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# Form'

Department of the Treasury

## **Return of Organization Exempt From Income Tax**

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

OMB No 1545-0047 2009 Open to Public

Internal Re	venue Serv	/ICE	I ne organization may have to use a copy of this return to satisfy state report	rting require	ements.	Inspection
A For th	he 2009 ca		ar, or tax year beginning , and ending			
B Check if	f applicable	Please use IRS	C Name of organization		D Emplo	yer identification number
Address	s change	label or	UNITED FUND OF WOODWARD, INC.	_		
Name cl	hange	print or	Doing Business As		73-	0673492
Initial re	etum	type.	Number and street (or P O box if mail is not delivered to street address)  PO BOX 584	n/suite	•	one number 1-254-5930
Termina	ation	Specific	City or town, state or country, and ZIP + 4		G Gross rece	
Amende	ed return	Instruc- tions.	WOODWARD OK 73802-0584	ŀ	G Gloss lead	154, 362
			and address of pnncipal officer		H(a) le this	a group return for
	tion pending		501(c) ( <b>3</b> ) <b>◄</b> (insert no ) 4947(a)(1) or 527		affiliate H(b) Are all include	es? Yes X No
J Webs	site: ▶ N	I/A			H(c) Group	exemption number
K Type of	f organization	X Corp	oration			M State of legal domicile
. Part I		ummar			•	
Activities & Governance 9 9 9 8 0 1	PROV	/IDE F		ts net asse	ts , , ,	
of 3		_	members of the governing body (Part VI, line 1a)		3	6
Fies 4		•	ndent voting members of the governing body (Part VI, line 1b)		4	6
5	Total nun	mber of e	mployees (Part V, line 2a)		5	1
			plunteers (estimate if necessary)		6	
7a	Total gro	oss unrela	ted business revenue from Part VIII, column (C), line 12		7a	
<u> </u>	Net unrel	lated bus	iness taxable income from Form 990-T, line 34	<del></del>	7b	0
				Prior Year		Current Year
9 8			grants (Part VIII, line 1h)	135	6,680	<u> 153,356</u>
[ 9	•		evenue (Part VIII, line 2g)			
Revenue 0 10			e (Part VIII, column (A), lines 3, 4, and 7d)	2	2,311	1,606
11	Other rev	venue (Pa	art VIII, column (A), lines 5-56-56-56-50-109, and 1e)			
			dd lines 8 through 1 (must equal Part VIII, column (A), line 12)		7,991	154,962
13			amounts paid (Part IX, column (A), lines 1–3)	105	,415	<u> 107,165</u>
14	Benefits	paid to o	ior memorio (i gri 62 doithfold Asima 4F à là 1 i 1			
တ္ဆု 15	Salaries,	, other co	npensation, employee tenefits (Part IX, column (Partines 5–10)	9	,364	10,007
15 16a	Profession	onal fund	aising fees (Part IX, column (4) three (19) [ ] 7			
b da la	Total fund	draising	expenses (Part IX, column (D), line 25)			
ப்   17	Other exp	penses (I	Part IX, column (A), lines 11a11d, 11f-24f)	1	.,375	2,446
18	Total exp	oenses A	dd lines 13–17 (must equal Part IX, column (A), line 25)	116	5,154	119,618
19	Revenue	e less exp	enses Subtract line 18 from line 12	21	,837	35,344
, s				nning of Curr	ent Year	End of Year
젊 20			X, line 16)	132	2,458	166,212
Net Assets or 20 22 22 22 22 22 22 22 22 22 22 22 22	Total liab	olities (Pa	rt X, line 26)			
			balances Subtract line 21 from line 20	132	2,458	166,212
Part II	l Si	gnatur	e Block			
Sign Here	Und	d belief, (it is	s of penjury, I declare that I have examined this return, including accompanying schedules and state thrue, correct, and somplets Declaration of preparer (other than officer) is based on all information of officer.  I C WHEELOCK  EXECUTIV	of which prep	o the best of arer has any Date	y knowledge
		Type or p	nnt name and title			
 D-!!	Pre	eparer's	Date Date	Check if	·	Preparer's identifying number
Paid	sigr	nature	KENT L WEST, CPA/PFS 07/28/1	O self- employe	.d ▶ 🗍	(see instructions) P00082799
Prepare		1-	KENT WEST CPA PC		EIN D	73-1578631
Use On	ily   Fim	m's name ( elf-employe	Ad D. Cor. Cor.	·	Phone	
		dress, and			1 .	580-994-5476
May the II			urn with the preparer shown above? (see instructions)		no	Yes No
<del></del>			work Reduction Act Notice, see the separate instructions.		. <u>-</u>	Form <b>990</b> (2009)
DAA						2 (2009)
						2

	UNITED FUND OF	WOODWARD, INC. 73-09 ervice Accomplishments	673492	Page 2
1 Briefly descr	ribe the organization's mission:	JS NON-PROFIT ORGANIZATIONS	3	
the prior For If "Yes," des 3 Did the orga services?	rm 990 or 990-EZ? cribe these new services on Sc	nake significant changes in how it conducts, any progr		Yes X No
4 Describe the Section 501	e exempt purpose achievements (c)(3) and 501(c)(4) organization	for each of the organization's three largest program s and section 4947(a)(1) trusts are required to report d revenue, if any, for each program service reported		
4a (Code PROVIDE	)(Expenses \$ FUNDS TO VARIOU	2,446 including grants of \$ US NON-PROFIT ORGANIZATIONS	) (Revenue \$	)
4b (Code	) (Expenses \$	including grants of \$	) (Revenue \$	)
4- (0-1-				
4c (Code	) (Expenses \$	including grants of \$	) (Revenue \$	,
4d Other progra (Expenses	am services (Describe in Sched \$ 117,172		evenue \$	)
	am service expenses ▶	119,618		

	m 990 (2009) UNITED FUND OF WOODWARD, INC. 73-0673492			P	age 3
P	Part-IV Checklist of Required Schedules			Τ	<del></del>
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"	ſ		Yes	No
•	complete Schedule A		1	x	
2	Is the organization required to complete Schedule B, Schedule of Contributors?		2	-	X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	ı			
	candidates for public office? If "Yes," complete Schedule C, Part I		3		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete	ı			
	Schedule C, Part II		4		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	l	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have	ĺ			
	the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes,"				
	complete Schedule D, Part I		_6_		X
7	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		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"				l
	complete Schedule D, Part III		8		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	- }	9	ļ	X
0	Did the organization, directly or through a related organization, hold assets in term, permanent, or	1			-
	quasi-endowments? If "Yes," complete Schedule D, Part V	ŀ	10		X
1	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI,	}			x
	VII, VIII, IX, or X as applicable	}	11		^
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete  Schodule D. Bort VI.				
_	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 related 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		* .	0 0	
	the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X	,		g .	% ≺
2	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	İ			> al
	Schedule D, Parts XI, XII, and XIII.		12		Х
2A	Was the organization included in consolidated, independent audited financial statements for the tax year?  Yes	No	4	*	
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional	X	<u> </u>		
3	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		13		X
4a	Did the organization maintain an office, employees, or agents outside of the United States?		14a		X
þ	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	ļ	14b		X
5	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	ļ	X
6	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	-	X
7	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services				1

Form **990** (2009)

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on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I

20 Did the organization operate one or more hospitals? If "Yes," complete Schedule H

Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II

If "Yes," complete Schedule G, Part III

Did the organization report more than \$15,000 total of fundraising event gross income and contributions on

Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?

Part IV Checklist of Required Schedules (continued)

		- 1	Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations			
	in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	_21_		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	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	23	<u> </u>	X
24a	• • • • • • • • • • • • • • • • • • • •	-		
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines	1		
	24b through 24d and complete Schedule K If "No," go to line 25	24a		X
þ		24b	ļ	
С	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?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction			
	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		<u> </u>
b			[	
	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	25b		<u> </u>
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		Х
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	27		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)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		<u> </u>
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a	j		
	family member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L,	1		
	Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			v
<b>.</b>	conservation contributions? If "Yes," complete Schedule M	30		
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			v
22	Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			x
22	Schedule N, Part II	32		
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		33		
J4	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	24		x
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete	34	-	
33	Schedule R, Part V, line 2	35		x
36		35	$\vdash$	
JU	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		X
37	•	36	$\vdash \vdash \vdash$	-
Ji	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	27		x
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and	37		47
-	19? Note. All Form 990 filers are required to complete Schedule O	38		x
-	19. More: Will 1 out 1 and 100 tiles are reduired to complete adviseding O	30		

Form	990 (2009) UNITED FUND OF WOODWARD, INC. 73-0673	492			P	age <b>5</b>
Pa	art·V Statements Regarding Other IRS Filings and Tax Compliance					
			-		Yes	No
†a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of	1	1			
	U.S Information Returns Enter -0- if not applicable	1a	0			
þ	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and rep	ortable	•			ļ
	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	1			
þ	If at least one is reported on line 2a, did the organization file all required federal employment tax return	s?		2b	X	<u> </u>
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see					
	instructions)					
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered	by				<u> </u>
	this return?			3a		X_
þ	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O			3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other at	-	<b>y</b>	i		
	over, a financial account in a foreign country (such as a bank account, securities account, or other fina	ncial				
	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 B	ank		İ		
	and Financial Accounts					j
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 transacti			5b		X
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regar	ding				
_	Prohibited Tax Shelter Transaction?			5c		├
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
þ	If "Yes," did the organization include with every solicitation an express statement that such contribution	s or				
_	gifts were not tax deductible?			6b		<u> </u>
7	Organizations that may receive deductible contributions under section 170(c).					
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for go	oas				
<b>L</b>	and services provided to the payor?			7a		<del>                                     </del>
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b		<del></del>
U	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	i		70		
ч		7d	1	<u>7c</u>		- 1
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a pe		I.			
·	benefit contract?	Soliai		7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract	12		7f		
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	-•		7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C	as		· <u> </u>		
	required?			7h		1
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		
9	Sponsoring organizations maintaining donor advised funds.					*
а	Did the organization make any taxable distributions under section 4966?			9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?			9b		
10	Section 501(c)(7) organizations. Enter					3
а	Initiation fees and capital contributions included on Part VIII, line 12	10a				, ,
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				,
11	Section 501(c)(12) organizations. Enter.					
а	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			12a		<u> </u>
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				

580-254-2265 Form **990** (2009)

WOODWARD

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policy, and financial statements available to the public

organization ▶ SUZIE WHEELOCK

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

PO BOX 584

OK 73801

## 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

Name and Title  Average hours per week  Average men week  Average hours per week  Average men week  Av	Check this box if the organizatio (A)	(B)				C)		,	(D)	(E)	(F)
BILL FANNING  PRESIDENT  MICKY FLYNN  1ST VICE PRE  GINGER BOREN  2ND VICE PRE  DEBBIE GENTRY  SECRETARY  LISA HOGE  TREASURER  SUZIE WHEELOCK  Trom the organization (W-2/1099-MISC)  O  O  O  O  O  O  O  O  O  O  O  O  O		Average	Pos	ition (	(chec	k all 1			Reportable	Reportable	Estimated
PRESIDENT         0         0           MICKY FLYNN         0         0           1ST VICE PRE         0         0           GINGER BOREN         0         0           2ND VICE PRE         0         0           DEBBIE GENTRY         0         0           SECRETARY         0         0           LISA HOGE         0         0           TREASURER         0         0           SUZIE WHEELOCK         0         0		week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization	from related organizations	other compensation from the organization and related
MICKY FLYNN  1ST VICE PRE  GINGER BOREN  2ND VICE PRE  DEBBIE GENTRY  SECRETARY  LISA HOGE  TREASURER  O  O  O  O  O  O  O  O  O  O  O  O  O										_	_
1ST VICE PRE 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0			ļ		<u> </u>	L	ļ		0	0	
GINGER BOREN  2ND VICE PRE  0 0 0  DEBBIE GENTRY  SECRETARY  0 0 0  LISA HOGE  TREASURER  0 0 0  0											
2ND VICE PRE         0         0         0           DEBBIE GENTRY         0         0         0           SECRETARY         0         0         0           LISA HOGE         0         0         0           TREASURER         0         0         0           SUZIE WHEELOCK         0         0         0		<del> </del>	├		<b></b>		├			0	•
DEBBIE GENTRY SECRETARY O 0 0 LISA HOGE TREASURER O 0 0 SUZIE WHEELOCK									_	_	,
SECRETARY 0 0 0  LISA HOGE  TREASURER 0 0 0  SUZIE WHEELOCK		ļ	┢	$\vdash$	<b>-</b>		┢	_		0	
LISA HOGE TREASURER 0 0 0 0 SUZIE WHEELOCK									<u> </u>	n	
TREASURER 0 0 0 CONTROL OF THE SUZIE WHEELOCK			$\vdash$				H	$\vdash$			
SUZIE WHEELOCK									0	0	
									· · · · · · · · · · · · · · · · · · ·		<del></del> <del>-</del>
			X		x				0	0	l

•	(A) Name and Title	(B) Average hours per		_	chec	,	hat a	_	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
•		week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
_			_								
<del></del>											
	····					_					
						-		_			
								_			
1b To	otal										
2 To	tal number of individuals (in				hose	liste	ed at	ove	) who received more than \$	5100,000 in	
3 Di en 4 Fo the ind 5 Di se	d the organization list any fon ployee on line 1a? If "Yes," or any individual listed on line e organization and related or dividual d any person listed on line 1 rvices rendered to the organization and related or any person listed on line 1 rvices rendered to the organization and related organization.	rmer officer, dire complete Sched a 1a, is the sum o ganizations grea a receive or accr ization? If "Yes,"	ector ule J of rep iter th	or tro for soorta han s	such ble o \$150 ensa	indi comp 0,000 ition	vidua ensa 12 If " from	il ation Yes any	and other compensation fr complete Schedule J for unrelated organization for	rom such	Yes No 3 X 4 X 5 X
1 Co	n B. Independent Contractor  complete this table for your five  mpensation from the organize	e highest compe	nsat	ed in	dep	ende	ent co	ontra	actors that received more th	an \$100,000 of	
	Name and business address						Descrip	(B) tion of services	(C) Compensation		
					_				· · · · · · · · · · · · · · · · · · ·		
				_							
2 To	tal number of independent c	contractors (inclu	ding	but r	not li	mıte	d to t	hose	e listed above) who receive	d	
Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ▶  DAA							<u> </u>	0 Form <b>990</b> (2009)			

			TED FUND		MOOI	WARD,	INC.	·	73-	<u>0673492</u>						Page 9
Pa	rt V	III Stater	nent of Reve	nue												
•		_					То	(A) stal revenue	e fi	(B) elated or exempt unction evenue	l t	(C) Inrelated ousiness revenue		l un	(D) Revenue luded from ider sectu 2, 513, or	m tax ions
its	1a	Federated can	npaigns	1a									-			
gran	b	Membership d	ues	1b												
S, C	С	Fundraising ev	vents	1c												-
gif	d	Related organ	ızatıons	1d					1					ĺ		-
ns,	е	Government grants	(contributions)	1e												
utio er s	f	All other contribution														į
Ęŧ.		and similar amounts	not included above	1f	_	153,356										
ont	g	Noncash contributio	ns included in lines 1a-	1f :	\$											;
<u>ه</u>	<u>h</u>	Total. Add line	es 1a-1f			<u> </u>		153,356								
Program Service Revenue Contributions, gifts, grants and other similar amounts						Busn. Code										
eve	2a							<u> </u>						ļ		
ė R	b														<del></del>	
Ž	C													<del></del>		
ı S	a															
ga	6	All other neces														
Š	7		am service revei	iue												
$\overline{}$	3	Total. Add line	ome (including o	lividen	de interes											
	٠	other similar a		II VIGCIII	us, intere.	st, and		1,606		1,606						
	4		vestment of tax	evemn	at bond or	nceeds				1,000						
	5	Royalties	, rootinont or tax	ONOM	ж 50а р.	<b>•</b>										
	•		(ı) Real		(II) F	ersonal		<del></del>	,							-
	6a	Gross Rents								· · · ·	9					
	b	Less rental exps					,			/	* *	à »		ş •	ę	
	С	Rental inc or (loss)					ş.	* * *				S		<b>1</b>	. 4	
	_d	Net rental inco	me or (loss)			<b>•</b>										
	7a	Gross amount from sales of assets	(i) Secunties	3	(11)	Other	ż	<i>\$</i>	,							
		other than inventory												*	*	
	b	Less cost or other					,		,							, , ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
		basıs & sales exps						,	, »	*						19
	C	Gain or (loss)														
		Net gain or (lo		r												
ē	8a		m fundraising even	ts			*	¥ .								4
en		(not including \$						, ,, 🐇	43.	, ,		۶				4
Re			eported on line 1c).					3		~	* *	**	ģ	*	8	
Other Revenue		See Part IV, line		a			ž				4 .	4 à	ş			,
8		Less direct ex	penses (loss) from fund:	) d		<b>•</b>										
			m gaming activities	7	events		«		-					*		*
	Ja	See Part IV, line		a			< >			¥ /v				ŝ		×.
	h	Less direct ex		b			,	٠, ٠	*	·*						
			(loss) from gam	L	ivities	•				<u> </u>		-				
			inventory, less	[	1411100			, .			ŧ					
		returns and all	•	а				, ,			*	**				Contraction of the Contraction o
	b	Less. cost of g		ь												,
- (		-	(loss) from sales	of inv	entory	•										
			ellaneous Revenue			Busn. Code										
	11a															
	b	•														
	C															
	d	All other reven	ue													
	е	Total. Add line	s 11a–11d			<b>•</b>										
	12	Total Revenue	e. See instruction	าร		<b>•</b>		154,962		1,606			0			0

#### Part IX **Statement of Functional Expenses**

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

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

	——————————————————————————————————————				
	not include amounts reported on lines 6b, , 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and				
•	organizations in the U S. See Part IV, line 21				
2					
4		107,165	107,165		
	the U.S. See Part IV, line 22	107,103	107,103	·	<u> </u>
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	U S See Part IV, lines 15 and 16			<u>-</u>	
4	Benefits paid to or for members			·	<u> </u>
5	Compensation of current officers, directors,				
	trustees, and key employees				
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	8,400	8,400		
8	Pension plan contributions (include section 401(k)	,	•		
	and section 403(b) employer contributions)				
9	Other employee benefits			·	
10	Payroll taxes	1,607	1,607		<del> </del>
11	Fees for services (non-employees):	2,007	2,007		<del> </del>
a	Management				
	Legal				<del>                                     </del>
	Accounting				
	Lobbying			<del></del>	<del> </del>
d				*	
4	Professional fundraising services. See Part IV, line 17			*	<u> </u>
f	Investment management fees				<u> </u>
g	Other				<del></del>
12	Advertising and promotion	<del></del>			<del>                                     </del>
13	Office expenses				
14	Information technology				
15	Royalties				
16	Occupancy				<del>  </del>
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials			· · ·	
19	Conferences, conventions, and meetings				ļ - · - · · · · · · · · · · · · · · · ·
20	Interest				<del></del>
21	Payments to affiliates				<u> </u>
22	Depreciation, depletion, and amortization				<u> </u>
23	Insurance				
		< 8x	* 3 .		*
24	Other expenses. Itemize expenses not		4 } %	<b>*</b>	
	covered above (Expenses grouped together		* *	* .	, ,
	and labeled miscellaneous may not exceed		_		* "
	5% of total expenses shown on line 25 below)				
а	DRIVE SUPPLIES	1,306	1,306		
b	SPECIAL PROJECT EXP	432	432		
С	OFFICE SUPPLIES	308	308		
d	INSURANCE	196	196		
0	APPRECIATION GIFTS	111	111		
f	All other expenses	93	93		
25	Total functional expenses. Add lines 1 through 24f	119,618	119,618		
26	Joint costs. Check here ▶ ☐ If following				
	SOP 98-2 Complete this line only if the	[			
	organization reported in column (B) joint costs from a combined educational campaign and				
	fundraising solicitation			<del></del>	

	art·)	Signature Sheet	J, INC.	73-0673492		Page 11
				(A) Beginning of year		(B) End of year
	1	Cash—non-interest bearing	•	73,718	1	126,538
	2	Savings and temporary cash investments		58,740	2	39,674
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net			4	
1	5	Receivables from current and former officers, directors, t	rustees, key	· · · · · · · · · · · · · · · · · · ·		
ł		employees, and highest compensated employees. Comp	<u>-</u>			
İ		Schedule L			5	
	6	Receivables from other disqualified persons (as defined	under section			
		4958(f)(1)) and persons described in section 4958(c)(3)(l				
		Part II of Schedule L	-,· · · · <del>-</del> · · · · ·		6	
Assets	7	Notes and loans receivable, net			7	
28	8	Inventories for sale or use			8	
ا≱	9	Prepaid expenses and deferred charges			9	
		Land, buildings, and equipment cost or				* .
		other basis. Complete Part VI of Schedule D	10a	^		
	b	Less accumulated depreciation	10b		10c	
	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	
İ	14	Intangible assets			14	
ŀ	15	Other assets. See Part IV, line 11			15	
	16	Total assets. Add lines 1 through 15 (must equal line 34	٠	132,458	16	166,212
	17	Accounts payable and accrued expenses	I		17	200/222
	18	Grants payable		-	18	
	19	Deferred revenue			19	<u> </u>
i	20	Tax-exempt bond liabilities			20	
ģ	21	Escrow or custodial account liability Complete Part IV of	Schedule D		21	
Liabilities	22	Payables to current and former officers, directors, trustee				
١		employees, highest compensated employees, and disqua				
i <u>a</u>		persons Complete Part II of Schedule L	aimed		22	
_	23		narties	· · · · · · · · · · · · · · · · · · ·	23	
	24	Unsecured notes and loans payable to unrelated third pa	•		24	
	25	Other liabilities Complete Part X of Schedule D	11103		25	
	26	Total liabilities. Add lines 17 through 25			26	
$\rightarrow$		Organizations that follow SFAS 117, check here ▶	and			
Net Assets or Fund Balances		complete lines 27 through 29, and lines 33 and 34.				· ** * *
au	27	Unrestricted net assets			27	# manufacture and the manufacture and the second community and
Bal	28	Temporarily restricted net assets			28	
핕	29	Permanently restricted net assets			29	
5		Organizations that do not follow SFAS 117, check her	ro ▶ 🕱			*
빈		and complete lines 30 through 34.				
0	30	Capital stock or trust principal, or current funds			30	
ets	31	Paid-in or capital surplus, or land, building, or equipment	fund		31	
SS	32	Retained earnings, endowment, accumulated income, or		132,458	32	166,212
t A	33	Total net assets or fund balances	outer futius	132,458		166,212
<u>8</u>	34			132,458		166,212
	J-4	Total liabilities and net assets/fund balances		102,300	J-4	100,212

Form **990** (2009)

om	990 (2009) UNITED FUND OF WOODWARD, INC. 73-0673492		Pag	ge <b>12</b>
Pa	rt XI Financial Statements and Reporting			
		_	Yes	No
1	Accounting method used to prepare the Form 990 X Cash Accrual Other			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in			
	Schedule O			L j
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		X
b	Were the organization's financial statements audited by an independent accountant?	2b		X
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		1	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were			ıl
	issued on a consolidated basis, separate basis, or both			
	Separate basis Consolidated basis Both consolidated and separate basis			أــــا
За	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		L
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		
		Form	990	(2009)

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Name of the organization

## **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.

2009

Open to Public Inspection

UNITED FUND OF WOODWARD, INC.

Employer Identification number 73-0673492

Pa	ert I	Reas	on for Public Charity	Status (All organizations	s must o	complet	e this	part.)	See ir	nstruc	tions.		
he	orgai			e it is (For lines 1 through 11, c				<u></u>	·				
1	Ň			ociation of churches described in	=	-							
2	$\Box$	A school des	cribed in section 170(b)(1)(	A)(ii). (Attach Schedule E )									
3	П			e organization described in sec	tion 170(	b)(1)(A)(ii	ii).						
4	П	•	·	I in conjunction with a hospital d			-	(1)(A)(iii	i). Enter	the hos	spital's nan	ıe.	
		city, and state	•					/ /	,		- p	,	
5		•		f a college or university owned	or operate	d by a go	vernmer	ntal unit	describ	ed in			
_	نــا	-	b)(1)(A)(iv). (Complete Part	-	o, opo,	, - 50				<b></b>			
6				overnmental unit described in se	action 17	)(b)(1)(A)	/v)						
7	H		· •					om tha	roporal	nublic			
′	ш	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	$\Box$												
	X	A community trust described in section 170(b)(1)(A)(vi). (Complete Part II )  An organization that normally receives (1) more than 33 1/3 % of its support from contributions, membership fees, and gross											
9		=								-	55		
		•		pt functions—subject to certain		. ,							
			-	d unrelated business taxable in	•		•	trom bu	isinesse	25			
4.0	$\overline{}$	-	=	), 1975. See section 509(a)(2).		-							
10	H	-	•	exclusively to test for public safe	•								
11		_	•	exclusively for the benefit of, to p				•		4!			
				ed organizations described in se						ection			
			_	ne type of supporting organization		-	. [	一 ·					
	$\Box$	a Type	•·	c Type III–Functions	, ,		d (		e III–Oti	ner			
е	LJ		•	inization is not controlled directl	•			•					
		-	<del>-</del>	and other than one or more pub	iliciy supp	ortea orga	inization	s descri	ibea in s	section			
		. , , ,	section 509(a)(2)		- T	5 (I	T 111						
f				mination from the IRS that it is	a type i,	ype II, or	Type III	suppon	ung				<u></u>
		_	check this box										
g				ion accepted any gift or contribu	ition from	any or the	,						
		following per		-414	41							[ <u>v.</u>	
			•	ntrols, either alone or together v	vitn perso	ns describ	pea in (ii)	)			<u></u>	Ye	s No
				the supported organization?							111		
		•	member of a person describ	**								<u>1(ii)</u>	<del></del>
			ontrolled entity of a person d	** **							[11]	<u>  (iii)</u>	
<u>h</u>				ne supported organization(s).	Ta.,				T ( ».				
(1)		of supported anization	(ii) EIN	(iii) Type of organization (described on lines 1–9		organization sted in your		ou notify	organizat	Is the tion in col		Amount support	of
	8			above or IRC section	1	document?	∞l (i)	of your	(i) organı	zed in the			
				(see instructions))	\	No		ort?	<del></del>	S?			
					Yes	No	Yes	No	Yes	No	<u> </u>		
					<del> </del>				<u> </u>				
									<u> </u>	<u> </u>			
					-				<del> </del>	-			
ota	ı				*								

	edule A (Form 990 or 990-EZ) 2009 UNJ					5-06/3492	Page 2
<u>P</u> a	Support Schedule for O (Complete only if you ch				o)(1)(A)(iv) and	170(b)(1)(A)(vi	i)
Sec	tion A. Public Support	CONCU LITE DUX	on line 5, 7, C	n o oi raiti.)			
	lendar year (or fiscal year beginning in)	(=) 2005	(h) 2000	(=) 0007	(4) 2000	(=) 2000	<b>(D.7.</b> )
Cal	rendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount	, ,			~ 4	*	
	shown on line 11, column (f)		* ,	*	* ` `	*	
6	Public support. Subtract line 5 from line 4	* " ""		, i	*		
Sec	tion B. Total Support	<u> </u>					· · · · · · · · · · · · · · · · · · ·
Cal	lendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10 11	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)  Total support. Add lines 7 through 10						
		(	//	*	<u>.l</u>	42	
12 13	Gross receipts from related activities, etc	•	anneal three for	odb os 68b tours		12	
13	First five years. If the Form 990 is for the	-	, secona, tnira, tol	inn, or finn tax yea	ir as a section 50 i(	c)(3)	▶ □
Sec	organization, check this box and stop here tion C. Computation of Public St		tane				
<del>000</del> 14	Public support percentage for 2009 (line 6)			- (6)		14	<u></u> ~
			•	III (1 <i>))</i>		<del> </del>	
15 16a	Public support percentage from 2008 Sche	•		12 and line 14 in	22 1/2 9/ 25	15	<u> </u>
IVA	33 1/3 % support test—2009. If the organ			13, and line 14 is	33 1/3 % of more, t	check this box	▶ □
	and stop here. The organization qualifies		_	2 or 160 and line	15 in 22 1/2 0/ nam	ara abaak thia	
b	33 1/3 % support test—2008. If the organ				15 15 33 1/3 % 01 111	ore, check this	▶ □
470	box and stop here. The organization quali				Sa as 405 d 15	44 400/	
17a	10%-facts-and-circumstances test—200	-		•	•		
	more, and if the organization meets the "fa		•	•	•		▶ □
_	organization meets the "facts-and-circums"						
b	10%-facts-and-circumstances test—200	-					
	more, and if the organization meets the "fa			<del>-</del>	•		▶ □
18	organization meets the "facts-and-circums" <b>Private foundation.</b> If the organization did		-	•	• •		
	i invate roundation. It the organization did	HOLCHECK & DOX O	TIME IS, IDA, ID	o, ira, or iro, che	CA LIND DOX AND SEE	instructions	<b>-</b> L

Schedule A (Form 990 or 990-EZ) 2009

Sec	tion C. Computation of Public Support Percentage			
5	Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))	15	98.	26%
6	Public support percentage from 2008 Schedule A, Part III, line 15	16	98.	33%
Sec	tion D. Computation of Investment Income Percentage			
-	1 2000 (1 40 1 40 1 40 1 40 1	4= 1		- 0/

18 Investment income percentage from 2008 Schedule A, Part III, line 17 19a 33 1/3 % support tests—2009. If the organization did not check the box on line 14, and line 15 is more than 33 1/3 %, and line

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

line 18 is not more than 33 1/3 %, check this box and stop here. The organization qualifies as a publicly supported organization Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

2 %

18

Schedule A (Form 990 or 990-EZ) 2009 UNITED FUND OF WOODWARD, INC.

73-0673492

Page 4

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

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SCHEDULE (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

UNITED FUND OF WOODWARD, INC.

Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

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

73-0673492

2009

Open to Public OMB No 1545-0047 Inspection

2 X 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 (h) Purpose of grant or assistance \_\_\_\_ ≺es Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to non-cash assistance (g) Description of Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and (d) Amount of cash grant (e) Amount of non-cash (book, FMV, appraisa, assistance other) Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States (c) IRC section if applicable General Information on Grants and Assistance (b) EIN Enter total number of section 501(c)(3) and government organizations the selection criteria used to award the grants or assistance? (a) Name and address of organization Enter total number of other organizations or government Part Part

Schedule I (Form 990) 2009

퉙	D OF WOODWARD,	INC. 7	73-0673492	of "oo'\" Foreigness seif	Page 2
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.	ice to individuals in the I-1 (Form 990) if additic	e United States. Com onal space is needed.	nplete if the organiza	tion answered "Yes" to For	m 990, Part IV, line 22.
(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
AGENCY PAYMENT		2,835			
AGENCY PAYMENT		2,865			
AGENCY PAYMENT		7,435			
AGENCY PAYMENT		44,095			
AGENCY PAYMENT		3,490			
AGENCY PAYMENT		3,850			
AGENCY PAYMENT		4,475			
Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.	. Complete this part to	provide the informatic	on required in Part I,	line 2, and any other additi	onal information.

Schedule I (Form 990) 2009

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SCHEDULE I-1 (Form 990)

Continuation Sheet for Schedule I (Form 990)

▶ Attach to Form 990 to list additional information for

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service			► Attach to Form Schedule	<ul> <li>Attach to Form 990 to list additional information for Schedule I (Form 990), Part II or Part III.</li> </ul>	al information for or Part III.			Op sul	Open to Public Inspection
							ш	Employer identification number	tion number
	UNITED FUND OF WC	WOODWARD,	INC.					73-0673492	2
Part I Continuation	Continuation of Grants and Other Assistance to Govern	Assistance to	o Governments	ments and Organizations in the United States (Schedule I (Form 990),	ons in the Unite	d States (Sche	edule I (Form 99	0), Part II.)	
(a) Name and address of organization or government	ss of organization	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	<del></del>	(h) Purpose of grant or assistance
	1 1 1 1 1 1								
	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1								
1 1 1	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1								
	1 1 1								
For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.	ork Reduction Act Notice, so	ee the Instruction	ons for Form 990.			!		Schedule	Schedule I-1 (Form 990) 2009

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: Päge <b>2</b>	3	(f) Description of non-cash assistance												Schedule I-1 (Form 990) 2009
	990), Part III.)	(e) Method of valuation (book, FMV, appraisal, other)												
73-0673492	ates (Schedule I (Form	(d) Amount of non-cash assistance												
C. 73–06	duals in the United Sta	(c) Amount of cash grant	22,625	4,475	11,020									
DE WOODWARD, INC.	er Assistance to Indiv	(b) Number of recipients												
730673492 07/28/2010 2 55 PM Schedule I-1 (Form 990) 2009 <b>UNITED FUND OF WOODWARD</b> ,	Part II Continuation of Grants and Other Assistance to Individuals in the United States (Schedule I (Form 990), Part III.)	(a) Type of grant or assistance	AGENCY PAYMENT	AGENCY PAYMENT	AGENCY PAYMENT									

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.

2009
Open to Public Inspection

Name of the organization

UNITED FUND OF WOODWARD, INC.

Employer Identification number 73-0673492

Form 990, Part VI, Line 11A - Organization's Process to Review Form 990 No review was or will be conducted.

Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation No documents available to the public

Form **8868** (Rev April 2009)

Department of the Treasury

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

► File a separate application for each return.

OMB No 1545-1709

Internal Revenue	Service		
<ul><li>If you are</li></ul>	iling for an Automatic 3-Month Extension, complete only Part I and check this box		<b>▶</b> X
• If you are	iling for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this form	)	
Do not comp	ete Part II unless you have already been granted an automatic 3-month extension on a previously filed For	m 8868	
Part I	Automatic 3-Month Extension of Time. Only submit original (no copies needed)	•	
A comoration	equired to file Form 990-T and requesting an automatic 6-month extension—check this box and complete		
Part I only	equired to the Form 990-1 and requesting an automatic o-month extension—check this box and complete		▶□
•			
•	rations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an exter ome tax returns.	ision of	
Electronic Fil	ng (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of tir	ne to file	е
one of the retu	rns noted below (6 months for a corporation required to file Form 990-T) However, you cannot file Form 88	68	
electronically	(1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870,	group	
returns, or a c	emposite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Par	t II) of F	orm
8868 For mor	e details on the electronic filing of this form, visit www irs gov/efile and click on e-file for Charities & Nonprof	īts.	
Type or	Name of Exempt Organization	Employ	er identification number
print			
File by the	UNITED FUND OF WOODWARD, INC.	73-0	673492
due date for	Number, street, and room or suite no. If a P.O. box, see instructions		
filing your	PO BOX 584		
return See instructions	City, town or post office, state, and ZIP code. For a foreign address, see instructions.  WOODWARD  OK 73802-0584		
Check type of	return to be filed (file a separate application for each return).		· · · · · · · · · · · · · · · · · · ·
X Form 99			Form 4720
Form 99	H · · · · · · · · · · · · · · · · · · ·		Form 5227
Form 99			Form 6069
Form 99	—		Form 8870
Telephone  If the orga  If this is fo for the whole of a list with the in  I reques until O for the o	roup, check this box  If it is for part of the group, check this box  ames and EINs of all members the extension will cover an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time  8/15/10, to file the exempt organization return for the organization named above. The extension is reganization's return for	this is	▶ □
▶ ⊔	ax year beginning , and ending		
2 If this ta	year is for less than 12 months, check reason Initial return Final return Change in	accoun	ting period
3a If this ar	plication is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax,		
-	nonrefundable credits. See instructions.	3a	\$
	plication is for Form 990-PF or 990-T, enter any refundable credits and estimated tax	Ja	*
•	s made. Include any prior year overpayment allowed as a credit	3b	\$
	Due. Subtract line 3b from line 3a Include your payment with this form, or, if required,	130	
	· · · · · · · · · · · · · · · · · · ·		
	with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment		•
	See instructions.	3c	\$
for payment in	are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-testructions	=U	
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FULL LINACA W	ct and Paperwork Reduction Act Notice, see Instructions.		Form <b>8868</b> (Rev 4-2009)