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# **EXTENSION ATTACHED 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

Inspection

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

A F	or the	e 2010	calendar year, or tax year beginning , 2010, and end	ing		, 20
			C Name of organization		D Employer identif	ication number
Всн	eck if ap	plicable	UNITED WAY OF CENTRAL OKLAHOMA, INC.		73-05898	29
	Addre		Doing Business As		1	
$\vdash$	chang	e change	Number and street (or P O box if mail is not delivered to street address) Room/suite	,	E Telephone numb	er
-	1		1444 NW 28TH STREET		(405) 236-	
-	Initial	return			(403) 230	0441
	Termu		City or town, state or country, and ZIP + 4			10 557 007
	Amen return		OKLAHOMA CITY, OK 73106		G Gross receipts \$	
	Applic pendii		F Name and address of principal officer AMY MONTOYA		H(a) Is this a group ref affiliates?	<u> </u>
			1444 NW 28TH STREET OKLAHOMA CITY, OK 73106		H(b) Are all affiliates in	ncluded? Yes No
1	Tax-ex	empt sta	atus X 501(c)(3) 501(c) ( ) ◀ (Insert no ) 4947(a)(1) or	527	If "No," attach a l	st (see instructions)
J	Websi	te: 🕨	WWW.UNITEDWAYOKC.ORG		H(c) Group exemption	number -
<u>к</u>	Form o	of organ	ization X Corporation Trust Association Other ▶ L Year	of forma	tion 1952 M Stat	e of legal domicile OK
Pa			nmary			
			describe the organization's mission or most significant activities			
	'	TO	IMPROVE THE HEALTH, SAFETY, EDUCATION & ECONOMIC W	ELL-H	BEING OF	
ခ			IVIDUAL FAMILIES IN NEED IN CENTRAL OKLAHOMA.			
la l						
Governance	_		this box I if the organization discontinued its operations or disposed of more			
ဖိ	2		<del></del>			68.
<del>රේ</del> ග			er of voting members of the governing body (Part VI, line 1a)			67.
Ħ,			er of independent voting members of the governing body (Part VI, line 1b)			54.
Activities	1		number of individuals employed in calendar year 2010 (Part V, line 2a)			
Ac			number of volunteers (estimate if necessary)			2,727.
			gross unrelated business revenue from Part VIII, column (C), line 12			
	b	Net u	nrelated business taxable income from Form 990-T, line 34	<u></u>		
					Prior Year	Current Year
ø	8	Contri	butions and grants (Part VIII, line 1h)		22,258,409	18,615,522.
Ž	9		am service revenue (Part VIII, line 2g)		0	1
Revenue	10		ment income (Part VIII, column (A), lines 3, 4, and 7d)		20,441	. 31,513.
~	11		revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		74,198	. 102,946.
	l		revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		22,353,048	. 18,749,981.
	13		s and similar amounts paid (Part IX, column (A), lines 1-3)		15,261,880	. 16,511,813.
	14		its paid to or for members (Part IX, column (A), line 4)		0	<del></del>
	4-		es, other compensation, employee benefits (Part IX, column (A), lines 5-10)		2,031,963	. 1,978,007.
Expenses	46.			•	0	<del></del>
e e	loa	Tatal	ssional fundraising fees (Part IX, column (A), line 11e) fundraising expenses (Part IX, column (D), line 25)	•	<del></del>	,
Ä	4-0	Total	rundraising expenses (Part IX, column (D), line 25)	-	1,675,118	1,656,716.
			expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	•	18,968,961	
			expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	•		
- 0	19	Rever	nue less expenses Subtract line 18 from line 12	+	3,384,087	
s or	1			Begi	nning of Current Year	
t Assets	20		assets (Part X, line 16)	.	25,481,930	
Z Z B	21	Total	liabilities (Part X, line 26)		10,305,837	
<u> 왕</u> 급	22	Net a	ssets or fund balances Subtract 📭 21 from line 20	<u>.l.                                   </u>	15,176,093	. 13,748,757.
	rt II		gnature Block P NOV 2 3 2011   [5]			
Un	der per	nalties o	f perjury, I declare that I have examined this return, including accompanying schedules and statem plete Declaration of preparer (other than difficer) is based on all information of which preparer has	ents, and anv knowi	to the best of my know ledge	wledge and belief, it is true,
	root, a	1	OG DEN 117			
S	ign		OODLIV, OI			
Н	ere		Signature of officer		Date	
			Type or print name and title			<del>"</del>
_		Print	Type preparer's name Preparer's signature Date		Check if	PTIN
Paid	t		BRANDON YOUNG M.T. 11-1	15-11	self- employed	P00440841
Pre	parer		CDANIM MUODAMON LLD			5-6055558
Use	Only					05-218-2800
N4	, the '		saddress > 211 N ROBINSON STE 1200 OKLAHOMA CITY, OK 73102		Timone iiu 40	
way	y ine i	KO OIS	cuss this return with the preparer shown above? (see instructions)			. X Yes No

For Paperwork Reduction Act Notice, see the separate instructions.

SCANNED JAN 0 6 2012

JSA 0E10101000 HABOOV 700L 11/11/2011 11:24:37 AM V 10-8.2

0158178.00004

17,063,004.

JSA

including grants of \$

4d Other program services (Describe in Schedule O)

4e Total program service expenses ▶

(Expenses \$

) (Revenue \$

Form 990 (2010)

Part	Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? (see instructions)	2	X	L
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		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			l
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,			Į
	Part III	5		<u></u>
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have			
	the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes,"			
	complete Schedule D, Part I	6		X
7	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,"			
	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,"			v
	complete Schedule D, Part IV	9	-	X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or	4.0		x
	quasi-endowments? If "Yes," complete Schedule D, Part V	10		
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
_	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete			
а	Schedule D, Part VI	11a	Х	
h	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	11b		Х
c	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	11c		X
d	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	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			1
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes,"	'	_	
	complete Schedule D, Parts XI, XII, and XIII	12a	Х	<u> </u>
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if			
	the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b	Х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		<del>  ^</del>
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising,	4.45		x
4-	business, and program service activities outside the United States? If "Yes," complete Schedule F, Parts I and IV · ·	14b	<u> </u>	^
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any	15		X
4.0	organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	13	<del> </del>	<del>                                     </del>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance	16		х
17	to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV	· · ·		† <del>=</del>
.,	on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	<u> </u>		_
. 0	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	]	X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?		İ	
. •	If "Yes," complete Schedule G, Part III	19		x
20 a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a		Х
	If "Yes" to line 20a, did the organization attach its audited financial statements to this return? <b>Note</b> . Some Form			
	990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20b	<u> </u>	<u> </u>

Part	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	ļ		İ
	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	Х	
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, 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
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
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
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,		İ	
	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,		** ; ·:	1
	Part IV instructions for applicable filing thresholds, conditions, and exceptions)	- ``		1 27
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	X	<u> </u>
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part N	28b	Х	
C	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part N	28c	X	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	<u> </u>	X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30	<u> </u>	X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			١
	Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"		ŀ	١
	complete Schedule N, Part II	32	├	X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	1	ŀ	١,,
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33	<u> </u>	X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III,			\ <sub>V</sub>
	IV, and V, line 1		-	X
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35	ļ	X
а	Did the organization receive any payment from or engage in any transaction with a			
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R,			
	Part V, line 2 Yes X No			
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			U
	related organization? If "Yes," complete Schedule R, Part V, line 2	36	1	X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	1		1
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R			v
	Part VI	37	<del> </del>	<u> </u>
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and		x	
	19? Note. All Form 990 filers are required to complete Schedule O		1	(2010

Far	Check if Schedule O contains a response to any question in this Part V			
•——				No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable		,	
	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable			
	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	1		
	Statements, filed for the calendar year ending with or within the year covered by this return. 2a 54			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		<u>X</u>
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
4 a	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	,	ł	х
_	account)?	4a		$\stackrel{\sim}{=}$
þ	If "Yes," enter the name of the foreign country ▶			
<b>-</b> -	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
0 a	organization solicit any contributions that were not tax deductible?	6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
_	gifts were not tax deductible?	6b		L
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 goods			
	and services provided to the payor?	7 a	X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Х	
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			17
	required to file Form 8282?	7 c		Х
	If "Yes," indicate the number of Forms 8282 filed during the year			v
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		$\frac{x}{x}$
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g 7h		
_	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?  Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting	7 11	Ī	
8	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.			
a	7.1.1	9a		
b		9b		
10	Section 501(c)(7) organizations. Enter:		!	
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			
а	· · · · · · · · · · · · · · · · · · ·	-		
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)	40.	, 	
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		'7
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	-		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	42-		
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
L	Note. See the instructions for additional information the organization must report on Schedule O			
a	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
_	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		†
				·

Part	Governance, Management, and Disclosure For each "Yes" response to lines 2 through /b	Deic	)W, a	ana 
	for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or	cna	nge	s in
	Schedule O. See instructions.			
	Check if Schedule O contains a response to any question in this Part VI	<u> </u>	•	X
Sect	ion A. Governing Body and Management			
	ا ا	-v.	Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year   1a 68	10.	·	
b	Enter the number of voting members included in line 1a, above, who are independent	S(z)	S,	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	÷2.5%		हेत् ुभन् :
	any other officer, director, trustee, or key employee?	2	<u>X</u>	
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Does the organization have members or stockholders?	6		Х
7a	Does the organization have members, stockholders, or other persons who may elect one or more members			
	er tille governing body	7a		X
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b	3.57	X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following	423	41.	**
а	The governing body?	8a	<u> </u>	
b	Each committee with authority to act on behalf of the governing body?	8b	<u>X</u>	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			v
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	,	X
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Revenue C	<u> Joae</u>		T
	٦		Yes	No X
	book the digatilization have local enaptors, branches, or animates and the first transfer to the first transfer to the first transfer to the first transfer to the first transfer to the first transfer transfer to the first transfer transfer to the first transfer tr	10a		
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters,			
	gamento, and orange to organize the organization of	10b		
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the	44.	Х	
_		11a		
	besome in concade of the process, if any, according to organization to remove and removed		X	337.4
	Bood the digastization have a written defined of interest palloy in 700, go to 1100 to	12a		
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give	12b	Х	
		120		<del> </del>
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	120	Х	
4.0		12c	<u>x</u>	
13	Does the organization have a written whistleblower policy?	14	<u>X</u>	<del> </del>
14	Does the organization have a written document retention and destruction policy?	3	, :-	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	. (f		15 4
_		15a	X.	ને જાજ '-
a	The organization of the control of t	15b	Х	
b	Other officers or key employees of the organization		is	2.7.
460	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement		11.74	£. '\$1'
Toa	•	16a	'-	x
b		P) (5.15	13 N. 16 T.	
U	its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard	19,812	7.7	
		16b		
Sect	ion C. Disclosure		<u> </u>	
	List the states with which a copy of this Form 990 is required to be filed - OK,			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s	s only	 )	
. •	available for public inspection. Indicate how you make these available Check all that apply		,	
	Own website Another's website X Upon request			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of inter	est		
	policy, and financial statements available to the public.	<b>-</b> 51		
20	State the name, physical address, and telephone number of the person who possesses the books and records of the	10		
	organization MONTOYA 1444 NW 28TH STREET OKLAHOMA CITY, OK 73106			
	(405) 523-3518			

Part VII	Compensation of Officers,	Directors,	Trustees,	Key Employees,	Highest Co	ompensated Employ	ees,
	and Independent Contract	ors					

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

- 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, if any See instructions for definition of "key employee"
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

(A)	(B)				C)			(D)	(E)	(F)
Name and Title	Average hours per week (describe hours for related organizations in Schedule O)	Individual tru or director	Institutional trustee	Officer	Key employee	Highest compensated at employee	oly) Former	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
(1) ROBERT SPINKS										
CEO & PRESIDENT (OUTGOING)	38.00	Х		Х	Х	Х		175,350.	0.	. 0
(2) EDMUND MARTIN					Ì					
CHAIRMAN OF BOARD	1.00	X		Х			L.	0.	0	. 0
(3) DOUG STUSSI										
VICE CHAIRMAN	1.00	Х		X				0.	0.	0
(4) DAVID HARLOW							Γ			
SECRETARY/ TREASURER	1.00	X		Х			1	0.	0.	. 0
(5) SHANE WHARTON										
ASSISTANT SECRETARY/TREASURER	1.00	Х		X				0.	0.	0
(6) SEE STATEMENT 1										
BOARD MEMBER	1.00	X			İ			0.	0.	. 0
(7) DEBBY HAMPTON										
CEO & PRESIDENT (INCOMING)	38.00	X		X	X			22,500.	0.	0
(8) AMY MONTOYA										
CFO	38.00	1		X				73,814.	ο.	0
(9)										
(10)								,,,		
(11)										
(12)	<del> </del>									
(13)										
						-				
(15)						-				_
	-				T					

(A)	(B)			•	C)			(D)	(E)		(F	•
Name and title	Average hours per week (describe hours for related organizations in Schedule O)		institutional trustee			Highest compensated at employee	Pormer	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MIS	,	Estimamou oth competed from organic and recordance organic and recor	unt of ner nsation the ization elated
(17)			<u> </u>									
(18)		-	-			-						
(19)		_			-							
(20)					_							
(21)	-									_	<u> </u>	
(22)			-	_			ļ					
(23)				ļ. 			<del>  -</del>			_		
(24)							-					•
(25)		<u></u>		-	-							
(26)			-							_		<del></del>
(27)		-	-	-								
(28)			-	-	╁		-					<del></del>
1b Sub-total	<u> </u>	<u> </u>	<u></u>	l	<u> </u>	l		271,664		0.		0.
c Total from continuation sheets to Part VII, S d Total (add lines 1b and 1c)	Section A							271,664		0.		0.
Total number of individuals (including but not reportable compensation from the organization)	limited to t	hose	liste						\$100,000 in			
					·			<u> </u>	<del></del>			Yes No
3 Did the organization list any former offi employee on line 1a? If "Yes," complete Sched											3	Х
4 For any individual listed on line 1a, is the organization and related organizations individual	greater th	han :	\$15	0,00	00?	If "	Yes,	" complete Sched	fule J for suc	:h	4	Х
5 Did any person listed on line 1a receive or for services rendered to the organization? If ")	accrue co	mpe	nsat	ion	froi	n an	y ur	nrelated organizati	on or individu	al	5	Х
Section B. Independent Contractors											<u>'</u>	·
Complete this table for your five highest compensation from the organization	compensa	ited i	nde	pen	den	t cor	ntrac	ctors that receive	d more than	\$100	0,000	of 
(A) Name and business add	dress					<u>.</u>		(B) Description of se	ervices	Co	(C) ompensa	ation
											· -··-	
							_					
2 Total number of independent contractors (	including b	ut no	ot III	mite	ed t	o tho	se	listed above) who	received			
more than \$100,000 in compensation from the						0				z . z . z . z		

Par	t VIII	Statement of Revenue					
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
र्घ य	1 a	Federated campaigns 1a	18,615,522.				1
ons, gifts, grants similar amounts	b	Membership dues 1t	<u> </u>	;			
ts, g	С	Fundraising events 10	;				
, gif ilar	d	Related organizations 10					1
ons	е	Government grants (contributions) 16	·				
outi	f	All other contributions, gifts, grants,					
itrik oth		and similar amounts not included above . 11					
Contributions, and other simi	g	Noncash contributions included in lines 1a-1f \$		18,615,522.			al T
- ne	<u> </u>	Total. Add lines 1a-1f	Business Code	10,015,522.	ې د پوده د د دوم د د ميړو. ا		;
/eni	2.		200000				
Program Service Revenue	2a b		-				\ <u></u>
/ce						-	
Sen	4						
E	e					1211	
gra	f	All other program service revenue					
P.	g	Total. Add lines 2a-2f		0.	r Konstanting		<u>'</u>
	3	Investment income (including dividends in	sterest and				
		other similar amounts)ATTACHMEN	IT. 2 ▶	31,513.		<u> </u>	31,513.
	4	Income from investment of tax-exempt bor	nd proceeds 🕨	0.			
	5	Royalties · · · · · · · · · · · · · · · · · · ·	<u> </u>	0.			
		(i) Real	(II) Personal				ì
	6a	Gross Rents					
	b	Less rental expenses					
	С	Rental income or (loss) L					
	ď	Net rental income or (loss)		0.			
	7 a	Gross amount from sales of	<del>  ``                                  </del>				
	١.	assets other than inventory	00.				
	ь	Less cost or other basis and sales expenses 807,9	06.				
	c	Gain or (loss)					
	ď	Net gain or (loss)		0.			
Ð	8 a	Gross income from fundraising					
, n	"	events (not including \$					
eVe		of contributions reported on line 1c)					
Ř		See Part IV, line 18	a				
Other Revenue	b	Less: direct expenses			1		<u>'</u>
ŏ	C	Net income or (loss) from fundraising even	ts . <u> ▶</u>	0.			
	9a	Gross income from gaming activities					
		See Part IV, line 19					
	b	Less direct expenses					<u> </u>
	C	Net income or (loss) from gaming activities	· · · · · · · · · · · · · · · · · · ·	0.	_		
	10a	Gross sales of inventory, less returns and allowances	a				•
	b	Less cost of goods sold					<u> </u>
	<u> </u>	Net income or (loss) from sales of inventor Miscellaneous Revenue	Business Code	0.			
			Duamera Code	50 505			E0 505
	11a	MISC. INCOME ADMIN. FEE FROM UNITED WAY LOGAN COUNTY		58,586. 22,970.	22,970.	<del></del>	58,586
	b	ADMIN. FEE FROM UNITED WAY LOGAN COUR ADMIN. FEE FROM UNITED WAY CANADIAN (	-	22,970.	22,970.	<u> </u>	-
	٥			21,330.	21,390.		-
	d e	All other revenue		102,946.			
	12	Total revenue. See instructions		18,749,981.	44,360.	-	90,099

### 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	16,511,813.	16,511,813.	ALL THE COLUMN TO A STATE OF THE COLUMN TO A S	
2	Grants and other assistance to individuals in	0.			
•	the U.S. See Part IV, line 22	0.		550402000000000000000000000000000000000	account to the contract of the
3	Grants and other assistance to governments,				Contract of the second
	organizations, and individuals outside the U.S. See Part IV, lines 15 and 16	0.		是一个一个人的人的一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个	
4	Benefits paid to or for members	0.			
		<del>-</del>		1 1 - 10 1 1 1	·
5	Compensation of current officers, directors,	271,664.	62,263.	91,616.	117,785
c	trustees, and key employees			52,5257	
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	0.			
7	Other salaries and wages	1,260,286.	236,341.	492,003.	531,942
,		1,200,200.		332,0001	
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	0.			
9		320,745.	90,785.	108,817.	121,143
	Other employee benefits	125,312.	25,796.		52,425
10	Payroll taxes	220,020.	20,750		02,120
11	Fees for services (non-employees)	0.			
	Management				
	Legal	0.	<u> </u>		
	Accounting	0.			
	Lobbying	0.	S The same of the little same	Well The Fig.	
	Professional fundraising services See Part IV, line 17	0.	S - Land State in the way " togget that	37.000 (2)	
	Investment management fees	00 403	16,338.	39,349.	43,806
	Other	101 205	12,427.		58,279
12	Advertising and promotion	210 005	8,300.		106,828
13	Office expenses	0	0,500.	33,707.	100,020
14	Information technology				
15	Royalties	179,868.	0.	81,281.	98,587
16	Occupancy	24,810.	0.	·	13,070
17	Travel	24,010.		11,730.	13,070
18	Payments of travel or entertainment expenses	0.			
	for any federal, state, or local public officials	262,373.	35,937.	7,686.	218,750
19	Conferences, conventions, and meetings	0.	33,337.	1,000.	210,730
20	Interest	197,993.	38,448.	73,561.	85,984
21	Payments to affiliates ATCH .3 .	226,135.	0,440.	<del></del>	119,128
22	Depreciation, depletion, and amortization	0.	0.	107,007.	119,120
23	Insurance	1 7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1. J. 35 195 30 305	30 ( 1 8 m ) 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	### 1 4 5
24	Other expenses Itemize expenses not covered	13 18 18 18		<b>发生的工作公司</b>	
	above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column			The second of th	
	(A) amount, list line 24f expenses on Schedule O)	1 1 1 1 2 7 1 1 1 2 7 1 1 1 2 7 1 1 1 1	The state of the s	Contract Con	
	TURNING POINT	1,187.	1,187		0
-	CFC CAMPAIGN EXPENSE	194,927.	0.	85,283.	109,644
	STATE CAMPAIGN EXPENSE	53,476.	0.	<del> </del>	30,080
-	CITY CAMPAIGN EXPENSE	47,993.	0.		26,995
_	DISASTER RELIEF	10,960.	10,960		20,333
		25,211.	12,409		<del> </del>
	All other expenses	20,146,536.		<del>1</del>	1,734,446
	Total functional expenses. Add lines 1 through 24f	20,130,550.	1,,003,004,	1,349,000.	1,734,440
26	Joint Costs. Check here  If following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (P) line to see from a combined educational				
	(B) joint costs from a combined educational campaign and fundraising solicitation				
JSA		٠	<del>'</del> -	<del>1</del>	Form 990 (2010)

PAGE 12

Pa	rt X	Balance Sheet					
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			8,496,155.	1	9,224,224.
	2	Savings and temporary cash investments			907,906.	2	1,359,176.
	3	Pledges and grants receivable, net			11,224,847.	3	9,232,624.
į	4	Accounts receivable, net				4	
i	5	Receivables from current and former officers,					
		employees, and highest compensated employee	ees Com	plete Part II of			
		Schedule L				5	
	6	Receivables from other disqualified persons (as defined uno	der section	4958(f)(1)), persons		,	'v , .
		described in section 4958(c)(3)(B), and contributing employers					
		section 501(c)(9) voluntary employees' beneficiary organizations	s (see instru	ctions)		6	
Assets	7	Notes and loans receivable, net				7	
\ss	8	Inventories for sale or use				8	
•	9	Prepaid expenses and deferred charges				9	
	10a	Land, buildings, and equipment cost or			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	4	77 4 1 17
		other basis Complete Part VI of Schedule D	10a	6,262,252.	4,781,435.	1	The state of the s
	Ь	Less accumulated depreciation	10b	1,697,452.	4,781,435.	10c	4,564,800.
	11	Investments - publicly traded securities				11	
	12	Investments - other securities See Part IV, line 11				12	
	13	Investments - program-related See Part IV, line 1				13	
	14	Intangible assets				14	
	15	Other assets See Part IV, line 11			71,587.	15	53,805.
	16	Total assets. Add lines 1 through 15 (must equal	I line 34)		25,481,930.	16	24,434,629.
	17	Accounts payable and accrued expenses			6,705,862.	17	7,185,872.
	18	Grants payable				18	
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
S	21	Escrow or custodial account liability. Complet	e Part IV	of Schedule D		21	
Liabilities	22	Payables to current and former officers,	directors	, trustees, key	(1) (1) (1)		A WAR PARTY OF THE
abil		employees, highest compensated employees,	and disq	ualified persons		1 2	
ت		Complete Part II of Schedule L				22	
	23	Secured mortgages and notes payable to unrelate	ted third p	arties ATCH. 4.	3,599,975.	23	3,500,000.
	24	Unsecured notes and loans payable to unrelated	third parti	es		24	
	25	Other liabilities Complete Part X of Schedule D.				25	
	26	Total liabilities. Add lines 17 through 25		<u> </u>	10,305,837.	26	10,685,872.
		Organizations that follow SFAS 117, check here	e ▶ X	and complete	<b>医</b> 中的分别		
Ses		lines 27 through 29, and lines 33 and 34.			The said		
an	27	Unrestricted net assets			14,468,043		13,087,763.
Ba	28	Temporarily restricted net assets			708,050	<del> </del>	660,994.
ם	29	Permanently restricted net assets				29	
Assets or Fund Balances		Organizations that do not follow SFAS 117, che complete lines 30 through 34.	eck here	▶ and			
ţţ	30	Capital stock or trust principal, or current funds.				30	
SSE	31	Paid-in or capital surplus, or land, building, or eq	uipment fu	und		31	
Ą	32	Retained earnings, endowment, accumulated inc				32	
Net	33	Total net assets or fund balances					13,748,757.
	34	Total liabilities and net assets/fund balances	<u> </u>		25,481,930	34	24,434,629.
						-	F 990 (2040)

Form **990** (2010)

73-0589829

Pa	Reconciliation of Net Assets Check if Schedule O contains a response to any question in this Part XI		X	
1	Total revenue (must equal Part VIII, column (A), line 12)	18,7		
2	Total expenses (must equal Part IX, column (A), line 25)	20,1		
3	Revenue less expenses Subtract line 2 from line 1	-1,3	96,5	555.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	15,176,093.		
5	Other changes in net assets or fund balances (explain in Schedule O)		30,7	781.
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33,			
	column (B))	13,7	48,7	757.
Pa	Financial Statements and Reporting Check if Schedule O contains a response to any question in this Part XII			
			Yes	No
1	Accounting method used to prepare the Form 990 Cash _X Accrual Other	ير بريد مريخ ج	的激	17
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	1,	,
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		Х
b	Were the organization's financial statements audited by an independent accountant?	2b	X	
С				
	the audit, 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	1,30		
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were	2000		<u>*</u>
	issued on a separate basis, consolidated basis, or both	3.5	12.6	
	Separate basis X Consolidated basis Both consolidated and separate basis	1 y		£
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in	1.1.2	4 - 37 014	/= /
	the Single Audit Act and OMB Circular A-133?	3a		x
b			-	
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3 b		

#### SCHEDULE A (Form 990 or 990-EZ)

## **Public Charity Status and Public Support**

OMB No 1545-0047

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

4947(a)(1) nonexempt charitable trust.

Open to Public

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

Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

Employer identification number

UNITED	WAY OF CENTR	AL OKLAHOMA	, INC.						73-	0589829	
Part I	Reason for Publ	ic Charity Statu	s (All organizations mu	st com	plete	this pa	rt ) Se	e instru	ictions		
The orga	nization is not a priv	ate foundation be	cause it is (For lines 1 thr	ough 1	1, che	ck only	one box	()			
1	A_church, convention	on of churches, or	association of churches of	lescribe	ed in s	ection '	170(b)(	1)(A)(i).			
2			(1)(A)(ii). (Attach Schedule								
3			service organization descri								
4	A medical research	h organization op	erated in conjunction wi	th a h	ospital	descri	bed in	section	170(b)	(1)(A)(iii). Er	iter the
	hospital's name, cit			<del>-</del>							
5	An organization op	erated for the be	nefit of a college or unive	ersity o	wned	or ope	rated b	y a gov	vernmer	ital unit desc	ribed in
·	section 170(b)(1)(A										
6			t or governmental unit des								
7 X	_	-	es a substantial part of its	s supp	ort fro	m a go	vernme	ental un	it or fro	m the genera	il public
			. (Complete Part II )								
8			ion 170(b)(1)(A)(vi). (Com				,		. • .		
9			res (1) more than 331/3%								
			s exempt functions - subj								
	• • • •		ome and unrelated busin						1 511 (	ax) from bus	messes
🗀			ne 30, 1975 See section								
10			ated exclusively to test for erated exclusively for the							or to carry	out the
11			upported organizations de								
			bes the type of supporting								3000.011
	a Type I	b Type				ally inte			d	Type III - Oth	ner
е			t the organization is not					irectly I		, • •	
د ا	persons other than	foundation man	agers and other than one	or mo	re pub	licly su	pported	dorgan	izations	described in	section
	509(a)(1) or section					•	• •	•			
f			en determination from th	e IRS	that it	ıs a T	ype I, T	Type II,	or Type	III supportir	ig
	organization, check										
g	Since August 17, 2	006, has the orga	anization accepted any gift				any of	f the			
_	following persons?										
			ectly controls, either alor			er with	persor	s desc	ribed in	(11)	Yes No
	and (III) below,	the governing bo	ody of the supported organ	ızatıon	?					11g(i)	
			escribed in (i) above?							11g(ii)	
			son described in (i) or (ii) a							[11g(iii)]	
h		ng information ab	out the supported organiz	ation(s)	)	r		т			
(i) N	ame of supported	(ii) EIN	(iii) Type of organization (described on lines 1-9		is the zation in		you notify anization		Is the zation in	(vii) Amou suppor	
	organization		above or IRC section	col (i)	listed in overning	In co	l (ı) of	col (i) o	rganized	опрро.	•
			(see instructions))	docu	ment?	<del> </del>	upport?	<del></del>	US?		
	····	-		Yes	No	Yes	No	Yes	No		
(A)			•	ì			İ				
					ļ .	<del> </del> -		<del> </del>			
(B)						İ	ļ				
						<del> </del>	<del> </del>	<u> </u>			
(C)											
						-		<del> </del>	<del> </del>		
(D)					İ				1		
				<del> </del>	├	<del>                                     </del>	<del> </del>				
(E)									[		
	<del> </del>	(C) (C) (1) (A) (A) (A)	14. 88. ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) (	6.7.21				1	1	<del></del>	
Total		13. 图像是	<b>国民党总统是一是公司</b> 司		1	1.7.54	1				
TOTAL		111 11 11 11 11	NI C. 22 OF PROPERTY 2 1 5 1424 .	7	12- 3	F 64	1.5.000				

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

Schedule A (Form 990 or 990-EZ) 2010

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 or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sect	tion A. Public Support						
Caler	ndar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	15,877,997.	18,333,297.	18,649,224.	19,091,271.	18,659,882.	90,611,671.
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	15,877,997.	18,333,297.	18,649,224.	19,091,271.	18,659,882.	90,611,671.
5	The portion of total contributions by each						
	person (other than a governmental unit or		į			:	
	publicly supported organization) included		 		:		
	on line 1 that exceeds 2% of the amount						
	shown on line 11, column (f)	· 					
6	Public support. Subtract line 5 from line 4	<u> </u>			<u>L </u>	i	90,611,671.
	tion B. Total Support	(=) 2006	(b) 2007	(*) 2009	(4) 2000	(2) 2010	(f) Total
	ndar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	
7	Amounts from line 4	15,877,997.	18,333,297.	18,649,224.	19,091,271.	18,659,882.	90,611,671.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	149,300.	173,533.	98,879.	20,441.	31,513.	473,666.
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) . ATCH 1	196,811.	218,222.	64,075.	74,198.	58,586.	611,892.
11	Total support. Add lines 7 through 10						91,697,229.
12	Gross receipts from related activities, etc. (s	see instructions) .				12	
13	First five years. If the Form 990 is forganization, check this box and stop here		· · · · · · · · · · · · · · · · · · ·	nd, third, fourth,	or fifth tax ye	ar as a section	501(c)(3) ▶
Sec	tion C. Computation of Public Sup	•		<del> </del>		T · I ·	
14	Public support percentage for 2010 (li	-				14	98.82 % 98.65 %
15	Public support percentage from 2009	,				15	
16a	331/3% support test - 2010. If the o	_					1 37
_	this box and stop here. The organization						
b	331/3% support test - 2009. If the c						
47-	check this box and stop here. The organization and singularity for the organization a	•					
1/a	10%-facts-and-circumstances test - 2 or more, and if the organization me						
	Part IV how the organization meets t			•		•	•
	_			-	· ·	• •	
b	organization						
_	15 is 10% or more, and if the orga		<del>-</del>				
	Explain in Part IV how the organization supported organization	on meets the "	facts-and-circun	nstances" test.	The organization	on qualifies as a	publicly
18	Private foundation. If the organization						
	instructions	<u> </u>	· · · · · · · · · · · ·		<u></u> .	<u></u>	<u></u> ↓
						Schedule A (Form 9	90 or 990-EZ) 2010

Part III Support Schedule for Organizations Described in Section 509(a)(2)

	•	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
(Complete c	only if you checked the box	on line 9 of Part I or if the organization failed to qualify under Par	t II
If the organi	zation fails to qualify under	the tests listed below, please complete Part II.)	

Ca	lendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received (Do not include any "unusual grants")						
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities						
	furnished in any activity that is related to the						
	organization's tax-exempt purpose			ŀ			
3	Gross receipts from activities that are not an						
•	unrelated trade or business under section 513					,	
	Tax revenues levied for the organization's						
4	· ·						
	benefit and either paid to or expended on						
_	its behalf				<del>-</del>		
5	The value of services or facilities						
	furnished by a governmental unit to the		i				
	organization without charge						
6	Total. Add lines 1 through 5						
7 a	Amounts included on lines 1, 2, and 3		i				
	received from disqualified persons						
D	Amounts included on lines 2 and 3 received from other than disqualified						
	persons that exceed the greater of \$5,000 or 1% of the amount on line 13						
	for the year						
Ç	Add lines 7a and 7b						
8	Public support (Subtract line 7c from	Character of				The state of the s	
	line 6)	13 1 12 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1	* <u>-</u>		32.	
ec	tion B. Total Support					<u>,</u>	<del>,</del> .
Ca	alendar year (or fiscal year beginning in) 🕨	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9	Amounts from line 6						
0 a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar						
	sources						
b	Unrelated business taxable income (less	1					
	section 511 taxes) from businesses						
	acquired after June 30, 1975						ļ
С	Add lines 10a and 10b						
1	Net income from unrelated business						-
	activities not included in line 10b, whether or not the business is regularly carried on						
2	Other income Do not include gain or						
_	loss from the sale of capital assets			:			
	(Explain in Part IV)						<u> </u>
13	Total support. (Add lines 9, 10c, 11,						
	and 12 )			Ala	fifth tay year	as a section 501	(c)(3)
14	and 12)	r the organizatio	n's first, second,	tnira, rourtn, or	min tax year		
l 4	First five years. If the Form 990 is fo	r the organizatio					▶
	First five years. If the Form 990 is fo organization, check this box and stop here	r the organizatio					
Sec	First five years. If the Form 990 is fo organization, check this box and stop here tion C. Computation of Public Su	r the organization	age		<u></u>		<b>&gt;</b>
Sec 15	First five years. If the Form 990 is fo organization, check this box and stop here tion C. Computation of Public Su Public support percentage for 2010 (line 8)	r the organization  pport Percent  column (f) divid	age ed by line 13, colu	mn (f))	· · · · · · · · · · · · · · · · · · ·	15	▶
Sec 15 16	First five years. If the Form 990 is fo organization, check this box and stop here tion C. Computation of Public Su Public support percentage for 2010 (line & Public support percentage from 2009 Sch	r the organization  pport Percent  column (f) dividualedule A, Part III, III	age ed by line 13, colu ne 15	mn (f))	· · · · · · · · · · · · · · · · · · ·	15	
Sec 15 16 Sec	First five years. If the Form 990 is fo organization, check this box and stop here tion C. Computation of Public Su Public support percentage for 2010 (line 8 Public support percentage from 2009 Schtion D. Computation of Investme	pport Percent  column (f) divid  edule A, Part III, In  int Income Per	age ed by line 13, colui ne 15 rcentage	mn (f))		15 16	
Sec 15 16 Sec	First five years. If the Form 990 is fo organization, check this box and stop here ition C. Computation of Public Surpublic support percentage for 2010 (line & Public support percentage from 2009 Schetion D. Computation of Investment Investment income percentage for 2010 (line).	pport Percent  column (f) dividual dedule A, Part III, III  cont Income Per  column 10c, column	age ed by line 13, coluine 15 rcentage (f) divided by line	mn (f))		15 16	
Sec 15 16 Sec 17	First five years. If the Form 990 is fo organization, check this box and stop here stion C. Computation of Public Sure Public support percentage for 2010 (line 8 Public support percentage from 2009 Schetion D. Computation of Investment Investment income percentage from 2010 (Investment income percentage from 2009)	pport Percent  3, column (f) dividuedule A, Part III, Im  Int Income Per  Ine 10c, column  Schedule A, Part	age ed by line 13, coluine 15 rcentage (f) divided by line IIII, line 17	mn (f))		15 16 17 18	
Sec 15 16 Sec 17	First five years. If the Form 990 is fo organization, check this box and stop here tion C. Computation of Public Survivion Bublic support percentage for 2010 (line a Public support percentage from 2009 Schetion D. Computation of Investme Investment income percentage from 2009 investment income percentage from 2009 331/3% support tests - 2010. If the o	pport Percent 3, column (f) divid ledule A, Part III, lii ent Income Per line 10c, column Schedule A, Part rganization did n	age ed by line 13, columne 15 rcentage (f) divided by line till, line 17 ot check the bo	mn (f))	d line 15 is mo	15 16 17 18 re than 331/3%,	and line
Sec 15 16 Sec 17 18	First five years. If the Form 990 is fo organization, check this box and stop here tion C. Computation of Public Surviville Public support percentage for 2010 (line 8 Public support percentage from 2009 Schetion D. Computation of Investme Investment income percentage for 2010 (Investment income percentage from 2009 331/3% support tests - 2010. If the output is not more than 331/3%, check to	pport Percent B, column (f) divid edule A, Part III, In Int Income Per Ine 10c, column Schedule A, Part rganization did n his box and sto	age ed by line 13, columne 15 rcentage (f) divided by line IIII, line 17 ot check the boop here. The org	mn (f))  13, column (f))  x on line 14, an anization qualifie	d line 15 is mo	15 16 17 18 re than 331/3%, supported organ	and line
Sec 15 16 Sec 17 18	First five years. If the Form 990 is fo organization, check this box and stop here tion C. Computation of Public Survivion Bublic support percentage for 2010 (line & Public support percentage from 2009 Schetion D. Computation of Investment Investment income percentage from 2009 investment income percentage from 2009 331/3% support tests - 2010. If the organization of the properties of th	pport Percent B, column (f) divid edule A, Part III, In Int Income Per Ine 10c, column Schedule A, Part rganization did not panization did not	age ed by line 13, columne 15 rcentage (f) divided by line IIII, line 17 ot check the boo p here The org check a box on	mn (f))  13, column (f))  x on line 14, an anization qualifie line 14 or line 1	d line 15 is mo	15 16 17 18 re than 331/3%, supported organis more than 331	and line nization ► /3 %, and
Sec 15 16 Sec 17 18	First five years. If the Form 990 is fo organization, check this box and stop here tion C. Computation of Public Sure Public support percentage for 2010 (line & Public support percentage from 2009 Schetion D. Computation of Investment income percentage from 2009 investment income percentage from 2009 331/3% support tests - 2010. If the organization of the support tests - 2009. If the organization is not more than 331/3%, check to 1331/3% support tests - 2009. If the organization is not more than 331/3%, check	pport Percent B, column (f) divid ledule A, Part III, lin Int Income Per line 10c, column Schedule A, Part rganization did no his box and sto lanization did not k this box and s	age ed by line 13, colume 15 rcentage (f) divided by line till, line 17 ot check the box p here The org check a box on top here The or	mn (f))  13, column (f))  x on line 14, an anization qualifie line 14 or line 1 ganization qualif	d line 15 is mo s as a publicly 9a, and line 16 es as a publicly	15 16 17 18 re than 331/3%, supported organ is more than 331/3 supported organ is supported organ.	and line hization ►   /3 %, and hization ►
Sec 16 Sec 17 18	First five years. If the Form 990 is fo organization, check this box and stop here tion C. Computation of Public Survivion Bublic support percentage for 2010 (line & Public support percentage from 2009 Schetion D. Computation of Investment Investment income percentage from 2009 investment income percentage from 2009 331/3% support tests - 2010. If the organization of the properties of th	pport Percent B, column (f) divid ledule A, Part III, lin Int Income Per line 10c, column Schedule A, Part rganization did no his box and sto lanization did not k this box and s	age ed by line 13, colume 15 rcentage (f) divided by line till, line 17 ot check the box p here The org check a box on top here The or	mn (f))  13, column (f))  x on line 14, an anization qualifie line 14 or line 1 ganization qualif	d line 15 is mo s as a publicly 9a, and line 16 es as a publicly o, check this b	15 16 17 18 re than 331/3%, supported organ is more than 331/3 supported organ is supported organ.	and line nization ► /3 %, and nization ► ructions ►

Page 4

Part IV Supplemental Information. Complete this part to provide the explanations required by Part II, line 10, Part II, line 17a or 17b, or Part III, line 12. Also complete this part for any additional information. (See

SCHEDULE A, PART II	- OTHER INCO	ME		=	ATTACHMENT	1
DESCRIPTION	2006	2007	2008	2009	2010	TOTAL
MISCELLANEOUS INCOME	196,811.	218,222.	64,075.	74,198.	58,586	611,892.
TOTALS	196,811.	218,222.	64,075.	74,198.	58,586.	611,892.

### SCHEDULE D ·(Form 990)

## **Supplemental Financial Statements**

OMB No 1545-0047

**Open to Public** Inspection

Department of the Treasury Internal Revenue Service

► Complete if the organization answered "Yes," to Form 990. Part IV. line 6, 7, 8, 9, 10, 11, or 12, ► Attach to Form 990. ► See separate instructions.

Employer identification number Name of the organization UNITED WAY OF CENTRAL OKLAHOMA, INC. 73-0589829 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts 1 2 Aggregate contributions to (during year) . . . . 3 Aggregate grants from (during year) ..... 4 Aggregate value at end of year ...... 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? . . . . . . . . . . Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Part II Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area Preservation of a certified historic structure Protection of natural habitat Preservation of open space 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Tax Year 2a 2b Number of conservation easements on a certified historic structure included in (a) . . . . . . Number of conservation easements included in (c) acquired after 8/17/06, and not on a 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the Number of states where property subject to conservation easement is located ▶ \_\_\_\_\_\_ 4 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of 5 6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year 7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B) 8 (ı) and 170(h)(4)(B)(ı)? In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items 

Par	t 📗 Organizations Maintaini	ng Collectio	ns of Art, Histo	rical Treasures	s, or Oth	er Similar As	sets (continue	d)
3	Using the organization's acquisitio collection items (check all that appl		and other reco	rds, check any o	of the fol	lowing that are	e a significant u	ise of its
а	Public exhibition		d	Loan or ex	change p	rograms		
b	Scholarly research		e	Other				
С	Preservation for future ge	nerations	<b></b>					
4	Provide a description of the organ	nization's colle	ections and expl	ain how they ful	rther the	organization's	exempt purpos	e in Part
	XIV							
5	During the year, did the organization	n solicit or re	ceive donations	of art, historical tr	easures,	or other simila	r	
	assets to be sold to raise funds rath	er than to be	maintained as p	art of the organiz	ation's co	llection?	· · · Yes	No
Par	line 9, or reported an am				answei	red "Yes" to F	orm 990, Part	IV,
1a	Is the organization an agent, truster included on Form 990, Part X?			•				□No
<b>b</b>	If "Yes," explain the arrangement in						· · · L Yes	∐ NO
D	ir res, explain the arrangement in	Part AIV and	complete the lo	llowing table			nount	
_	Beginning balance					All	Tourit	
	Additions during the year						<del></del>	
	Distributions during the year						<del></del>	
	Ending balance							
	Did the organization include an am						Yes	No
	If "Yes," explain the arrangement in		990, Part A, IIIIe	:217			· · · L Tes	
Par			onization answ	orod "Voc" to E	orm 000	Part IV June	10	
Fel	Endowment Funds. Con	(a) Current ye				(d) Three year		years back
1 2	Beginning of year balance	(a) Current ye	(b) Filor)	cai (c) two ye	- Dack		5 6 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	·
	Contributions				<del></del>	7. 45-7-1-1	A	
	Net investment earnings, gains,		· · · · · · · · · · · · · · · · · · ·			10 0 7 10 77 0	ر مال شهر ما مال مال مال مال مال مال مال مال مال	
·	and losses					1.77		· •
	ı			<del> </del>	<del></del>	15 15 15 15 15 15 15 15 15 15 15 15 15 1	Sept. 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	
	Grants or scholarships		· <del></del> { · · · · · · · · · · · · · · · · · ·	<del></del>			1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	-
е	Other expenditures for facilities .					12.40 (1.15)	778 43	
	and programs					20 8 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	- 1 The state of t	<u> </u>
	Administrative expenses					1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	7 77 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	<del></del>
g	End of year balance		<del>!</del>			3-3 . 12	<b>的温息</b> [27] [2]	<del>&gt;-</del>
2	Provide the estimated percentage	•		S:				
	Board designated or quasi-endown		%					
	Permanent endowment	%						
	Term endowment ▶	.% 						
3 a	Are there endowment funds not in	the possession	on of the organiz	ation that are he	id and ac	iministered for t	_	
	organization by						r <del></del>	Yes No
	(i) unrelated organizations						<del></del>	
	(ii) related organizations							
b	If "Yes" to 3a(II), are the related org				• • • • •	• • • • • • •	3b	<u> </u>
4	Describe in Part XIV the intended u							
Pa	rt VI Land, Buildings, and Equ			1				
	Description of investment		(investment)	(b) Cost or other b (other)		Accumulated depreciation	(d) Book va	lue
1a	Land		<del></del>	1		×/\		
b	Buildings			4,447,6		290,935.		56,689.
С	Leasehold improvements		<del></del>	524,7		467,192.		57,550.
d	Equipment	<u> </u>		1,289,8		939,325.	35	50,561.
	Other			<u> </u>	01			
Tota	al. Add lines 1a through 1e (Column	(d) must equ	al Form 990, Par	t X, column (B), lii	ne 10(c) )		4,56	64,800.
							Schedule D (Fo	rm 990) 2010

	Part VII	Investments - Other Securities. See	Form 990, Part X, Iir	ne 12
2) Closely-held equity interests	•		(b) Book value	
(A) (A) (B) (B) (B) (B) (B) (B) (B) (B) (B) (B	(1) Financia	al derivatives		
(A) (B) (C) (C) (D) (E) (F) (G) (F) (G) (F) (G) (F) (G) (F) (G) (F) (F) (G) (G) (F) (F) (G) (G) (F) (F) (G) (G) (F) (F) (G) (G) (F) (F) (G) (G) (F) (F) (G) (G) (G) (G) (G) (G) (G) (G) (G) (G				
(G) (D) (D) (D) (E) (F) (F) (F) (F) (F) (F) (F) (F) (F) (F				
(G) (D) (E) (F) (G) (G) (H) (G) (G) (G) (H) (G) (G) (G) (G) (G) (G) (G) (G) (G) (G		·		
(5) (6) (7) (8) (9) (9) (10) (10) (10) (10) (10) (10) (10) (10				
(F) (G) (G) (H) (G) (G) (G) (G) (G) (G) (G) (G) (G) (G				
(F) (G) (H) (I) (I) (I) (I) (I) (I) (I) (I) (I) (I				
(B) (B) (Column (b) must equal Form 990. Part X, cot (B) iner 12)  (C) Book value  (D) Book value  (D) Book value  (C) Method of valuation  (Cost or end-of-year market value  (D) Book value			·- <del> </del>	
(if) (if) (if) (if) (if) (if) (if) (if)				
Observation (b) must equal Form 990, Part X, col (B) ine 12)   Part VIII   Investments - Program Related. See Form 990, Part X, line 13.				
Continue   Column				
Investments - Program Related. See Form 990, Part X, line 13.		n (b) must equal Form 990, Part X, col (B) line 12)	<b>&gt;</b>	the state of the s
(a) Description of investment type (b) Book value (c) Method of valuation Cost or end-of-year market value  (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) (10) (10) (10) (10) (10) (10) (10			e Form 990, Part X, II	
(2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, col (B) line 15)  (9) (10) (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) (10) (10) (10) (10) (11) (2) (3) (4) (5) (6) (7) (8) (9) (10) (10) (10) (11) (11) (12) (13) (14) (15) (15) (16) (17) (18) (19) (10) (10) (10) (11) (11) (11) (12) (13) (14) (15) (15) (16) (17) (17) (18) (19) (19) (10) (10) (11) (11) (11) (11) (11) (11	*			(c) Method of valuation
(2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, col (B) line 15)  (9) (10) (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) (10) (10) (10) (10) (11) (2) (3) (4) (5) (6) (7) (8) (9) (10) (10) (10) (11) (11) (12) (13) (14) (15) (15) (16) (17) (18) (19) (10) (10) (10) (11) (11) (11) (12) (13) (14) (15) (15) (16) (17) (17) (18) (19) (19) (10) (10) (11) (11) (11) (11) (11) (11	(1)			
(3) (4) (5) (6) (7) (8) (9) (10)  Total. (Column (b) must equal Form 990, Part X, col (B) Ine 13)  Part X  Other Assets. See Form 990, Part X, line 15.  (a) Description  (b) Book value  (1) (2) (3) (4) (5) (6) (7) (8) (9) (10)  Part X  Other Liabilities. See Form 990, Part X, line 25.  1. (a) Description (b) must equal Form 990, Part X, col (B) Ine 15)  Part X  Other Liabilities. See Form 990, Part X, line 25.  1. (a) Description of liability (b) Amount  (1) Federal income taxes (2) (3) (4) (4) (5) (6) (7) (8) (9) (10) (10) (11) (10) (11) (11) (11) (11	(2)			
(4) (5) (6) (7) (8) (9) (10) Total (Column (b) must equal Form 990, Part X, col (B) line 15)  Part X Other Liabilities. See Form 990, Part X, line 15.  (8) (9) (10) (10) (10) (10) (10) (10) (10) (10	(3)			
(6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, col (B) line 13)  Part IX Other Assets. See Form 990, Part X, line 15.  (a) Description (b) Book value (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) (10) (10) (10) (10) (11) (11) (11	(4)			
(7) (8) (9) (10)  Total. (Column (b) must equal Form 990, Part X, col (B) line 13) ▶  Part IX Other Assets. See Form 990, Part X, line 15.  (a) Description (b) Book value  (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) (10) (11) (11) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9) (10) (10) (11) (10) (11) (10) (11) Total. (Column (b) must equal Form 990, Part X, col (B) line 25) ▶  2 Fin 48 (ASC 740) Footnote in Part XIV, provide the text of the footnote to the organization's financial statements that reports the	(5)			
(8) (9) (10)  Fotal (Column (b) must equal Form 990, Part X, col (B) line 13)  Part X Other Assets. See Form 990, Part X, line 15.  (a) Description  (b) Book value  (1) (2) (3) (4) (5) (6) (7) (8) (9) (10)  Total (Column (b) must equal Form 990, Part X, col (B) line 15).  Part X Other Liabilities. See Form 990, Part X, line 25.  1. (a) Description of liability (b) Amount  (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9) (10) (10) (11) (10) (10) (11) (10) (11) (11				
(9) (10) (10) (10) (10) (10) (10) (10) (10		·		
Cotal. (Column (b) must equal Form 990, Part X, col (B) kine 13)				
Total (Column (b) must equal Form 990, Part X, col (B) line 13)				
Company   Comp		(1) 15 000 Ded Verd (D) (10 10 10 10 10 10 10 10 10 10 10 10 10 1		
(a) Description (b) Book value  (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) (10) (10) (11) (5) (6) (9) (10) (11) (10) (11) (11) (11) (11) (11				TRANSPORTER OF THE TRANSPORT OF THE PROPERTY O
(1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total (Column (b) must equal Form 990, Part X, col (β) line 15).  Part X Other Liabilities. See Form 990, Part X, line 25.  1. (a) Description of liability (b) Amount (1) Federal income taxes (2) (3) (4) (5) (6) (7) (7) (8) (9) (10) (17) (10) (11) Total (Column (b) must equal Form 990, Part X, col (β) line 25) ▶  2. FIN 48 (ASC 740) Footnote In Part XIV, provide the text of the footnote to the organization's financial statements that reports the	r all ix	Other Assets. Occ Form 500, Fait		(b) Book value
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2. FIN 48 (ASC 740) Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the				
	2. FIN 48 (	(ASC 740) Footnote In Part XIV, provide	the text of the footnote to	to the organization's financial statements that reports the

73-0589829

Part	Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statemer	its	
1	Total revenue (Form 990, Part VIII, column (A), line 12)		18,749,981.
2	Total expenses (Form 990, Part IX, column (A), line 25)		20,146,536.
3	Excess or (deficit) for the year Subtract line 2 from line 1		-1,396,555.
4	Net unrealized gains (losses) on investments		****
5	Donated services and use of facilities		
6	Investment expenses6	1	
7	Prior period adjustments	_	
8	Other (Describe in Part XIV)		68,778.
9	Total adjustments (net) Add lines 4 through 8		68,778.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9		-1,327,777.
	XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return		
1	Total revenue, gains, and other support per audited financial statements	1	12,207,862.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12	2	
- а	Net unrealized gains on investments	'	
b	Donated services and use of facilities	1 . [	
C	Recoveries of prior year grants 2c	1.5	
d	Other (Describe in Part XIV.)  2d 479, 651.		
e	Add lines 2a through 2d	2e	479,651.
3	Subtract line 2e from line 1	3	11,728,211.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1.	200	
a	Investment expenses not included on Form 990, Part VIII, line 7b	-6.	
b	Other (Describe in Part XIV) 4b 7,021,770.		
	Add lines 4a and 4b	4c	7,021,770.
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	18,749,981.
	XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Retu		
1	Total expenses and losses per audited financial statements	1	13,604,417.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25	15.5	
a	Donated services and use of facilities 2a		
b	Prior year adjustments 2b		
C	Other losses 2c		
d	Other (Describe in Part XIV.)  2d 479, 651	12.5	
е	Add lines 2a through 2d	2e	479,651.
3	Subtract line 2e from line 1	3	13,124,766.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1	12	
а	Investment expenses not included on Form 990, Part VIII, line 7b		
b	Other (Describe in Part XIV)  4b 7,021,770		
С	Add lines 4a and 4b	4c	7,021,770.
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	20,146,536.
Part	XIV Supplemental Information		
Part V	lete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part I, line 4, Part X, line 2, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also complet dditional information	e this p	art to provide
SEE	PAGE 5		
			·

Schedule D (Form 990) 2010

PART XII, LINE 2D AND 4B

OTHER AMOUNTS INCLUDED ON LINE 1 BUT NOT ON FORM 990, PART VIII, LINE 12 INCLUDE: \$479,651 WHICH IS REVENUE LESS THE APPROPRIATE ADMINISTRATION FEE ALLOCATED TO UNITED WAY LOGAN COUNTY (FEIN 73-1279596) AND UNITED WAY CANADIAN COUNTY (FEIN 30-0092336) IN THE AMOUNTS OF \$208,070 AND \$271,581 RESPECTIVELY.

OTHER AMOUNTS INCLUDED INCLUDED ON FORM 990, PART VIII, LINE 12 BUT NOT ON LINE 1 INCLUDE: \$7,021,770, WHICH REPRESENTS AMOUNTS DESIGNATED BY DONORS FOR SPECIFIC ORGANIZATIONS.

PART XIII, LINE 2D AND 4B

OTHER AMOUNTS INCLUDED ON LINE 1 BUT NOT ON FORM 990, PART IX, LINE 25 INCLUDE: \$208,070 OF GRANTS PAID ALLOCATED TO UNITED WAY LOGAN COUNTY (FEIN: 73-1279596); AND \$271,581 OF GRANTS PAID ALLOCATED TO UNITED WAY CANADIAN COUNTY (FEIN: 30-0092336).

OTHER AMOUNTS INCLUDED ON FORM 990, PART IX, LINE 25 INCLUDE: \$7,021,770, WHICH REPRESENTS GRANTS PAID FROM DONORS WHO RETAINED THE ABILITY TO DESIGNATE SPECIFIC ORGANIZATIONS AS RECIPIENTS.

### Part XIV Supplemental Information (continued)

PART XI, LINE 8

ASC 715 ADJUSTMENT - \$68,778

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

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

2010	Open to Public	Inspection

Employer identification number

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22. ► Attach to Form 990.

UNITED WAY OF CENTRAL OKLAHOMA, I	INC.					73-058982	6
Seneral Information on Grants and	Assistance						
1 Does the organization maintain records to substantiate the a	ostantiate the	amount of the	grants or assistant	be, the grantees' e	imount of the grants or assistance, the grantees' eligibility for the grants or assistance, and	or assistance, and	[
	or assistance						X Yes No
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States	rres for monit	oring the use o	of grant funds in the	United States			
Part II Grants and Other Assistance to Governments a Form 990, Part IV, line 21, for any recipient that II can be duplicated if additional space is needed	overnments recipient tha ce is needed	(D ++-	ations in the Unit ore than \$5,000	ed States. Comp Check this box if	olete if the organization one recipient recipi	and Organizations in the United States. Complete if the organization answered "Yes" to treceived more than \$5,000. Check this box if no one recipient received more than \$5,000. Part	ss" to   \$5,000. Part
1 (a) Name and address of organization or government	(b) EiN	(c) IRC section if applicable	(d) Amount of cash grant (e) Amount of non-cash assistance	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) SEE STATEMENT 2			16,511,813.				GRANTS IN SUPPORT OF
(2)							Exempt Purposes
(3)							
(4)						-	
(5)							
(9)						!	
(2)							
(8)							
(6)							
(10)							
(11)							
(12)							
2 Enter total number of section 501(c)(3) and government organizations	jovernment or	ganizations					397.
3 Enter total number of other organizations For Paperwork Reduction Act Notice, see the Instructions for	structions for	r Form 990.				Sched	Schedule I (Form 990) (2010)

V 10-8.2

11:24:37 A

Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22 Part III can be duplicated if additional space is needed Part III

	(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
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7						
Part IV	Part IV Supplemental Information. Complete this part	is part to pro	vide the informa	tion required in	Part I, line 2, and an	to provide the information required in Part I, line 2, and any other additional information

EXPLANATION FOR SCHEDULE I, PART 1

MEMBER ORGANIZATIONS APPLY ANNUALLY FOR ALLOCATIONS FROM THE ANNUAL

THESE ORGANIZATIONS ARE REVIEWED UNITED WAY FUNDRAISING CAMPAIGN. ANNUALLY BY THE BOARD OF DIRECTORS. THE BOARD EITHER ACCEPTS OR REJECTS

ORGANIZATIONS MUST MEET MEMBERSHIP REQUIREMENTS WHICH THE APPLICATIONS.

ORGANIZATIONS MUST INCLUDE AMONG OTHER REQUIREMENTS, THE FOLLOWING: 1.

CONDUCT A RECOGNIZED PROGRAM OF HEALTH AND WELLNESS IN THE CANADIAN

COUNTY AREA. 2. ORGANIZATIONS MUST SHOW EVIDENCE THAT THEY ARE

IF LOCAL, ORGANIZATIONS MUST BE EFFECTIVELY MEETING A MAJOR NEED. 3. INCORPORATED UNDER THE STATE LAWS OF OKLAHOMA AS A NON-PROFIT CHARITABLE

Schedule I (Form 990) (2010)

V 10-8.2

Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22 Part III can be duplicated if additional space is needed. Part III

	(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
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Part IV	Part IV Supplemental Information. Complete this part	is part to prov	ide the informat	ion required in	Part I, line 2, and any	to provide the information required in Part I, line 2, and any other additional information.

4. ORGANIZATIONS MUST BE CERTIFIED BY THE IRS AS

ORGANIZATION.

CORPORATIONS ORGANIZED AND OPERATED EXCLUSIVELY FOR CHARITABLE PURPOSES.

ORGANIZATIONS MUST DEMONSTRATE A BUDGETARY NEED FOR THE ALLOCATION. 5.

### SCHEDULE J (Form 990)

Compensation Information
For certain Officers, Directors, Trustees, Key Employees, and Highest **Compensated Employees** 

➤ Complete if the organization answered "Yes" to Form 990, Part IV, line 23.

► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service Name of the organization

UNITED WAY OF CENTRAL OKLAHOMA, INC.

Employer identification number 73-0589829

Part	Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items			
	First-class or charter travel  Housing allowance or residence for personal use		}	
	Travel for companions Payments for business use of personal residence	.	ĺ	
	Tax indemnification and gross-up payments Health or social club dues or initiation fees		•	
	Discretionary spending account Personal services (e.g., maid, chauffeur, chef)		<i>:</i>	
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to	46	. T, T	-
_	explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers,	,		
	directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2		
3	Indicate which, if any, of the following the organization uses to establish the compensation of the			'
	organization's CEO/Executive Director Check all that apply		-	
	Compensation committee Written employment contract			
	Independent compensation consultant Compensation survey or study	'.	<i>:</i> .	
	Form 990 of other organizations  X Approval by the board or compensation committee	1	, -	
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization		134	4
а	Receive a severance payment or change-of-control payment from the organization or a related organization?	4a		X
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		Х
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		Х
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III	. 11, 4		r;
	Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.	ļ, · · · !		١.,
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of.	; -	; ,	
а	The organization?	5a		X
b	Any related organization?	5b		X
	If "Yes" to line 5a or 5b, describe in Part III	7.	3.45	
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any		] ,	
	compensation contingent on the net earnings of		4	
а	The organization?	6a		}
b	Any related organization?	6b		2
	If "Yes" to line 6a or 6b, describe in Part III	,	1-,11:	1
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed			
	payments not described in lines 5 and 6? If "Yes," describe in Part III	7		>
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject			
	to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe	1		
	ın Part III	8		<u> </u>
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in			
-	Regulations section 53 4958-6(c)?	۱۵	1	1

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

Schedule J (Form 990) 2010

Schedule J (Form 990) 2010

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii) Do not list any individuals that are not listed on Form 990, Part VII. Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

	一	michael (a)	material Common Commence of the Common Commo	Companenting				į
(A) Name	<del>'</del>	(i) Base compensation	(ii) Bonus & incentive	(iii) Other reportable compensation	(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) i otal of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
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							SCH	Schedule J (Form 990) 2010

V 10-8.2

Schedule J (Form 990) 2010

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8 Also complete this part for any additional information.

PAGE 32

Schedule J (Form 990) 2010

#### SCHEDULE L (Form 990 or 990-EZ)

## **Transactions With Interested Persons**

Excess Benefit Transactions (section 501(c)(3) and section 501(c)(4) organizations only)

► Complete if the organization answered
"Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c,
or Form 990-EZ, Part V, line 38a or 40b.

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

20**10** 

Open To Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Name of the organization
UNITED WAY OF CENTRAL OKLAHOMA, INC.

Employer identification number 73-0589829

	Complete if the organization answered "Y	es" on	Form	990, Part IV, line 2	5a or 25b, or Form	990-E	Z, Pa	rt V, lı	ne 40	b	
1	(a) Name of disqualified person			(I	o) Description of tran	saction	ı			<u> </u>	Conected?
						_			-	Ye	s No
(1)											┿
(2)				···		_				-+-	-
(3)			_		<del></del>					<del></del>	+
(4) (5)					<del></del>						+-
(6)		<u> </u>	<del></del>		· · · · · · · · · · · · · · · · · · ·						+
2	Enter the amount of tax imposed on the organ under section 4958										
3 Part	Enter the amount of tax, if any, on line 2, above  Loans to and/or From Interested Per  Complete if the organization answered "	ersons.									
	(a) Name of interested person and purpose	(b) Loar	n to or from anization?	(c) Original principal amount	(d) Balance due	( <b>e</b> ) In c		<b>(f)</b> Ap	ard or	(g) W agreer	
		То	From	<u> </u>		Yes	No	Yes	No	Yes	No
(1)						<u> </u>					
(2)							ļ				<u> </u>
(3)						<del></del>				igsquare	
(4)				· · · · · · · · · · · · · · · ·		<u> </u>					
(5)											
(6)			<u> </u>							لـــــــا	
(7)			<u> </u>			$\downarrow$	<u> </u>	ļ		$oxed{oxed}$	<b></b>
(8)			1						İ		ı

Part III Grants or Assistance Benefiting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount and type of assistance
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
10)		

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

Schedule L (Form 990 or 990-EZ) 2010

(9) (10) Total

Part IV	Business	Transactions	Involving	Interested	Persons
---------	----------	--------------	-----------	------------	---------

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?		
				Yes	No	
(1) SEE SCHEDULE O						
(2)					L	
(3)						
(4)						
(4) (5)						
(6)						
(7)						
(8)						
(8) (9)						
(10)						

Part V Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule L (see instructions)

#### SCHEDULE O (Form.990 or 990-EZ)

## Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

2010

Open to Public Inspection

Department of the Treasury Internal Revenue Service Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

Name of the organization
UNITED WAY OF CENTRAL OKLAHOMA, INC.

Employer identification number 73-0589829

PART VI, SECTION A, QUESTION 2

THE BOARD OF DIRECTORS OF THE ORGANIZATION IS EXTREMELY ROBUST AND ENCOMPASSES INFLUENTIAL BUSINESS MEN AND WOMEN IN THE COMMUNITY. AS SUCH IT IS POSSIBLE THAT MEMBERS MAY HAVE BUSINESS/FAMILY RELATIONSHIPS AMONG EACH OTHER. HOWEVER, THESE POTENTIAL RELATIONSHIPS DO NOT CREATE ANY ISSUES OR CONFLICTS IMPACTING THE OPERATIONS OF THE ORGANIZATION.

PART VI, SECTION B, QUESTION 11B

THE FORM 990 WAS REVIEWED BY THE CHAIRMAN OF THE AUDIT COMMITTEE PRIOR TO FILING THE RETURN.

PART VI, SECTION B, QUESTION 12C

THE ORGANIZATION REQUIRES AN ANNUAL ACKNOWLEDGEMENT THAT THERE ARE NO VIOLATIONS OF THE CONFLICT OF INTEREST POLICY.

PART VI, SECTION B, QUESTION 15A & 15B

THE COMPENSATION OF THE CEO IS REVIEWED ANNUALLY BY THE HUMAN RESOURCES/PERSONNEL COMMITTEE.

SCHEDULE L, PART IV

THE BOARD OF DIRECTORS ARE BUSINESS MEN AND WOMEN AMONG THE COMMUNITY.

THE ORGANIZATION MAY HAVE SOME BUSINESS RELATIONS WITH MEMBERS OF THE

BOARD BUT ALL TRANSACTIONS ARE DONE AT ARMS LENGTH.

Employer identification number 73-0589829

PART VI, SECTION C, QUESTION 19

THE ORGANIZATION ALLOWS THE PUBLIC TO VIEW ITS GOVERNING DOCUMENTS,

CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS BY REQUESTING THEM

AT THE ORGANIZATION'S MAIN OFFICE.

PART XI, QUESTION 5

ASC 715 ADJUSTMENT - \$68,778

UNITED WAY LOGAN COUNTY BALANCE SHEET CONSOLIDATION - \$23,678

UNITED WAY CANADIAN COUNTY BALANCE SHEET CONSOLIDATION - \$(123,234)

ROUNDING - \$(3)

ATTACHMENT 1

#### FORM 990, PART III - PROGRAM SERVICE, LINE 4A

THE UNITED WAY OF CENTRAL OKLAHOMA IS A CHARITABLE ORGANIZATION
THAT COLLECTS CONTRIBUTIONS FROM THE PUBLIC THROUGH AN ANNUAL
CAMPAIGN HELD IN THE FALL. THE DONATED FUNDS ARE DISTRIBUTED THE
FOLLOWING YEAR TO PARTNER AGENCIES REPRESENTING THE FINEST HEALTH,
YOUTH, AND HUMAN SERVICE CHARITIES SERVING THEIR LOCAL COMMUNITY
IN ALL OR PARTS OF SEVEN CENTRAL OKLAHOMA COUNTIES. FUND
DISTRIBUTION IS ACCOMPLISHED THROUGH ALLOCATION DECISIONS MADE BY
MORE THAN 160 COMMUNITY VOLUNTEERS AND APPROVED BY UNITED WAY'S
BOARD OF DIRECTORS AND DONOR DETERMINED DESIGNATIONS. THE UNITED
WAY ALSO MANAGES THE COMBINED FEDERAL CAMPAIGN, SERVING MORE THAN
38,000 CENTRAL OKLAHOMA FEDERAL EMPLOYEES; THE STATE CAMPAIGN,
SERVING ALL OKLAHOMA STATE EMPLOYEES; AND THE OKLAHOMA CITY
MUNICIPAL EMPLOYEE CHARITABLE CAMPAIGN, SERVING ALL CITY
EMPLOYEES. IN 2010, THE UNITED WAY OF CENTRAL OKLAHOMA, INC.

Name of the organization
UNITED WAY OF CENTRAL OKLAHOMA, INC.

Employer identification number 73-0589829

ATTACHMENT 1 (CONT'D)

CONTINUED TO PLAY AN INTEGRAL ROLE IN PROVIDING COMMUNITY

SOLUTIONS TO COMMUNITY PROBLEMS. UNITED WAY IS ACTIVELY INVOLVED

IN MANY COMMUNITY INITIATIVES, INCLUDING CENTRAL OKLAHOMA TURNING

POINT; SMART START; 211 INFORMATION AND REFERRAL; THE EMERGENCY

FOOD AND SHELTER PROGRAM; THE DIRECTORY OF COMMUNITY SERVICES; AND

VITAL SIGNS.

			ATTACHMENT 2	
FORM 990, PART VIII - INVESTMENT 1	INCOME			
DESCRIPTION	(A) TOTAL REVENUE	(B) RELATED OR EXEMPT REVENUE	(C) UNRELATED BUSINESS REV.	(D) EXCLUDED REVENUE
INTEREST INCOME	31,51	3.		31,513.
TOTALS	31,51	<del>3.</del>		31,513.

ATTACHMENT 3

#### FORM 990, PART IX - PAYMENTS TO AFFILIATES

	(A) TOTAL	(B) PROGRAM	(C) MANAGEMENT	(D) FUNDRAISING
DESCRIPTION	EXPENSES	SERVICE EXP.	AND GENERAL	EXPENSES
NATIONAL UNITED WAY DUES	197,993.	38,448.	73,561.	85,984.
TOTALS	197,993.	38,448.	73,561.	85,984.

ATTACHMENT 4

#### FORM 990, PART X - SECURED MORTGAGES AND NOTES PAYABLE

LENDER: LINE OF CREDIT

ORIGINAL AMOUNT:

3,600,000.

INTEREST RATE:
DATE OF NOTE:

3.250000

MATURITY DATE:

VAR 06/29/2012

REPAYMENT TERMS:

INTEREST PAYABLE MONTHLY PRINCIPAL DUE AT MATURITY

SECURITY PROVIDED:

BUILDINGS/IMPROVEMENTS

Schedule O (Form 990 or 990-EZ) 2010

3,500,000.

TOTAL ENDING MORTGAGES AND OTHER NOTES PAYABLE

#### SCHEDULE D (Form 1041)

Department of the Treasury

**Capital Gains and Losses** 

► Attach to Form 1041, Form 5227, or Form 990-T. See the Instructions for Schedule D (Form 1041) (also for Form 5227 or Form 990-T, if applicable).

OMB No 1545-0092

**2010** 

Internal Revenue Service Employer identification number 73-0589829 UNITED WAY OF CENTRAL OKLAHOMA, INC. Note: Form 5227 filers need to complete only Parts I and II Part I Short-Term Capital Gains and Losses - Assets Held One Year or Less (f) Gain or (loss) for (b) Date acquired (a) Description of property (c) Date sold (e) Cost or other basis the entire year Subtract (e) from (d) (d) Sales price (Example 100 shares 7% preferred of "Z" Co) (mo, day, yr) (see instructions) (mo , dav, vr ) 1 a b Enter the short-term gain or (loss), if any, from Schedule D-1, line 1b Short-term capital gain or (loss) from Forms 4684, 6252, 6781, and 8824 Net short-term gain or (loss) from partnerships, S corporations, and other estates or trusts 3 Short-term capital loss carryover Enter the amount, if any, from line 9 of the 2009 Capital Loss 4 Net short-term gain or (loss). Combine lines 1a through 4 in column (f) Enter here and on line 13, column (3) on the back Long-Term Capital Gains and Losses - Assets Held More Than One Year (f) Gain or (loss) for (e) Cost or other basis (a) Description of property (b) Date acquired (c) Date sold (d) Sales price the entire year Subtract (e) from (d) (see instructions) (Example 100 shares 7% preferred of "Z" Co) (mo, day, yr) (mo, day, yr) 6a b Enter the long-term gain or (loss), if any, from Schedule D-1, line 6b 6b Long-term capital gain or (loss) from Forms 2439, 4684, 6252, 6781, and 8824 Net long-term gain or (loss) from partnerships, S corporations, and other estates or trusts 8 8 9 9 Capital gain distributions Gain from Form 4797, Part I 10 10 Long-term capital loss carryover Enter the amount, if any, from line 14 of the 2009 Capital Loss 11 Net long-term gain or (loss). Combine lines 6a through 11 in column (f) Enter here and on line 14a, column (3) on the back.

For Paperwork Reduction Act Notice, see the Instructions for Form 1041.

Schedule D (Form 1041) 2010

Sched	Jule D (Form 1041) 2010			Page 2
Par	t III Summary of Parts I and II	(1) Beneficiaries'	(2) Estate's	(2) Total
	Caution: Read the instructions before completing this part.	(see instr)	or trust's	(3) Total
13	Net short-term gain or (loss) 13			
14	Net long-term gain or (loss):			
а	Total for year			0.
b	Unrecaptured section 1250 gain (see line 18 of the wrksht) 14b			
	28% rate gain			
	Total net gain or (loss). Combine lines 13 and 14a ▶ 15			0.
	: If line 15, column (3), is a net gain, enter the gain on Form 1041, line 4 (or Form 990			
to Pa	rt V, and do not complete Part IV If line 15, column (3), is a net loss, complete Part IV a	and the Capital Loss Car	ryover Worksheet, as r	necessary
Par	t IV Capital Loss Limitation			<u></u>
16	Enter here and enter as a (loss) on Form 1041, line 4 (or Form 990-T, Part I, II	ne 4c, if a trust), the <b>s</b> r	naller of	
а	The loss on line 15, column (3) or b \$3,000		16 (_	)
Note	:: If the loss on line 15, column (3), is more than \$3,000, <b>or</b> if Form 1041, page 1, lin over Worksheet on page 7 of the instructions to figure your capital loss carryover	ne 22 (or Form 990-T, li	ne 34), is a loss, comp	elete the Capital Loss
_			·	
Par	1041 filers. Complete this part only if both lines 14a and 15 in column (2	)) are gaine or an an	acunt is antarad in E	Part Lor Part II and
	e is an entry on Form 1041, line 2b(2), and Form 1041, line 22, is more that		iount is entered in i	raitioi raitii ailu
	ion: Skip this part and complete the worksheet on page 8 of the instructions			
	ther line 14b, col. (2) or line 14c, col. (2) is more than zero, or			
	oth Form 1041, line 2b(1), and Form 4952, line 4g are more than zero			
	n 990-T trusts. Complete this part only if both lines 14a and 15 are gair			
	orm 990-T, and Form 990-T, line 34, is more than zero. Skip this part and	complete the work	sheet on page 8 of	the instructions if
eithe	er line 14b, col (2) or line 14c, col (2) is more than zero		·	
17	Enter taxable income from Form 1041, line 22 (or Form 990-T, line 34)	. 17	:. '.	
18	Enter the smaller of line 14a or 15 in column (2)	21.612		
	but not less than zero			
19	Enter the estate's or trust's qualified dividends	4.	7.	
	from Form 1041, line 2b(2) (or enter the qualified	1000		
	dividends included in income in Part I of Form 990-T) 19	ж <sup>*</sup> ;	6.7.	
20	Add lines 18 and 19 <b>20</b>	-4.1		
21	If the estate or trust is filing Form 4952, enter the		2.73	
	amount from line 4g, otherwise, enter -0 <b>\(\rightarrow\)</b>	[관리	15/2	
22	Subtract line 21 from line 20 If zero or less, enter -0	22		
23	Subtract line 22 from line 17 If zero or less, enter -0	23		
24		24		
25	Is the amount on line 23 equal to or more than the amount on line 24?		**************************************	
	Yes. Skip lines 25 and 26, go to line 27 and check the "No" box.		37 2	
	No. Enter the amount from line 23			
26	Subtract line 25 from line 24	26		
27	Are the amounts on lines 22 and 26 the same?			
	Yes. Skip lines 27 thru 30, go to line 31 No. Enter the smaller of line 17 or line 22	27		
			[26]	
28	Enter the amount from line 26 (If line 26 is blank, enter -0-)	28	4.7	
29	Subtract line 28 from line 27			
30	Multiply line 29 by 15% ( 15)		30   _	
31	Figure the tax on the amount on line 23 Use the 2010 Tax Rate Sch		I	
	(see the Schedule Ginstructions in the instructions for Form 1041)		31	
32	Add lines 30 and 31			
33	Figure the tax on the amount on line 17. Use the 2010 Tax Rate Sch			
	(see the Schedule Ginstructions in the instructions for Form 1041)			
34	Tax on all taxable income. Enter the smaller of line 32 or line 33 here			
	G, line 1a (or Form 990-T, line 36)	<u> </u>		
			Schedu	le D (Form 1041) 2010

Page 2

Name of estate or trust as shown on Form 1041 Do not enter name and employer identification number if shown on the other side UNITED WAY OF CENTRAL OKLAHOMA, INC.

Employer identification number 73-0589829

(a) Description of property (Example 100 sh 7% preferred of "Z" Co)	(b) Date acquired (mo , day, yr )	(c) Date sold (mo , day, yr )	(d) Sales price (see page 4 of the instructions)	(e) Cost or other basis (see page 4 of the instructions)	(f) Gain or (loss) Subtract (e) from (d
MATURITIES OF INVESTMENTS	VARIOUS	VARIOUS	807,906.	807,906.	
MICKITIBO OF TRADETIBLATO	VIIICIOOD	VIIKTOOD	0077500.	001,75001	
1 to 1 to 1 to 1 to 1 to 1 to 1 to 1 to					
	ì				
······································					
			-		
				-	
					-
Total. Combine the amounts in colum			<del></del>		

## United Way of Central Oklahoma Board of Directors

Officers:

Chairman of the Board

Ed Martin

Ackerman McQueen

Vice Chairman

Doug Stussi

Love's Travel Stops & Country Stores

Secretary/Treasurer

David Harlow

**BancFirst** 

Assistant Secretary/Treasurer

Shane Wharton

Love's Travel Stops & Country Stores

Tom Adams

Adlife HomeCare

John Armitage, MD

Oklahoma Blood Institute

Joy Reed Belt Ph. D.

Joy Reed Belt & Associates/Joy Reed Belt

Search Consultants

Bevely Binkowski

Blue Cross and Blue Shields of Oklahoma

Dr. John Bozalis

Oklahoma Allergy & Asthma Clinic

Martha Burger

Chesapeake Energy Corporation

David R. Carpenter

American Fidelity Assurance Company

Mike Coats

IBC Bank

Luke R. Corbett

Corbett Management LLC

Jim Curry

Oklahoma State AFL-CIO

Terri L. Cwiklinski

American Fidelity Assurance Company

Pete Delaney

**OGE Energy Corp** 

**Todd Dobson** 

Mid First Bank

Ronald G. Dye

CWA Local 6016

Eric Eissenstat

Fellers Snider Blankenship, Bailey & Tippens

James Elder

Mock Schwabe Waldo Elder Reeve & Bryant

Cole C. Eslyn, FACHE

OU MEDICAL CENTER

Larry Flowers

BCTGM Local 366 G

Ryan Free

**OPUBCO** 

Mark W. Funke

Bank of Oklahoma, N. A. -OKC

Bryan Gonterman

AT&T

Julie A. Gosdin

United States Postal Service

Mark Grimes Flintco, Inc.

Mary Hendrick Journal Records

Christopher D. Howard

SSM Health Care of Oklahoma

Cliff Hudson

Sonic, America's Drive-In

David Jackson

JP Morgan Chase Bank NA

Michael E. Joseph McAfee & Taft

**Bob Kendrick** 

U. S. Postal Service

Steve Kreidler

University of Central Oklahoma

D. E. Lippert, Jr.

Lippert Brothers, Inc.

Alan Marcum

**Devon Energy** 

Matt McGuire

Heritage Trust Company

Kenneth N. McKinney

Tomlinson & O'Connell

Mary Melon

The Journal Record

Wes Milbourn

KFOR-TV Channel 4 and KAUT Channel 43

Roger N. Mitchell

Oklahoma Natural Gas Company

J. Larry Nichols

**Devon Energy Corporation** 

**Polly Nichols** 

Community Volunteer

Dee Niles

**KPMG LLP** 

Tim O'Connor

Central Oklahoma AFL-CIO Labor Council

Cathy O'Connor

The City of Oklahoma City

Mike E. O'Neal

Oklahoma Chrisitan University

David Ortloff

Dillingham Benefits

Cynda C. Ottaway

Crowe Dunlevy

Roy W. Page

Third Degree Advertising & Communications,

Inc.

Beth Pauchnik

**INTEGRIS Health** 

Pat Rooney

First National Bank of Oklahoma

Jim Roth

Phillips Murrah P.C.

Nick Samarripas

Citizens Bank of Edmond

David R. Schaefer UMB Bank, N. A.

Paul Sechrist Oklahoma City Community College

Tony Shinn Bank of America/U.S. Trust

Diana L. Smalley, FACHE Mercy Health Center

Perry Sneed Sheet Metal Workers Local 124/AFL-CIO

Karl Springer Oklahoma City Public Schools

Lee Symcox First Fidelity Bank

David Thompson OPUBCO Communications Group

T. Scott Towery
The Benham Companies

Jean Wallace Buttery Company LLP

Chad R. Wilkerson Federal Reserve Bank of Kansas City--OKC Branch

John D. Williams Skirvin Hilton Hotel

Mark A. Wood Ernst & Young LLP

George E. Young, Sr. Holy Temple Baptist Church

## **Ex-Officio Members**

ADA President:
JOHNSON, BIRDIE L.
COINS

Air Force Liaison: OVER, JOHN

Canadian County Board Chair:
McCOLL, LYNDA
McColl & Associates, CPA, PC

Logan County Board Chair: MITCHELL, KENNETH

Community Investment Co-Chair: SCHROEDER, DAVID

United Way of Central Oklahoma Partner Agency Payments	
A Chance to Change	62,374.98
American Heart Association	188,614.98
American Lung Association	76,083.46
American Red Cross-Heart of Oklahoma	54,853.06
American Red Cross-Canadian County	1,732.50
American Red Cross of Central OK	1,517,445.00
Areawide Aging Agency	35,777.96
Arthritis Foundation	114,750.02
Bethesda	25,500.00
Big Brothers Big Sisters	156,808.96
Boys Scouts of America-Last Frontier Council	468,651.96
Boys & Girls Club of OK County	133,749.96
Calm Waters Center for Children & Families, Inc	45,300.00
Camp Fire Boys & Girls-Heart of OK Council	238,316.96
Catholic Charities of the Arch Diocese	301,724.50
Celebrations! Educational Services, Inc.	128,700.00
Central OK Integrated Network Systems (COINS)	25,767.48
Citizens Caring for Children	95,949.98
Coffee Creek Riding Center for the Handicapped	86,235.04
Community Literacy Centers	76,341.04 29,433.50
Consumer Credit Counseling Daily Living Center	219,007.42
Dale Rogers Training Center	139,058.06
Dentist for the Disabled	79,438.00
Easter Seals of Oklahoma	10,608.96
Employment and Restoration Center (EARC)	73,740.48
Girl Scouts Red Lands Council	265,742.44
Heartline	136,471.42
Homeless Alliance	25,624.96
Hospice of Oklahoma County	163,239.00
John W. Keys Speech & Hearing Center	23,283.00
Latino Community Development Agency	140,921.00
Legal Aid Services of OK	128,774.02
Lennie Marie Tolliver Alternative Care Center	-
Mental Health Association of OK County	123,126.00
Metropolitan Better Living Center	70,792.50
Moore Youth and Family Services	77,309.04
Neighborhood Services Organization	244,477.50
North Care Center	238,630.02
OK Foundation for the Disabled	144,999.98
Oklahoma Goodwill Industries	46,249.98
Oklahoma Halfway House	6,065.02
Oklahoma Medical Research	122,499.94
Oklahoma United Methodist Circle of Care	20,627.02
Oklahoma Safe Kids Coalition	20,312.44
Parents Assistance Center	166,191.00

Positive Tomorrows	160,216.42
Possibilities, Inc	25,767.96
Retired Senior Volunteer Program of OK County	127,537.46
Salvation Army-Oklahoma County	905,373.04
Special Care	320,225.02
Sunbeam Family Services	750,062.04
The Education & Employment Ministry	21,999.98
Tinker AFB Youth Council	18,697.02
Upward Transitions	323,268.44
Urban League of Greater OKC	335,633.52
Variety Health Center	456,671.00
YMCA of Greater Oklahoma City	247,500.00
Youth Cornerstone	24,100.00
Youth and Family Services	36,385.50
Youth Services for Oklahoma County, Inc.	30,585.00
YWCA	611,563.00
	10,946,885.94
•	
Agencies Funded Through the Combined Federal Campaign	
United Way of Central Oklahoma	433,530.66
Lennie-Marie Tolliver Alternative Care Center	1,270.64
Mid-Del Youth and Family Center	8,019.95
America's Charities	59,287.69
Animal Charities of America	79,705.77
Archdiocese For The Military Services USA	2,556.25
Bread and Water For Africa	747.43
The Oklahoma Caring Foundation, Inc.	5,234.51
Central OK Habitat For Humanity	15,836.07
Childrens Charities of America	50,966.09
Christian Charities USA	54,521.18
Christian Service Charities	123,980.78
Community Health Charities	278,519.30
Community Health Charities Ntl	196,709.44
Conservation and Presevation Charities of America	21,232.91
Do Unto Others Amer Emergency Relief	16,417.80
Ducks Unlimited Inc	3,478.02
Earth Share	23,058.29
Educate America	10,021.38
First Book	1,029.73
Food For The Poor	2,447.37
Free To Live, Inc.	61,348.51
Genesis Project Inc	15,922.60
Global Impact	43,618.11
Gun Owners Fdn	3,243.85
Health and Medical Research Charities of America	94,503.02
THE CONTRACT OF THE CONTRACT O	2 725 22

Heritage Foundation

3,725.22

• •	
Hispanic College Fund Inc	131.28
Hispanic United Fund	3,069.17
Hope Center of Edmond	9,639.49
Human and Civil Rights Org of Amer	4,890.56
Human Service Charities of Amer	12,385.38
Infant Crisis Services	38,481.95
Jesus House, Inc	83,249.35
The Launching Pad Child Development Cntr	6,523.68
Lithuanian Catholic Religious Aid Inc	384.54
Lymphoma Foundation of America	242.12
Make A Wish Foundation	32,028.19
Maryknoll Fathers and Brothers	1,188.00
Medical Research Charities	36,927.78
Military Vets and Patriotic Public Org of Amer	94,974.49
Mother to Mother Ministry of Oklahoma County	1,172.79
Natl Amer Red Cross	39,627.32
Natl Ataxia Fdn Inc	1,318.77
Natl Black United Fedn of Charities Inc	8,131.86
Natl Breast Cancer Fdn	755.88
Natl Fallen Firefighters Fdn	1,567.48
National Public Radio, Inc.	5,677.61
Natl Wild Turkey Fedn Inc	2,845.79
NRA Civil Rights Defense Fund	7,890.44
NRA Foundation, Inc.	7,317.69
OK Institute For Child Advocacy	814.15
Oklahoma Jail and Prison Ministries	8,483.62
Planned Parenthood of Central OK	7,700.91
Postal Employees Relief Fund	2,487.18
Postal Workers Human Relations	4,534.62
Rebuilding Together, Inc.	4,827.29
Regional Food Bank of Oklahoma	136,947.41
Ronald McDonald House Charities OK	23,122.60
Scleroderma Foundation, Inc.	836.23
Second Chance Animal Sanctuary	49,821.67
The Childrens Center	25,724.58
United Service Orgs Inc	16,759.29
United Way Intl	782.37
United Way of Amer Federation	1,179.58
Veterans Research & Education Foundation	9,683.26
Vietnam Asst For The Handicapped	1,169.97
Vietnam Children's Fund	4,093.68
Wildcare Foundation	13,476.11
Williams Syndrome Association, Inc.	572.53
Women Children and Family Service Charities	13,922.12
Reaching Our City	2,794.96
Breast Cancer Research & Assistance Fund	317.57
Burchette-Conners-Ellington-Hereford-Lynch College Education	712.97

• •	
Educational Media Foundation	5,900.61
SladeChild Foundation Charitable Trust	237.16
RockySpot Rescue	12,600.03
Sooner Golden Retriever Rescue	12,093.31
Islamic Relief	449.94
Smile Train	1,258.76
Wildlife Forever	189.17
Love Without Boundaries Foundation	118.04
Suited for Suceess, Inc.	3,417.82
CancerCure of America	56,370.14
Health First - America's Charities	17,732.45
Jewish Charities of America	2,192.96
Mental Health Org of America	3,182.06
National Crime Prevention Council	158.21
United Negro College Fund	13,147.43
Ada Area Youth Shelter	2,638.45
Childshare and Hoslinger Home	2,011.33
Community Health Centers	2,371.38
Denny Price Family YMCA	812.67
Garfield County Child Advocacy Council	565.69
Merry Heart Guidance Center	2,542.16
Shawnee Family YMCA	659.85
YWCA of Enid	1,376.95
Jews for Jesus	779.38
Wounded Warrior Project	4,698.92
Children's Medical Charities of America	48,980.81
Israel Fund Inc.	3,393.66
Latin America Fund Inc.	1,122.55
C.A.R.E. Association Adult Day Care	1,298.86
The Christmas Connection	3,039.97
Cimarron Council Boy Scouts of America	1,766.47
INTEGRIS Baptist Med Cntr of OK Foundation	1,033.87
INTEGRIS SW Med Cntr of OK Foundation	389.91
Living Improvement for Elderly Center	2,654.42
Oklahoma Brain Tumor Foundation	4,015.64
Operation Warmheart	13,758.56
Stillwater Domestic Violence Service	599.87
Thurgood Marshall College Fund	827.48
ChildAid International	2,817.79
Afghan Health & Development Svcs	761.61
Diabetes Research Assistance Fund	2,139.21
Foods Resource Bank	168.37
Leading the Way	2,470.33
City Rescue Mission	18,257.89
Family Promise of Shawnee	861.61
Friends of Vance Families	7,190.56
Harrah Senior Center	4,311.03

Hearts for Hearing Foundation	702.74
Ministries of Jesus	3,554.83
One Church, One Child of OK	5,852.77
Oklahoma Blood Institute	960.52
Stillwater Mobile Meals	4,060.53
Tinker Family Readiness Fund	31,462.68
Freedom from Religion Foundation	1,339.54
Aid to Africa Federation	11,631.24
Aging and Disabilities Charities of America	869.84
AIDS Global Action, Inc.	2,378.36
Children First- America's Charities Federation	18,505.34
The Arts Federation	2,748.56
Human Care Charities of America Federation	20,983.21
National Autism Association	219.67
Support Our Troops	321.34
Wounded Warriors, Inc.	269.00
Big Brothers Big Sisters of Oklahoma	204.33
Peace and Reconciliation Charities	506.15
Sports Charities USA	17,547.67
Local Independent Charities of America	78,442.24
Booker T Washington Community Center, Inc.	575.20
Cimarron Valley American Red Cross	650.22
FASTHound Greyhound Adoption, Inc.	6,382.12
Fundacion Manos Juntos	4,967.17
Oklahoma Children's cancer Association	12,122.10
Therapetics Service Dogs of Oklahoma	3,384.92
Human Life International	381.82
Hope in Oklahoma	2,940.62
Allied Arts Foundation	2,850.80
United Way of Ada	12,838.85
United Way of Enid & NW OK, Inc.	887.61
United Way of Norman	109,693.99
United Way of Pottawatomie County Bless The Children Inc	5,242.28 609.10
	791.34
HOPE Community Service Inc Specialized Alternatives for Families	430.60
Engineers Without Borders	377.65
Hope in Oklahoma	2,362.23
Community Development Support Assn	970.11
African Children's Educ Iniative	1,200.84
Breast Cancer Relief Foundation	799.66
Cross International Catholic Outreach	2,295.65
Hands Together	432.40
Hope for Haiti	523.09
Hungry Children Project	1,055.09
Medical Aid & Research Fund	513.46
The Unforgotten	559.89
The Chioi Botton	557.67

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Cure Alzheimer's Fund	471.04
Latter-Day Saints Charities	1,245.87
Lupus Research Institute, Inc.	2,300.51
Best Friends of Shelter Pets	13,998.10
CASA of Oklahoma County	3,868.25
Heartland Lab Rescue	4,294.53
HUGS Project	16,581.43
Infant Parent Intervention Center	3,526.58
Real Rescue	7,128.83
The Salvation Army (Ada)	1,062.96
The Saville Center	450.44
Peace and Reconciliation Charities	939.25
Melanoma Research Foundation	396.37
Reason Foundation	473.97
United Way of Stillwater	2,121.90
Wild Animals Worldwide	9,065.86
Americans United for Sep Church & State	460.11
Human Development & Children Fdn	450.44
The Right Path Riding Academy	732.45
Stillwater Group Homes	829.44
Fish America Foundation	393.58
Catholic Charities USA	5,052.80
Guiding Eyes for the Blind	1,081.00
Vietnam Veterans Memorial Fund Inc	632.63
Answers in Genesis Ministries	765.70
Breast Cancer Research & Assistance Fund	1,064.31
Natl Scoliosis Fdn	418.50
Neurofibromatosis, Inc	630.56
Oklahoma City Community Foundation	815.54
Catholic Near East Welfare Assn	742.80
DARE America	487.15
Achilles Track Club	11.12
Acoustic neuroma Assn	120.50
Amer Indian Science and Engeneering Society	394.86
American Legion Endowment Fund	30.12
Amer Radio Relay League	59.32
Amer Speech Language Hearing Fdn	166.84
Amer Sudden Infant Seath Syn Inst	444.91
Asian Relief Inc	191.87
Big Brothere Big Sisters International	240.99
Blacks in Government	24.10
Boat People S O S Inc	120.50
Chromosome 18 Registry and Researcg Soc	222.46
Couple to Couple League	72.30
Dana Farber Cancer inst	144.60
Disabled Childrens Relief Fund	307.73
Embry-Riddle Aeronautical University	50.98

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ESA Foundation	240.99
Heart of Amer Fdn	9.27
Histiocytosis Assn of Amer	48.20
Mexican American Catholic College	111.23
Natl League of Families of Amer Prisoners	60.25
Natl Wildlife Refuge Assn	361.49
•	161.28
Navy Supply Corp Fdn Inc	
Pediatric Brain Tumor Fdn of the US	240.99
Polish Amer Assn	259.53
Roger L. Von Amelunxen Fdn	37.08
Rutherford Inst	411.14
Salesian Missions, Inc.	237.29
Science and Engineering Alliance	333.69
Sunshine Foundation	24.10
Support Our Agining Religious Inc	481.99
Trans World Radio	481.99
US Navel Sea Cadet Corp	326.27
USA Cycling	46.35
USA Hockey	231.73
Sky Cross	491.26
Help the Afghan Children	313.29
International Children's Care, Inc	341.10
A Special Wish Foundation	4.63
Sons of the Confederate Veterans, Inc	79.71
	120.50
Children, Inc.	30.12
American Legion Child Welfare Foundation	
Project C.U.R.E	267.88
Child & Family Services of Michigan, Inc.	38.00
Homeless Children	240.99
National Assc for the Improvement of Minorities in the IRS	46.35
Orthodox Christian Mission Center	176.11
International Union for Conservation of Nature	104.74
Halo Trust USA, Inc	417.11
International Aid	48.20
Adventure Cycling Assoc	27.81
AIDS Research & Assistance	119.57
Dolphin Scholarship Fnd	222.46
Parkinson's Action Network Fnd	265.09
Smithsonian Institution	74.15
Tuskegee University	92.69
American Inst for Cancer Research	168.70
Lutherans for Life	440.28
American Jewish Joint Distrustion Committee	278.07
Missions to Military, Inc	260.46
•	320.71
Girl Scouts Magic Empire Council	199.28
Payne County Youth Services	
Starting Point II	52.83

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Association of American Indian Affairs, Inc	48.20
Concern Worldwide U.S.	278.07
Free The Slaves	22.25
League of American Bicyclists	9.27
Lyme Disease Association, Inc	94.54
Prisoner Visitation & Support Committee	278.07
BAPS Charities	10.20
GAVI Fund	92.69
Pioneer Bible Translators	120.50
Thayne A Hedges Reg Speech & Hearing Ctr	55.61
Armed Forces Foundation	289.19
Cal Ripkin, Sr. Foundation	48.20
Elks National Foundation	301.24
Joni & Friends	82.49
Radio Amateur Satellite Corp	240.99
Ukrainian Catholic Education Fdn	166.84
Big Brothere Big Sisters of Stillwater	96.40
Help Them Grow, Inc	33.37
Human Rights Foundation	1.85
International Crisis Aid, Inc	27.81
Jesuit Refugee Service/USA	23.17
Orphan's Assistance & Rescue Inc	148.30
The Sacred Well Congregation of Texas	22.25
Trinity/Hope	72.30
AAA Foundation for Traffic Safety	120.50
AIDS Vaccine Advocacy Coalition	48.20
American Society of Transplantation	48.20
BlueRibbon Coalition	139.04
Clarke School for the Deaf	22.25
Coprpdeli USA	9.27
Farmworker Justice Fund, Inc	22.25
Federal Law Enforcement Officers Fdn	162.21
Foundation for Digestive Health & Nutrition	111.23
Fdn of Assoc Former Agents/US Secret Service	216.90
International Children's Fund	240.99
KaBoom	120.50
Mailbox Club Inc	24.10
Marine Graduation Foundation	481.99
Natl Society of Sons of the Amer Revolution	265.09
NHA Scholarship Fund	166.84
Pilot International Foundation	48.20
Planetary Society	211.33
Pueblo a Pueblo	4.63
Rainforest Action Network	55.61
SAE International	4.63
USA Diving	111.23
Young America's Foundation	463.45

Smart Start Payne County	120.50
Youth & Family Svcs of North Central OK	119.57
Human Life International	478.00
Mustard Seed Ministries	192.80
Designations by donors to miscellaneous organizations	1,625,602.00
	4,716,491.92
Agencies Funded Through the State Charitable Campaign	
United Way of Central Oklahoma	226,168.64
Community Health Charities	66,430.60
Global Impact	17,396.73
Regional Food Bank of Oklahoma	75,890.40
Armed Forces Veterans Home Federation	7,527.17
Allied Arts Foundation	12,966.38
Lake Area United Way	1,489.54
United Way of Ada	127.93
United Way of Bartlesville	191.90
United Way of Enid & NW OK, Inc.	687.24
United Way of Lawton Ft Sill	458.41
United Way of Norman	33,262.98
United Way of Pottawatomie County	7,800.11
United Way of South Central Oklahoma	248.62
United Way of Stephens County	778.24
United Way of Stillwater	772.96
Tulsa Area United Way	2,869.00
	455,066.85
Agencies Funded Through the Heart of the City Campaign	234,896.77
United Way of Central Oklahoma	74,727.65
Community Health Charities	42,649.96
Regional Food Bank of Oklahoma	41,093.93
Allied Arts Foundation	
	393,368.31

Total 16,511,813.02

Farm 8869	(Rev 1-2011)		' 1		Page 2
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	are filing for an Automatic 3-Month Extension, co				
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Form 99		03	Form 4720 W&I-FIELD ASSIS	3102	09
Form 99		04	Form 4720 . W & I - FIELD ASSIC Form 5227 OKLAHOMA CITY, C	1210=	10
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list with t	the names and EINs of all members the extension	is for.			
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	r calendar year $\underline{2010}$ , or other tax year beginning		, 20 , and ending	<del></del>	_, 20
6 If t	he tax year entered in line 5 is for less than 12 mor	nths, check	reason: Initial return F	inal return	
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	ate in detail why you need the extension ADDIT			ORMATION	
RE	QUIRED TO FILE A COMPLETE AND ACC	URATE T	AX RETURN.		
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8a If	this application is for Form 990-BL, 990-PF, 9	90-T, 4720	), or 6069, enter the tentative tax, le	ess any	
no	nrefundable credits. See instructions.			8a \$	0.
b If	his application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and				
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	lance Due. Subtract line 8b from line 8a. Include	vour pavr	nent with this form, if required, by using		
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