECUTIVE DIRECTOR SHALL BE EVALUATED ANNUALLY ON HIS/HER
PERFORMANCE BY THE BOARD PRESIDENT WITH INPUT PROVIDED BY MEMBERS OF THE
EXECUTIVE COMMITTEE. A RECOMMENDATION FOR CHANGES IN COMPENSATION WILL
BE MADE TO THE EXECUTIVE COMMITTEE BY THE BOARD PRESIDENT
THE EXECUTIVE DIRECTOR'S COMPENSATION IS BASED ON MARKET COMPETITIVE PAY
FOR KNOWLEDGE/SKILLS AND INCENTIVE FOR PERFORMANCE

PERFORMANCE EVALUATIONS OF ALL OTHER EMPLOYEES WILL BE CONDUCTED BY THE
EXECUTIVED DIRECTOR AT 6-MONTH INTERVALS DURING AND EMPLOYEE'S FIRST YEAR
WITH UNITED WAY. ANNUAL REVIEWS WILL BE CONDUCTED THEREAFTER.

PART III - STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENT

ATTACHMENT 1: PAGE 1 - 990 PAGE 2, PART III

OPEN TO PUBLIC INSPECTION	For calendar year 2009, or tax period beginning , and ending .
Name of Organization STILLWATER AREA UNITED WAY, INC	Employer Identification Number 73-0602756
Part III - Statement of Program Service Accomplishments	
Code.	Expenses 680,837 including Grants of Revenue.
Exempt Purpose Achievements	

NONE

BOOKS ARE IN CARE OF

ATTACHMENT 2: FORM 990 PAGE 6, PART VI, SECTION C, LINE 20

OPEN TO PUBLIC INSPECTION	For calendar year 2009 or tax period beginning , and ending
Name of Organization STILLWATER AREA UNITED WAY, INC	Employer Identification Number 73-0602756
Part VI - Line 91a	

Individual Name UNITED WAY
or
Business Name'

Street Address 109 E. 9TH STREET, STILLWATER, OK

U S. Address:

Zip code 74074 City State

or

Foreign Address

City

Province or State

Country

Postal code

Phone Number (405) 377-2161

Fax Number

SCHEDULE OF DEPRECIATION AND DEPLETION

ATTACHMENT 3: FORM 990 PAGE 10, PART IX, LINE 22

OPEN TO PUBLIC
INSPECTION

For Calendar year 2009, or tax year period beginning

and ending

Name of Organization

STILLWATER AREA UNITED WAY, INC

Employer Identification Number

73-0602756

Description of Property	Date Acquired	Cost or Other Basis	Prior Year Depreciation	Method of Computation	Rate (%) or Life (Years)	Depreciation This Year
EQUIPMENT		106,381	53,974			3,063
Total						3,063

ATTACHMENT 4: FORM 990 PAGE 10, LINE 24 - OTHER EXPENSES

For calendar year 2009 or tax period beginning

, and ending

Employer Identification Number

73-0602756

Total

INFORMATION ABOUT SUPPORTED ORGANIZATIONS

ATTACHMENT 5: SCH A PAGE 1, PART I, LINE 11H - INFO ABOUT SUPPORTED ORGS

OPEN TO PUBLIC INSPECTION For calendar year 2009 or tax period beginning , and ending .

Name of Organization
STILLWATER AREA UNITED WAY, INC

Employer Identification Number
73-0602756

(a) Name(s) of Supported Organization(s)	Employer EIN	Line No (1 to 9) or IRC Section	Governing Documents	Notify org. of support	Organization in the U S	Amount of Support
AMERICAN RED CROSS	73-0579222	7	X	X	X	42,453
BIG BROTHERS BIG SISTERS	73-1076608	7	X	X	X	36,763
BOY SCOUTS	73-0579250	7	X	X	X	7,176
CONSUMER CREDIT COUNSELING	73-0766646	7	X	X	X	4,372
EDWIN FAIR MENTAL HEALTH CENTER	73-6113221	7	X	X	X	44,347
GIRL SCOUTS, MAGIC EMPIRE COUNCIL	73-0579240	7	X	X	X	6,721
LEGAL AID OF WESTERN OKLAHOMA	73-1298893	7	X	X	X	10,885
LIFE ADULT DAYCARE CENTER	73-1184845	7	X	X	X	25,935
MISSION OF HOPE	73-0772341	7	X	X	X	49,359
MOBILE MEALS	73-1337911	7	X	X	X	27,546
PAYNE COUNTY CASA	73-1396936	7	X	X	X	16,376
PAYNE COUNTY DRUG COURT	73-1573279	7	X	X	X	14,695
PAYNE COUNTY YOUTH SERVICES	73-1093612	7	X	X	X	35,251
SALVATION ARMY	73-0579266	7	X	X	X	20,153
SAVILLE CENTER	73-0579266	7	X	X	X	14,421
SHELTERED WORKSHOP FOR PAYNE COUNTY	73-0799560	7	X	X	X	39,865
STARTING POINT II	73-0990986	7	X	X	X	28,635
SMART START, PAYNE COUNTY	84-1640787	7	X	X	X	20,809
STILLWATER COMMUNITY HEALTH CENTER	73-0772341	7	X	X	X	61,098
STILLWATER DOMESTIC VIOLENCE SERVICE	73-1097811	7	X	X	X	55,064
STILLWATER GROUP HOMES	73-1163767	7	X	X	X	4,673
STILLWATER INTERFAITH COUNSELING	73-1544869	7	X	X	X	2,575
STILLWATER LITERACY COUNCIL	73-1355973	7	X	X	X	5,246
STILLWATER YMCA	73-0674204	7	X	X	X	54,397

2009 DETAIL STATEMENTS

STILLWATER AREA UNITED WAY, IN
73-0602756

PAGE 1

STATEMENT #1 - AMOUNTS INCLUDED ON FORM 990 (SCH D PG 4 LINE 2D)

FUNDRAISING EXPENSES.....	11,420
RENTAL EXPENSES.....	1,495
ROUNDING.....	2

TOTAL CARRIED TO SCH D PG 4 LINE 2D.....	12,917
--	--------

STATEMENT #2 - AMOUNT INCLUDED ON FORM 990 (SCH D PG 4 LINE 2D)

FUNDRAISING EXPENSES.....	11,420
RENTAL EXPENSES.....	1,495
ROUNDING.....	2

TOTAL CARRIED TO SCH D PG 4 LINE 2D.....	12,917
--	--------

**Application for Extension of Time To File an
Exempt Organization Return**

OMB No. 1545-1709

► **File a separate application for each return.**

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box ☒ **X**
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form)

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed)

A corporation required to file Form 990-T and requesting an automatic 6-month extension -- check this box and complete Part I only ☐

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns

Electronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile and click on e-file for Charities & Nonprofits

Type or print	Name of Exempt Organization STILLWATER AREA UNITED WAY, INC	Employer identification number 73-0602756
File by the due date for filing your return. See instructions	Number, street, and room or suite no. If a P.O. box, see instructions 109 E. 9TH	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions STILLWATER OK 74074	

Check type of return to be filed (file a separate application for each return)

- | | | |
|--|---|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation) | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL | <input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 990-T (trust other than above) | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF | <input type="checkbox"/> Form 1041-A | <input type="checkbox"/> Form 8870 |

- The books are in the care of ► SEE ATTACHMENT #1

Telephone No. ► _____ FAX No. ► _____

- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____ If this is for the whole group, check this box ☐ If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension will cover

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until AUGUST 15, 20 10, to file the exempt organization return for the organization named above. The extension is for the organization's return for

- ☒ calendar year 20 09 or
- ☐ tax year beginning _____, 20 _____, and ending _____, 20 _____

2 If this tax year is for less than 12 months, check reason ☐ Initial return ☐ Final return ☐ Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0
b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0
c Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

For Privacy Act and Paperwork Reduction Act Notice, see Instructions.

Form **8868** (Rev. 4-2009)

CERTIFIED MAIL # 7008 2810 0001 6043 9/88