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Form **990**

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

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

For the 200										
	3 calendar year,	, or tax year beginning ປັນ	11 1	, 2009, and	dending	Jun	30		<u>,</u> 2010	_
B Check if applic		C Name of organization					D Emplo	yer Ider	ntification Numb	er
Address	Please us nange IRS label		ORMAN, INC.				73-	0668	8684	
Name cha	or print	Number and street (or P O b		street addr)	Room/su	ute	E Teleph	_		
	See	2424 Springer D	_	·	304		-			
Initial retu	Instruc-	2424 Springer Dr	£ •	State ZIP			(40	3) 3	329-2025	_
Terminati							_			
Amended		NORMAN		OK 73	3069				dentification Number 68684 number 329-2025 obs \$ 1,977,649 of legal domicile OK 1 Our commun: S 3 34 3 34 3 34 3 34 3 34 3 34 3 34 3	
Application	pending F Name	and address of principal officer.			1		-		_	
	Lynn Pa	lmerton 550 24th Ave NW Su	ite D Norman	OK 73	3069	H(b) Are all			nstructions) 🔲	Yes No
Tax-exen	pt status 🗶 50	01(c) (3) ◄ (insert no	o) 4947(a)(1)) or 5	27			(000	,	
Website:	N/A					H(c) Group e	exemption n	umber	>	
S Form of orga	nization X Corpo	ration Trust Association	on Other >	L Year	of Formati	on 1969	9 M :	State of	legal domicile	OK
	ummary		<u> </u>							
		ganization's mission or mos	st significant activities	Тоц	nite	and s	trenth	en	our comm	unity
h		each person to	_			<u>-== -</u> .	==		= = -	
2 Chec 3 Numl 4 Numl 5 Total 6 Total 7 a Total	Who were said	- agen Bernar car	manac iiici.							
<u> </u>										
2 Chec	this box	If the organization disconti	nued its operations of	r disposed	of more	than 259				
3 Numl		nbers of the governing body		uisposeu	or more	: (1011 23 /	0 UI II.S 2:		134	
d 4 Numb	•	nt voting members of the go	•	line 1h)				4		
5 Total		oyees (Part V, line 2a)	verning body (i dit vi	,				5	 	
6 Total	•	teers (estimate if necessary	<i>(</i>)						973	
7a Total		business revenue from Part		12				7a		0
	_	s taxable income from Form						7b		
1 2 1151 2	NOIGHOU DUDINION	o taxable moonie mont on	7.550 1,1						† ·	
							rior Year		S	
		nts (Part VIII, line 1h)				<u>_</u>	<u>,623,3</u>			
		nue (Part VIII, line 2g)					110,2			3,637
		art VIII, column (A), lines 3,				<u> </u>	28,3	374.		21,098
		'Ill, column (A), lines 5, 6d,				<u></u>				
		ines 8 through 17 must equ		A), line 12)	 1	<u>,762,0</u>	08.	1,9	77,649.
13 Grant	and similar am	nounts pard (Rart IX, column	n(A), lines 1-3)							
14 Bene	ts paid to or for	members (Part IX, column	(A) (Ine 4)							
, 15 Salar	es, other compe	nsation, employee benefits	(Párt X, column (A),	lines 5-10))		404,8	336.	40	09,352
16a Profe	sional fundraisi	ng fees (Part IX, column (A)	ນີ້. line 11e)							
h Total	fundraioina avas	enses (Part IX, column (D)	25\	221	071			,		
4 1	١			221,	9/1.	<u></u>				
		IX column-(A), Thes 11a-1					,984,9			
		ines 13-17 must equal Part		25)		2	<u>,389,7</u>	762.	1,82	<u> 26,862</u>
19 Reve	ue less expense	es Subtract line 18 from line	e 12				-627,7	754.	15	0,787
						Begin	ning of Y	'ear	End of	Year
8								V 441		
8 20 Total	issets (Part X I	ine 16)					. 817 . 4	35.	1.9	79.793.
20 Total	assets (Part X, II	•				1	,817,4 ,166,2			
20 Total	iabilities (Part X	(, line 26)	. h			1	,166,2	48.	1,1	77,819
1 ZZ IVELA	labilities (Part X ssets or fund bal	(, line 26) ances Subtract line 21 fron	1 line 20		· · · · ·	1		48.	1,1	77,819
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Part IV Checklist of Required Schedules

-			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A	1	x	
2		2	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	3		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II	4		х
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If 'Yes,' complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I	6		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If 'Yes,' complete Schedule D, Part II	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III .	8		х
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part IV	9		x
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If 'Yes,' complete Schedule D, Part V	10		x
11	Is the organization's answer to any of the following questions 'Yes'? If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	11	х	
•	 Did the organization report an amount for land, buildings and equipment in Part X, line 10° If 'Yes,' complete 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 			
	Did the organization obtain separate, independent audited financial statement for the tax year? If 'Yes,' complete Schedule D, Parts XI, XII, and XIII.	12	х	
12/	AWas the organization included in consolidated, independent audited financial statement for the tax Yes No year? If 'Yes,' completing Schedule D, Parts XI, XII, and XIII is optional 12 A X			l
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		х
	a Did the organization maintain an office, employees, or agents outside of the United States?	14a	_	х
	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	14b		х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If 'Yes,' complete Schedule F, Part II	15		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If 'Yes,' complete Schedule F, Part III	16		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I	17		<u>x</u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II	18		x
	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III	19		X
2U	Did the organization operate one or more hospitals? If 'Yes,' complete Schedule H	4 U		<u> </u>

Form 990 (2009) UNITED WAY OF NORMAN, INC.

Partity 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 17 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? <i>If 'Yes,' complete Schedule J</i> .	23		x
24	a 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, and that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K If 'No, go to line 25	24a		x
- 1	b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
(d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		
25	a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I	25a		_ x
١	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	25b		_ x
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If 'Yes,' complete Schedule L, Part II	26		_x_
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection comittee 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 transation 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	28a		X
		204		
	b A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28b		<u>x</u>
	c An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV	28c		<u>x</u>
29	, ,	29		<u> </u>
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	31		х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II	32		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If 'Yes,' complete Schedule R, Part I	33		<u>x</u>
34	Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Parts II, III, IV, and V, line 1	34		x
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2	35		_ x _
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2	36		х
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	37		_ 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	38	x	
) A /		Form	oon /	'onno

Form **990** (2009)

Page 5

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. 0 Information Returns. Enter -0- if not applicable 1a 1 b 0 b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming 10 X (gambling) winnings to prize winners? 2 a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b X 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 3 a X this return 3 b b If 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule O 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)? 4 a **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? 5 a 5Ь X b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 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? 5 c 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 6Ь deductible? 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 7 a provided to the payor? X 7b **b** If 'Yes,' did the organization notify the donor of the value of the goods or services provided? c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file 7 c 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 7 e x benefit contract? f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7 f Х 7 g g For all contributions of qualified intellectual property, did the organization file Form 8899 as required? h For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required? 7h Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business R x holdings at any time during the year? 9 Sponsoring organizations maintaining donor advised funds. 92 a Did the organization make any taxable distributions under section 4966? 9b X b Did the organization make any distribution to a donor, donor advisor, or related person? 10 Section 501(c)(7) organizations. Enter 10a a Initiation fees and capital contributions included on Part VIII, line 12 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 other members or shareholders 11 a b Gross income from other sources (Do not net amounts due or paid to other sources against 11_b amounts due or received from them) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year 12b

BAA Form **990** (2009)

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.

Se	ction A.	Governing E	ody an	ıd Ma	nage	ment	1														
																				Yes	No
1	a Enter the	number of voting	g member	rs of th	ie gove	erning l	body							1 a	3 4	<u> </u>					
	b Enter the	number of voting	g member	rs that	are in	depend	dent							1 b	34						
2	Did any o	officer, director, tr irector, trustee or	ustee, or kev emp	key en	mploye	e have	e a far	mily re	elatior	nship	or a b	ousines	s rela	ations	ship	with	any ot	her	2	-	'
3	Did the o	rganization deleg s, directors or tru	ate contro	ol over	mana	igemen	nt dutie	es cus	stoma	arily p	erforn	ned by	or un	der th	he d	ırect	super	vision	3		x
Δ		rganization make	-	-				-			-	-	CI 301	1;					4		x
7		prior Form 990 v			Chang	JC3 (U II	ts org	arnzar	lionai	docu	menta	,							 		
5		rganization becor			a the v	ear of	a mat	terial c	lware	sion o	f the c	raaniz:	atıon'	'c 200	e ate 7	,			5		x
6		organization hav		•	-			cria, c	214013	3.011 0		n game	411011	3 033					6		X
		organization hav								uha m	مار مام	ot one	0. m	~~~ ~		2010	of the		 		 -
	governin	g body?			•					•		•					oi uie		7a	_	Х_
	b Are any o	decisions of the g	overning	body s	ubject	to app	roval	by me	ember	ers, ste	ockhol	ders, c	or oth	er pe	ersor	IS ⁷			7b		X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following											<u> </u>										
	a The gove	rning body?																	8a	_ X	
	b Each con	nmittee with auth	ority to ac	ct on be	ehalf c	of the g	jovern	ing bo	ody?										86	X	
9	Is there a	any officer, directo	or or trust ress? <i>If</i> "	tee, or Yes,' p	key er <i>rovide</i>	mploye the na	e liste	ed in F and ad	Part V ddres:	/II, Se	ction 1 <i>Sche</i>	A, who	canr	not be	e rea	ched	at the	•	9		x
		Policies (7																	1		
<u>Rev</u>	renue Code)									_			_							
																				Yes	No
10	a Does the	organization hav	e local ch	napters	, branc	ches, c	or affil	liates?	,										10 a		X
	b If 'Yes,' c	loes the organiza ches to ensure th	tion have eir opera	writter	n polici ire con	ies and	d proc	edure:	s gov	ernin e orga	g the a	activitie	es of	such	cha	oters	, affilia	ates,	106		
range di tanàna ao amin'ny faritr'i North ao amin'ny faritr'i North ao ao amin'ny faritr'i North ao amin'ny fa									11	x											
11 A Describe in Schedule O the process, if any, used by the organization to review this Form 990																					
12	a Does the	organization hav	e a writte	n confl	lict of i	ınteres	t polic	y? If	'No,' <u>ς</u>	go to	line 1.	3							12a	х	
	b Are office to conflic	ers, directors or tr ts?	ustees, a	ınd key	emple	oyees ı	require	ed to	disclo	ose ar	nually	/ intere	ests th	nat co	ould	gıve	rıse		12b	х	
	c Does the	organization regi	ularly and	i consis	stently	monite	or and	d enfo	rce co	ompli	ance v	vith the	e polic	cy? <i>If</i>	f 'Ye	s,' de	escribe	ın	12c	x	
13		organization hav		n whis	tleblov	ver pol	icv?												13	x	
		organization hav					-	d desti	ructio	on pol	icv?								14	х	
		rocess for determ comparability date										eview a	and ap	pprov	al b	y ind	epend	ent			
		nization's CEO, E									uti	<u></u>	-501						15a	X	
	=	cers of key emple				•	, ,								•				15b	X	
		line 15a or 15b.	-	_			edule	O. (Se	ee ins	structi	ons.)										<u> </u>
16		rganization invest	t ın, contr	ribute a	assets	to, or p	partici	ipate ii	n a jo	oint ve	enture	or sim	ıılar a	ırrang	geme	ent w	ith a ta	axable	16a		x
	b if 'Yes,' h	nas the organization	on adopte	ed a wr	ritten p	olicy o	or proc	cedure	requ	uring	the or	ganıza	tion to	o eva	aluat	e its	partici	pation			
	status wi	th respect to such				-ucial	.u. 10	, aili	- tant		.p.s 10	Jarogu		01	guill	-410			16 b		
Se	ction C.	Disclosures																			
17	List the s	tates with which a	a copy of	this Fo	orm 99	0 is re	quired	to be	filed	! • [Okl:	ahoma	a								
18	Section 6	5104 requires an on Indicate how ye	organizati o <u>u m</u> ake i	on to n these a	nake il availab	ts Forn ole Cho	ns 102 eck al	23 (or II that	1024 apply	l if ap	plicab	le), 990	0, and	d 990)-T (501(d	:)(3)s	only) av	aılable	for pu	blic
	Own	website	Ano	ther's v	website	е		X U	lpon r	reque	st										
19	Describe statemen	in Schedule O whits available to the	nether (ar e public	nd if so	, how)) the or	rganız	ation i	make	es its i	goverr	ning do	cume	ents, d	conf	lict o	fintere	est polic	y, and	financ	ıal
20	State the	name, physical a	address, a	and tele	ephone	e numb	oer of	the pe	erson	who	posse	sses th	ne boo	oks a	nd r	ecord	is of th	ne organ	ıızatıon	:	
	► LARRY	PACE & CO.	,PC_	_122	<u>5 ₩.</u>	MAII	N_#_1	L24_	_ <u>N</u> C	ORMA	<u> </u>		0	<u>K</u>	_73	069		(4	05)_3	21-3	3026

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Form 990 (2009)

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

- 1 a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organizations'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 employees.'
- 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.

X Check this box if the organization		ate an	y cı			ticer,	aire	· · · · · · · · · · · · · · · · · · ·		
(A)	(B) Average	Posi	tion i		c)	that app	lv)	(D)	(E)	(F)
Name and Title	hours per week		mstitutional trustees	_	Key amployee	High est compensated employes	Farmer	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
SEE ATTACHED										
								<u>.</u>		
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										<u>-</u>
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Part VII	Section A. Officers, Directors, Trus	tees, k	Қеу	En	ıplo	oye	es,	an	d Highest Con	npensated Emp	loyees (c	ont.)
	(A)	(B)			•	c)			(D)	(E)	(F)	
	Name and Title	Average hours per weel		~	Officer		Mighest compensated	Former	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estima amount of compens from the organiza and reli- organiza	f other sation he stion ated
None		-				-						
		 				_						
		-								-	 	
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		-										
		<u> </u>				 						
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											-	
		1					Ì					
1 b Total					·			▶				
	number of individuals (including but not limited the organization	I to those	e list	ted a	abov	e) v	vho	rece	eived more than \$1	00,000 in reportabl	e compensa	ition
											Ye	s No
3 Did to on lin	he organization list any former officer, director ne 1a ⁹ <i>If 'Yes,' complete Schedule J for such in</i>	or truste dividual	e, ke	еу е	mple	oyee	e, or	higi	hest compensated	employee	3	x
4 For a the o	any individual listed on line 1a, is the sum of reportance of the sum of rejurganizations greater the idual	oortable nan \$150	com),000	pen:)? <i>If</i>	satio 'Ye:	on a s' co	nd c	ther lete	compensation fro Schedule J for suc	om ch	4	x
5 Did a	any person listed on line 1a receive or accrue co ered to the organization? If 'Yes,' complete Sch	ompensa edule J	ation for s	fror <i>uch</i>	n ar pers	ıy uı s <i>on</i>	nrela	ated	organization for s	ervices	5	x
	Independent Contractors											
1 Comp	plete this table for your five highest compensate pensation from the organization.	ed indep	ende ——–	ent c	ontr	acto	ors t	hat i	received more tha	n \$100,000 of		
	(A) Name and business addres	s							Description o	f Services	(C) Compensat	ion
								_				
	······································					_						
	number of independent contractors (including logon in compensation from the organization	out not li	mıte	d to	tho	se li	sted	abo	ove) who received	more than		

Page 9

Га	rt viii Statement of Kevenue				
		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
	1a Federated campaigns 1a		 		
E ST	· · · · · · · · · · · · · · · · · · ·		ŀ		
PROGRAM SERVICE REVENUE CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS	b Membership dues 1b			1	ţ
45	c Fundraising events 1c		1		
FA	d Related organizations 1 d				i
₫ ≦					
SE	e Government grants (contributions)		Į.		ŀ
5 %	f All other contributions, gifts, grants, and				
골품	similar amounts not included above 1f 1,862,914.				
₹ O	g Noncash contribns included in Ins 1a-1f		i		
3 3	·		i		
3	h Total. Add lines 1a-1f	1,862,914.	ļ		
UE	Business Code			l	
Ë	2a Success by Six -	93,637.	93,637.	0.	0.
ايق		7070071	33,733,7	<u>-</u> -	
w .	b				
Š	c				
Ë	d				
S					
Z.					
Ö	f All other program service revenue				
æ	g Total. Add lines 2a-2f ▶	93,637.			l i
	3 Investment income (including dividends, interest and				
	other similar amounts)	21,098.	٥.	٥.	21,098.
	·	22/050.			21,050.
	4 Income from investment of tax-exempt bond proceeds			<u> </u>	<u> </u>
	5 Royalties				
	(i) Real (ii) Personal				
	6a Gross Rents				
	b Less: rental expenses				,
	c Rental income or (loss)				
	d Net rental income or (loss)				
	(i) Securities (ii) Other		· · · · · · · · · · · · · · · · · · ·		
	/a Gross amount from sales of		· ·	1	
	assets other than inventory				
	b Less: cost or other basis				
	and sales expenses				
	c Gain or (loss)			,	
Ì	d Net gain or (loss)				
	8a Gross income from fundraising events				
UE	(not including \$			ì	
Ę,	of contributions reported on line 1c)				ì
OTHER REVEN			4		
ĕ	See Part IV, line 18				
풀	b Less, direct expenses b				_
Ò	c Net income or (loss) from fundraising events				
	· · ·				
	9a Gross income from gaming activities See Part IV, line 19		,		
	See Part IV, line 19		· ·	1	
	b Less direct expenses . b				
	c Net income or (loss) from gaming activities				
	10a Gross sales of inventory, less returns				٢
	and allowances a				,
	b Less cost of goods sold . b				
	c Net income or (loss) from sales of inventory		1		
	Miscellaneous Revenue Business Code				
	11a				
	b				
	c				
	d All other revenue				·
- 1	d All other revenue				ļ,
1	e Total. Add lines 11a-11d				
	12 Total revenue. See instructions	1,977,649.	93,637.	0.	21,098.

Page 10

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
Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21				
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				11 T T T T T T T T T T T T T T T T T T
4 Benefits paid to or for members				-
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	350,566.	188,753.	48,785.	113,028.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	17,530.	7,858.	3,121.	6,551.
9 Other employee benefits	13,439.	5,187.	2,702.	5,550.
10 Payroll taxes	27,817.	14,429.	3,588.	9,800.
11 Fees for services (non-employees)				
a Management				
b Legal				
c Accounting	15,676.	11,784.	1,570.	2,322.
d Lobbying				
e Prof fundraising svcs See Part IV, In 17				
f Investment management fees .				
g Other .				
12 Advertising and promotion	21,364.	4,000.	14.	17,350.
13 Office expenses	3,751.	2,329.	729.	693.
14 Information technology				
15 Royalties				
16 Occupancy	32,505.	20,803.	5,851.	5,851.
17 Travel	4,179.	2,465.	991.	723.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	1,201.	1,116.	0.	85.
20 Interest				
21 Payments to affiliates		·		<u> </u>
22 Depreciation, depletion, and amortization	9,303.	2,760.	3,191.	3,352.
 Insurance 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) 	26,659.	14,560.	4,394.	7,705.
a DUES & SUBSCRIPTIONS	18,175.	9,814.	4,209.	4,152.
b CAMPAIGN SPONSORSHIP	5,189.	0.	0.	5,189.
c JANITORIAL	3,600.	2,304.	648.	648.
d EQUIPMENT AND REPAIR	6,553.	1,037.	345.	5,171.
e INTERNET	903.	630.	138.	135.
f All other expenses	1,268,452.	1,231,296.	3,490.	33,666.
25 Total functional expenses. Add lines 1 through 24f	1,826,862.	1,521,125.	83,766.	221,971.
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				
BAA	<u> </u>			Form 990 (2009)

Balance Sheet Part X (A) (B) End of year Beginning of year Cash - non-interest-bearing 594,401 1 786,611. 2 2 Savings and temporary cash investments 401,197 401,197. 793,730. 3 3 Pledges and grants receivable, net 755,602. 1,811. 4 4 Accounts receivable, net 599. Receivables from current and former officers, directors, trustees, key employees, 5 and highest compensated employees. Complete Part II of Schedule L Receivables from other disqualified persons (as defined under section 4958(f)(1)) 6 and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L ASSETS 7 Notes and loans receivable, net. Inventories for sale or use 8 189 9 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment cost or other basis 10a 80,052. Complete Part VI of Schedule D 10b 44,468 26,107. 10 c 35,584. b Less: accumulated depreciation 11 11 Investments - publicly-traded securities 12 12 Investments - other securities See Part IV, line 11 13 13 Investments - program-related. See Part IV, line 11 14 14 Intangible assets 15 Other assets See Part IV, line 11 15 200. 16 Total assets Add lines 1 through 15 (must equal line 34) 1,817,435. 16 1,979,793. 17 17 Accounts payable and accrued expenses 15,925. 8,397. Grants payable 18 18 19 19 Deferred revenue 20 20 Tax-exempt bond liabilities 21 Escrow or custodial account liability Complete Part IV of Schedule D 21 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II 22 of Schedule L 23 23 Secured mortgages and notes payable to unrelated third parties 24 Unsecured notes and loans payable to unrelated third parties 25 Other liabilities. Complete Part X of Schedule D 1,150,323 25 1,169,422. 26 Total liabilities. Add lines 17 through 25 1,166,248. 1,177,819. Organizations that follow SFAS 117, check here ► X and complete lines 27 through 29 and lines 33 and 34. 27 27 Unrestricted net assets 607,360. 781,453. Temporarily restricted net assets 43,827. 28 20,521. 29 29 Permanently restricted net assets é Organizations that do not follow SFAS 117, check here and complete FUZD lines 30 through 34. 30 30 Capital stock or trust principal, or current funds . 31 31 Paid-in or capital surplus, or land, building, and equipment fund BALANC 32 Retained earnings, endowment, accumulated income, or other funds 32 33 33 Total net assets or fund balances. 651,187 801,974. 34 1,817,435. 34 1,979,793. Total liabilities and net assets/fund balances

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Form 990 (2009)

Form 990 (2009) UNITED WAY OF NORMAN, INC.	73-0668684		_ Pa	ige 12
Part XI Financial Statements and Reporting				
			Yes	No
1 Accounting method used to prepare the Form 990 Cash X Accrual Other	Γ			
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?		2a	\mathbf{x}	
b Were the organization's financial statements audited by an independent accountant?		2b	х	
c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversig review, or compilation of its financial statements and selection of an independent accountant?		2c	х	
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 wer consolidated basis, separate basis, or both	e issued on a			
X 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 Audit Act and OMB Circular A-133?	in the Single	3a		x
b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo th or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		3Ь		

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Form **990** (2009)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

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

OMB No 1545-0047

man ta Dublia

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

Name o	ame of the organization Employer identification number											
UNI	TEI	O WZ	Y OF NOR	MAN, INC.						73-0	66868	4
Parl	1	Rea	ason for Pu	blic Charity Statu	s (All organizations	must o	comple	ete this	part.)	[,] See ı	nstruc	tions
The o	rgai	nızatı	on is not a priv	ate foundation because	se it is (For lines 1 through	gh 11, cl	heck on	ly one be	ox)			
1		A ch	urch, conventio	on of churches or asso	ciation of churches descr	ibed in :	section	170(Ь)(1)(A)(i).			
2	П	A sc	hool described	in section 170(b)(1)(A)(ii). (Attach Schedule E)						
3	П	A ho	spital or coope	rative hospital service	organization described in	n sectio	n 170(b))(1)(A)(ii	i).			
4	П	A me	edical research	organization operated	d in conjunction with a ho	spital de	escribed	ın secti	on 170(b)(1)(A)	(iii) Ente	er the hospital's
		name	e, city, and sta	te [.]								
5		170(b)(1)(A)(iv). (C	Complete Part II)	of a college or university of		•	-	-	nental u	nıt desc	ribed in section
6 7	X	in section 170(b)(1)(A)(vi). (Complete Part II)										
8	\sqcup	A co	mmunity trust	described in section 1	70(b)(1)(A)(vi). (Complete	e 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 o	rganization org	janized and operated	exclusively to test for pub	lic safet	y See s	section 5	509(a)(4).		
11	An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h.											
		_	Type I	b Type II	c Type III				ed.		dП	Type III - Other
e	\Box	By cl	necking this bo	x. I certify that the ord	عرب التاريخ ا	d directl	v or indi	rectly by	one or	more d	ت - Isqualific	ed persons other
	_	than 509(a	foundation ma a)(2).	nagers and other than	one or more publicly sup	oported	organıza	itions de	scribed	ın secti	on 509(a	a)(1) or section
f			organization r k this box	received a written dete	rmination from the IRS th	nat is a	Type I, T	Гуре II о	r Type I	II suppo	rting org	ganization,
g		Since	e August 17, 20	006, has the organizat	ion accepted any gift or	contribu	ition fror	n any of	the foll	owing p	ersons?	
												Yes No
		(i)	a person who	directly or indirectly overning body of the su	ontrols, either alone or to	gether v	with pers	sons des	cribed	ın (ıı) an	d (III)	11 g (i)
		(ii)		ber of a person desci	-							11 g (ii)
		(iii)	•	•	described in (i) or (ii) abo	ove?						11 g (iii)
h		` '		•	ne supported organization							
 -			of Supported	(ii) EIN	(iii) Type of organization		ls the	(V) Did v	ou notify	(vı)	s the	(vii) Amount of Support
	V.	Org	anization	(1) 211	(described on lines 1-9 above or IRC section (see instructions))	organizat (i) listed gove	tion in col d in your erning ment?	the organ	iization in (i) of	organizat		(vii)/illiount of cupport
_						Yes	No	Yes	No	Yes	No	
						 	 	 		-		
				· · · · · · · · · · · · · · · · · · ·								
						<u></u>						
						 	<u> </u>					
Total												

Schedule A (Form 990 or 990-EZ) 2009

Schedule A (Form 990 or 990-EZ) 2009 UNITED WAY OF NORMAN, INC. 73-0668684 Page 2 Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I) Section A. Public Support Calendar year (or fiscal year beginning in) ► (a) 2005 (b) 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants') 1,588,118. 1,658,440. 1,623,338. 1,862,914 7,273,381. Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge Total. Add lines 1-through 3 1,588,118. 1,658,440. 1,623,338. 1,862,914 7,273,381. 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 shown on line 11, column (f) Public support. Subtract line 5 from line 4 7,273,381. Section B. Total Support Calendar year (or fiscal year (a) 2005 (b) 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total beginning in) Amounts from line 4 540,571. 588,118. 658,440. 1,623,338. 862,914 7,273,381. Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form 15,761 40,887 40,088. 28,374 21,098 146,208. similar sources Net income from unrelated business activities, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support. Add lines 7 through 10 7,419,589. 12 Gross receipts from related activities, etc. (see instructions) First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f) 14 98.03% 15 Public support percentage from 2008 Schedule A, Part II, line 14 15 98.01% 16a 33-1/3 support test - 2009. If the organization did not check the box on line 13, and the line 14 is 33-1/3 % or more, check this box ► [X] and stop here. The organization qualifies as a publicly supported organization. **b 33-1/3 support test** — **2008.** If the organization did not check a box on line 13, or 16a, and line 15 is 33-1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization 17a 10%-facts-and-circumstances test - 2009 If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization b 10%-facts-and-circumstances test — 2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization.

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

UNITED WAY OF NORMAN, INC. 73-0668684 Schedule A (Form 990 or 990-EZ) 2009 Page 3 Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I) Section A. Public Support Calendar year (or fiscal yr beginning in)► (a) 2005**(b)** 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total Gifts, grants, contributions and membership fees received (Do not include 'unusual grants.') Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a activity that is related to the organization's tax-exempt purpose Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on The value of services or facilities furnished by a governmental unit to the organization without charge 6 Total. Add lines 1 through 5 7a Amounts included on lines 1. 2, 3 received from disqualified persons **b** Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the amount on line 13 for the c Add lines 7a and 7b 8 Public support (Subtract line 7c from line 6) Section B. Total Support Calendar year (or fiscal yr beginning in) ► (a) 2005 **(b)** 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total 9 Amounts from line 6 10 a Gross income from interest. dividends, payments received on securities loans, rents, royalties and income form similar sources **b** Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 c Add lines 10a and 10b Net income from unrelated business activities not included inline 10b. whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) 13 Total support. (add Ins 9, 10c, 11, and 12) First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 15 15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f) % 16 Public support percentage from 2008 Schedule A, Part III, line 15 16 % Section D. Computation of Investment Income Percentage 17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f)) 17 % 18 Investment income percentage from 2008 Schedule A, Part III, line 17 18 % 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 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

Schedule A	(Form 990 or 9	90-EZ) 2009	UNITED	WAY	OF	NORMAN	, IN	c.	73-0668684	Page 4
Part IV	Supplement Part II, line	tal Informat 17a or 17b;	t ion. Comp and Part	olete th	nis p	part to pr	ovide any	the explanation	ns required by Part II, line al information. See instruc	10; tions.
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					<u>-</u> .					
- -										
	- -	-								
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-										

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

Supplemental Financial Statements

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

Attach to Form 990. ► See separate instructions

OMB No 1545-0047

Open to Publication () Employer Identification number

-	ITED WAY OF NORMAN, INC.			73-0668684				
Pai	Organizations Maintaining Dono	r Advised Funds or Other Similar Fur	nds or Acco	ounts Complete If				
	the organization answered 'Yes' t							
		(a) Donor advised funds	(b) F	unds and other accounts				
1	Total number at end of year .			<u> </u>				
2	Aggregate contributions to (during year)		<u> </u>					
3	Aggregate grants from (during year)							
4	Aggregate value at end of year		l					
5	Did the organization inform all donors and don funds are the organization's property, subject to	or advisors in writing that the assets held in dor o the organization's exclusive legal control?	nor advised	Yes No				
6	6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or for any other purpose conferring impermissible private benefit?? No							
Pai	Conservation Easements Comple	ete if the organization answered 'Yes'	to Form 99	0, Part IV, line 7.				
1	Purpose(s) of conservation easements held by	the organization (check all that apply)						
	Preservation of land for public use (e.g., re	ecreation or pleasure) Preservation	of an historica	lly important land area				
	Protection of natural habitat	Preservation of	of certified his	toric structure				
	Preservation of open space							
2	Complete lines 2a through 2d if the organization	n held a qualified conservation contribution in t	he form of a c	onservation easement on the				
	last day of the tax year			Held at the End of the Year				
_	Total number of conservation easements		2a	neid at the Elid of the Year				
	Total acreage restricted by conservation easen	aonte	2 b					
	Number of conservation easements on a certific		2c					
	Number of conservation easements included in		2d					
3	Number of conservation easements modified, t	• • •		nization during the tax				
•	year ►	ransierrea, released, exanguished, or terminate	a by the organ	median daring the tax				
4	Number of states where property subject to cor	nservation easement is located >	_					
5	Does the organization have a written policy reg and enforcement of the conservation easement	arding the periodic monitoring, inspection, hand	dling of violati	ons, Yes No				
6	Staff and volunteer hours devoted to monitoring during the year		nents	☐ 165 ☐ 110				
7	Amount of expenses incurred in monitoring, ins	specting, and enforcing conservation easements	, <u> </u>					
	•	line 2(d) should catisfy the requirements of see	- <u>-</u>					
8	Does each conservation easement reported on 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?			. Yes No				
9	In Part XIV, describe how the organization repoinclude, if applicable, the text of the footnote to conservation easements	the organization's financial statements that de	scribes the or	ganization's accounting for				
Ŗäi	Organizations Maintaining Colle Complete if the organization ansi	ctions of Art, Historical Treasures, or wered 'Yes' to Form 990, Part IV, line	r Other Sim	ilar Assets				
1 a	If the organization elected, as permitted under treasures, or other similar assets held for publi the text of the footnote to its financial statement	c exhibition, education, or research in furtheran	nt and balance ice of public se	e sheet works of art, historical ervice, provide, in Part XIV,				
t	of the organization elected, as permitted under treasures, or other similar assets held for publi amounts relating to these items:	SFAS 116, to report in its revenue statement ar c exhibition, education, or research in furtheran	nd balance sho ce of public so	eet works of art, historical ervice, provide the following				
	(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 amounts required to be reported under SFAS 1	t, historical treasures, or other similar assets for 16 relating to these items	r financial gai	n, provide the following				
а	Revenues included in Form 990, Part VIII, line	1		►\$				
t	Assets included in Form 990, Part X			►\$				

Schedule D (Form 990) 2009 UNIT				_		73-066			Page 2
Part III Organizations Mainta	ining Colle	<u>ctions</u>	of Art, Histo	orical	Treasures, or	Other Similar Ass	sets (c	<u>ontını</u>	ıed)
3 Using the organization's acquisiti items (check all that apply).	on accession a	and othe	er records, chec	k any o	f the following that	are a significant use	of its co	llection	1
a Public exhibition			d Loan	or exch	ange programs				
b Scholarly research			e U Other	·					
c Preservation for future general									
4 Provide a description of the organ Part XIV.							ın		
5 During the year, did the organization assets to be sold to raise funds re	tion solicit or re ather than to b	eceive d e maint	donations of art ained as part o	, historic f the ord	cal treasures, or of ganization's collect	ther similar ion?	☐ Yes	ſ	No
Part IV Escrow and Custodia 9, or reported an amo	l Arrangem	ents (Complete if of	organiz			90, Pa	rt IV,	line
1 a Is the organization an agent, trus included on Form 990, Part X?	tee, custodian	, or othe	er intermediary	for cont	ributions or other a	assets not	Yes	[No
b If 'Yes,' explain the arrangement	ın Part XIV an	d compl	lete the followin	g table					
							Amoun	<u>t</u>	
c Beginning balance .		• •				1 c			
d Additions during the year		•	•			1 d			
e Distributions during the year	•					1 e			
f Ending balance					•				
2a Did the organization include an a		1 990, F	art X, line 21?				∐ Yes	L	No
b If 'Yes,' explain the arrangement									
Part V Endowment Funds Co									
	(a) Current	year	(b) Prior yea	r	(c) Two years back	(d) Three years back	(e)	Four year	s back
1 a Beginning of year balance						 			
b Contributions					 ,	 	<u> </u>		
c Net Investment earnings, gains, and losses									
d Grants or scholarships									
 Other expenditures for facilities and programs 									
f Administrative expenses .			-			<u> </u>			
g End of year balance		j				<u> </u>			
2 Provide the estimated percentage	of the year er	nd balar	nce held as:						
a Board designated or quasi-endow	ment 🟲		%						
b Permanent endowment b	%								
c Term endowment ►	%								
3a Are there endowment funds not in	the possession	on of the	e organization t	hat are	held and administe	ered for the	,		
organization by	·		5					Yes	No
(i) unrelated organizations					•		3a(i)	_	
(ii) related organizations .	•						3a(ii)		
b If 'Yes' to 3a(II), are the related o	-		· · · · ·				[3b]		L
4 Describe in Part XIV the intended									
Part VI Investments—Land, B									
Description of investment			or other basis vestment)	(b) (ba	Cost or other asis (other)	(c) Accumulated Depreciation	(d) E	Book Va	alue
1 a Land .	Ļ								
b Buildings	ļ.			_					
c Leasehold improvements	ļ.								
d Equipment			80,052.			44,468.		35	<u>,584.</u>
e Other								_	
Total. Add lines 1a through 1e (Column	n (d) must equa	al Form	990, Part X, co	lumn (E	3), line 10(c))				,584.
BAA						. Sched	iule D (F	orm 99	90) 2009

Schedule D (Form 990) 2009 UNITED WAY OF NORM		73-0668684	Page
Part VII Investments-Other Securities See Fo	rm 990, Part X, line 1	2.	
(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 F	orm 990, Part X, line	13)	
(a) Description of investment type	(b) Book value	(c) Method of valuation	
	(b) Book value	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, I	ine 15)		
	scription	(b) Book va	alue
Deposits			200.
· · · · · · · · · · · · · · · · · · ·			
	_		
N.S			
· · · · · · · · · · · · · · · · · · ·			
Total. (Column (b) must equal Form 990, Part X, col (B), line		<u> </u>	200.
Part X Other Liabilities (See Form 990, Part)			
(a) Description of Liability	(b) Amount		
Federal Income Taxes			
PAYROLL LIABILITIES	0.		
ACCRUED VACATIONS	4,422.		
DUE TO AGENCIES AND OTHER UNITED WAYS	1,165,000.		
<u> </u>			
<u> </u>			
<u> </u>			
<u></u>			
<u> </u>			
Total (Column (b) must equal Form 990, Part X, col (B) line 25)	1,169,422.		
2. FIN 48 Footnote In Part XIV, provide the text of the footno for uncertain tax positions under FIN 48.	te to the organization's fina	incial statements that reports the organization's liab	oility

	rt XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements	-0000	1004 rage 4
1	Total revenue (Form 990, Part VIII,column (A), line 12)	$\overline{}$	1,977,649.
2	Total expenses (Form 990, Part IX, column (A), line 25)		1,826,862.
3	Excess or (deficit) for the year Subtract line 2 from line 1	-	150,787.
4	Net unrealized gains (losses) on investments	-	2007.0.
5	Donated services and use of facilities		
6	Investment expenses .		
7	Prior period adjustments		
8	Other (Describe in Part XIV)	<u> </u>	
9	Total adjustments (net). Add lines 4 through 8		
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9		150,787.
Pa	rt XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Ro	turn	
1	Total revenue, gains, and other support per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12.		
	a Net unrealized gains on investments	1	
1	Donated services and use of facilities	1 1	
	Recoveries of prior year grants	↓	
	d Other (Describe in Part XIV)]_]	
	e Add lines 2a through 2d	2 e	
_	Subtract line 2e from line 1	3	
	Amounts included on Form 990, Part VIII, line 12, but not on line 1	1 1	
	a Investments expenses not included on Form 990, Part VIII, line 7b		
	Other (Describe in Part XIV)		
	C Add lines 4a and 4b	4c	
	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) † XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per		
	Total expenses and losses per audited financial statements	1	
	Amounts included on line 1 but not on Form 990, Part IX, line 25	 	
	Donated services and use of facilities . 2a		
	Prior year adjustments	}	
	COther losses . 2c	1	
	Other (Describe in Part XIV)	1 1	
	Add lines 2a through 2d	2e	
	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		<u> </u>
á	Investments expenses not included on Form 990, Part VIII, line 7b		
ı	Other (Describe in Part XIV)		
•	Add lines 4a and 4b	4c	·
	Total expenses. Add lines 3 and 4c (This must equal Form 990, Part I, line 18)	5	·
Pai	t XIV Supplemental Information		
line -	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, liid; 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 mation	nes 1b a to provid	nd 2b, Part V, le any additional
		· – – –	
		· -	
BAA	TEEA3304 02/02/10	Schedu	le D (Form 990) 2009

Schedule D	(Form 990) 2009	UNITED WAY	OF NORMAN,	INC.	 73-0668684	Page 5
Part XIV	Supplementa	Information (continued)		 	
			~		 	
	~				 	
_						
					 -	
					 	

TEEA3305 07/10/09

Schedule **D** (Form 990) 2009

BAA

SCHEDULE O (Form 990)

Supplemental Information to Form 990

OMB No 1545-0047

2009

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Attach to Form 990.

Employer identification number Name of the organization 73-0668684 UNITED WAY OF NORMAN, INC Pt VI-B, Line 11A Officers and Directors are provided a copy of form 990 _before it is filed. _ Pt VI-B, Line 12c The officers are required to evaluate conflicts of interest ____annually. Pt VI-B, Line 15 Officer's compensation and raises are determined by the _board.__

Schedule O (Form 990), Supplemental Information to Form 990 Form 990, Page 2, Part III, Line 1 (continued)

Briefly describe the organization's mission:

solving. By establishing shared vision and focusing resources on priority needs and programs, future community outcomes will be changed for the better. The United Way runs an annual giving campaign and invests the resulting financial resources according to the research and evaluation of the Impact Council: Children & Youth, Individuals & Families, and Seniors. The United Way of Norman is governed by a local Board of Directors.

Schedule O (Form 990), Supplemental Information to Form 990 Form 990, Page 2, Part III, Line 4d (continued)

4d Describe the exempt purpose achievements for each of the organization's other program services. Section 501(c)(3) and (4) organizations and 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

Code:	Description:	SUC	CESS 1	BY SIX:					
Expenses _	118,978.	See	Form	990, Page	2,Part	III,	Line	4d	
Grants Of	84,513.								
Revenue	0.								
								<u> </u>	

United Way of Norman 2009/2010 Board of Directors

Officers							
ChairmanLynn Palme	erton	Sooner N	1all	360-0360			
Vice Chair (Chair-elect)	au	LaReau 8	& Assoc	579-1711			
Secretary/Treasurer Steve Faler		Arvest Ba	ank	366-3038			
Immediate Past Chair Eric Fleske							
Other Executive Committee Members			,	364-5300			
Personnel Chair Samantha I	Mohr	Office Ma	ax	217-6399			
P R. Chair Nanette Ha		OU		325-2894			
Campaign Chairs		BancFirs	t	680-6607			
Randy Laffo	on .	KREF	•	630-8563			
Bylaws/Policies Chair	5011		Public Schools	364-1339			
bylaws/r olicles Oriali at Noien		Homian	Tablic Octions	304-1333			
Terms Expiring 06/30/2010							
* AUSTIN, Mark	OU, Pres. Asso	nc.	4301 Brookfield Dr	73072			
** CLINTON, Gary P	P&S Pharmacy		900 N Porter	73071			
** FLESKE, Eric	Equity Realty		PO Box 1763	73070			
	_ ' . ' _ '		530 E Main	73071			
* HARTLEY, Diana 364-3703 1 KREBS, Taylor (505) 506-4 ** LAFFOON, Randy 630-8563		nt	1611 College	73072			
** LAFFOON, Randy 630-8563	KREF	it.	2020 Alameda	73072			
* LONGCRIER, Sandra 553-5110	OG&E		301 E Comanche #2	73069			
** MOHR, Samantha 217-6399	Office Max						
* NOLEN Det 264 1220			2601 Technology Pl.	73071			
* NOLEN, Pat 364-1339	Norman Public			73069			
** WILSON, George 360-5500	Hitachi		PO Box 1203	73070			
Terms Expiring 06/30/2011							
u ADAIR, Jim321-8984	Adair & Assoc.		111 N. Peters	73069			
* CORLEY, Steve 292-2900	Eide Bailly		2401 Westport Dr	73069			
* FARZANEH, Jalal 412-6565	Home Creation	ie.	2252 N. Broadway, Moor				
** HARP, James	Republic Bank			73070			
TIAINE, Jailles	LaReau & Ass		116 S. University	73070			
LANLAO, Tylei	Astellas	00	3350 Marshall Ave	73009			
u MAGUIRE, Pam	Asicilas		180 W. Brooks	73071			
u TURNER, Teresa	OU Athletics						
** WADE, Jim	BancFirst		1201 W Main St.	73069			
* YOUNGBLOOD, Devery767-8973	Chickasaw Na	uon	4005 NW Exp., St. 610	73116			
Terms Expiring 06/30/2012							
** CLARK, Terry 573-8803	Radar Op. Ctr.		1200 Westheimer Dr.	73069			
** FALER, Steve 366-3038	Arvest Bank		PO Box 900	73070			
u* GARRETT, Terry	Attorney		421 E Comanche	73071			
u** HATHAWAY, Nanette 325-2894	OU		OMU,900 Asp, Rm 265	73019			
• HOBBY, Connie 364-4040	Johnson Contr	ole	5005 York Dr.	73069			
** PALMERTON, Lynn 360-0360	Sooner Mall	Old	3301 W Main	73009			
		E250 C					
 PERRY, Giovanni	Attorney		Western Ave, Ste 616	73109			
	NRHS Physicia	an	PO Box 1308	73070			
• VINYARD, Casey 642-7673	KREF		3728 Hidden Hill Rd	73072			
Council Chairs & Vice-Chairs							
Kim Jackson, Children & Youth Council C	hair 2008-2010	1		1			
	Volunteer	,	1900 Windermere Dr	73072			
Sharon Heatley, Vice Chair 366-5846		Schoole		73072 73069			
			ISTN FIOOD	73008			
Diana Hartley, Individuals & Families Cou		-2010	4701 12 th Ave NW	72060			
! Robyn Castleberry, Vice-Ch 364-5763x			4/UIIZ AVE NVV	73069			
! Margaret Pape, Seniors Council Chair, 20			1500 Milabus A	72070			
		er	1523 Wilshire Ave	73072			
Cody Ponder, Vice-Chair 325-6836	CART		510 E. Chesapeake	73019			
Key							

u = Filled Unexpired Term *= First Three-year Term ** = Second Three-year Term 1 = 1 yr student term

*** = Third Term for President or Immediate Past President (United Way Bylaws, Article IV, Section 1)

1 = 2 yr council leader's term