Form **990**

Department of the Treasury
Internal Revenue Service

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)

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

OMB No 1545-0047

2012

Open to Public Inspection

A For the 2012 calendar year, or tax year beginning 01-01-2012 , 2012, and ending 12-31-2012

B Check if applicable
☐ Address change
☐ Name change
☐ Initial return
☐ Terminated
☐ Amended return
☐ Application pending

C Name of organization
United Way of Enid and Northwest OK Inc

Doing Business As

Number and street (or P O box if mail is not delivered to street address) P O Box 5828 | Room/suite

City or town, state or country, and ZIP + 4
Enid, OK 73702

D Employer identification number
73-0582549

E Telephone number
(580) 237-0821

G Gross receipts $ 738,145

F Name and address of principal officer
Pamela Ballard
321 W Cherokee Suite C
Enid, OK 73701

H(a) Is this a group return for affiliates? ☐ Yes ☑ No

H(b) Are all affiliates included? ☐ Yes ☐ No
If "No," attach a list (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status ☑ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

J **Website:** ▶ www unitedwayenid org

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶ | L Year of formation 1934 | M State of legal domicile OK

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities
To impact the Enid and NW Oklahoma community by identifying, prioritizing, and facilitating the meeting of human service needs

2 Check this box ▶☐ if the organization discontinued its operations or disposed of more than 25% of its net assets

3	Number of voting members of the governing body (Part VI, line 1a)	3	39
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	39
5	Total number of individuals employed in calendar year 2012 (Part V, line 2a)	5	2
6	Total number of volunteers (estimate if necessary)	6	
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b	Net unrelated business taxable income from Form 990-T, line 34	7b	

		Prior Year	Current Year
Revenue			
8	Contributions and grants (Part VIII, line 1h)	703,294	691,404
9	Program service revenue (Part VIII, line 2g)		0
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	8,175	5,669
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	30,225	27,768
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	741,694	724,841
Expenses			
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	623,650	555,900
14	Benefits paid to or for members (Part IX, column (A), line 4)		0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	94,034	95,775
16a	Professional fundraising fees (Part IX, column (A), line 11e)		0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶35,909		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	53,720	57,454
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	771,404	709,129
19	Revenue less expenses Subtract line 18 from line 12	-29,710	15,712
Net Assets or Fund Balances		**Beginning of Current Year**	**End of Year**
20	Total assets (Part X, line 16)	1,334,963	1,319,402
21	Total liabilities (Part X, line 26)	640,836	589,025
22	Net assets or fund balances Subtract line 21 from line 20	694,127	730,377

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

Sign Here

****** | 2013-05-09
Signature of officer | Date

Pamela Ballard Executive Director
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
Ronald Shreve		2013-05-09		
Firm's name ▶ Johnny W Curran CPA			Firm's EIN ▶	
Firm's address ▶ 300 W Cherokee Ste 105 Enid, OK 73701			Phone no (580) 233-6401	

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

Part III **Statement of Program Service Accomplishments**

Check if Schedule O contains a response to any question in this Part III . . . . ☐

1 Briefly describe the organization's mission

To impact the Enid and NW Oklahoma community by identifying, prioritizing, and facilitating the meeting of human service needs

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

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

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

If "Yes," describe these changes on Schedule O

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code) (Expenses $ 627,317 including grants of $ 555,900) (Revenue $ 724,841)

Provided financial support to various member agencies serving a wide range of service needs Also provided funding for grants to meet identified community needs The organization also coordinates and serves on numerous task forces, including domestic violence, suicide prevention, community re-entry, metro health, drug and alcohol prevention and energy assistance

4b (Code) (Expenses $ including grants of $) (Revenue $)

4c (Code) (Expenses $ including grants of $) (Revenue $)

4d Other program services (Describe in Schedule O)

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

4e **Total program service expenses** ▶ 627,317

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	Yes	
2	Is the organization required to complete *Schedule B, Schedule of Contributors* (see instructions)?	2	Yes	
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		No
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		No
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? *If "Yes," complete Schedule C, Part III*	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which 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		No
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		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10	Yes	
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			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If "Yes," complete Schedule D, Part VI.*	11a	Yes	
b	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		No
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		No
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		No
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e		No
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X*	11f		No
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII*	12a	Yes	
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 and XII is optional*	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If "Yes," complete Schedule F, Parts I and IV*	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or assistance to any organization or entity located outside the United States? *If "Yes," complete Schedule F, Parts II and IV*	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or assistance to individuals located outside the United States? *If "Yes," complete Schedule F, Parts III and IV*	16		No
17	Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I (see instructions)*	17		No
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18	Yes	
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		No
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Part IV Checklist of Required Schedules *(continued)*

			Yes	No
21	Did the organization report more than $5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	21	Yes	
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		No
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		No
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25*	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		No
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		No
25a	**Section 501(c)(3) and 501(c)(4) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	25a		No
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		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? *If "Yes," complete Schedule L, Part II*	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part III*	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	28b		No
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 IV*	28c		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	33		No
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	34		No
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
b	If 'Yes' to line 35a, 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*	35b		
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? **Note.** All Form 990 filers are required to complete Schedule O	38	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response to any question in this Part V . . . . ☐

					Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	1a	2			
b	Enter the number of Forms W-2G included in line 1a *Enter -0-* if not applicable	1b	0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?			1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	2			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note.** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			2b	Yes	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?			3a		No
b	If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O*			3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?			4a		No
b	If "Yes," enter the name of the foreign country ▶ See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts					
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			5b		No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			5c		
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?			6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?			6b		
7	**Organizations that may receive deductible contributions under section 170(c).**					
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?			7a		No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			7f		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?			7h		
8	**Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?			8		
9	**Sponsoring organizations maintaining donor advised funds.**					
a	Did the organization make any taxable distributions under section 4966?			9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?			9b		
10	**Section 501(c)(7) organizations.** Enter					
a	Initiation fees and capital contributions included on Part VIII, line 12	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	**Section 501(c)(12) organizations.** Enter					
a	Gross income from members or shareholders	11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b				
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?			12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**					
a	Is the organization licensed to issue qualified health plans in more than one state? **Note.** See the instructions for additional information the organization must report on Schedule O			13a		
b	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	13b				
c	Enter the amount of reserves on hand	13c				
14a	Did the organization receive any payments for indoor tanning services during the tax year?			14a		No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O*			14b		

Part VI **Governance, Management, and Disclosure** *For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.*

Check if Schedule O contains a response to any question in this Part VI . . . . ☑

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a 39			
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O				
b	Enter the number of voting members included in line 1a, above, who are independent	1b 39			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		2		No
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		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .		5		No
6	Did the organization have members or stockholders?		6		No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		7a		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following				
a	The governing body?		8a	Yes	
b	Each committee with authority to act on behalf of the governing body?		8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O*		9		No

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

			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	Yes	
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		No
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did the organization have a written conflict of interest policy? *If "No," go to line 13*	12a	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," describe in Schedule O how this was done*	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b		No
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

Section C. Disclosure

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

18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection Indicate how you made these available Check all that apply

☐ Own website ☐ Another's website ☑ Upon request ☐ Other (explain in Schedule O)

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

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

▶Pamela Ballard Executive Director P O Box 5828 Enid, OK (580) 237-0821

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

Check if Schedule O contains a response to any question in this Part VII . . . .

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, or highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations

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

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee) Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
See Additional Data Table										

Part VII **Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** *(continued)*

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee) Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations

		(D)	(E)	(F)
1b	**Sub-Total** . . . . ▶			
c	**Total from continuation sheets to Part VII, Section A** . . . . ▶			
d	**Total (add lines 1b and 1c)** . . . . ▶	53,524		4,817

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization ▶

			Yes	No
3	Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*	3		No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? *If "Yes," complete Schedule J for such individual*	4		No
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person*	5		No

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 of compensation from the organization ▶

Part VIII Statement of Revenue

Check if Schedule O contains a response to any question in this Part VIII . . . . ☐

Section	Line	Description	Ref	Amount	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns	1a					
	b	Membership dues	1b					
	c	Fundraising events	1c					
	d	Related organizations	1d					
	e	Government grants (contributions)	1e					
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	691,404				
	g	Noncash contributions included in lines 1a-1f $						
	h	**Total.** Add lines 1a-1f ▶			691,404			
Program Service Revenue			Business Code					
	2a							
	b							
	c							
	d							
	e							
	f	All other program service revenue						
	g	**Total.** Add lines 2a–2f ▶						
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts) ▶			5,669			5,669
	4	Income from investment of tax-exempt bond proceeds ▶						
	5	Royalties ▶						
			(i) Real	(ii) Personal				
	6a	Gross rents						
	b	Less rental expenses						
	c	Rental income or (loss)						
	d	Net rental income or (loss) ▶						
			(i) Securities	(ii) Other				
	7a	Gross amount from sales of assets other than inventory						
	b	Less cost or other basis and sales expenses						
	c	Gain or (loss)						
	d	Net gain or (loss) ▶						
	8a	Gross income from fundraising events (not including $ ____ of contributions reported on line 1c) See Part IV, line 18	a	41,072				
	b	Less direct expenses	b	13,304				
	c	Net income or (loss) from fundraising events ▶			27,768			
	9a	Gross income from gaming activities See Part IV, line 19	a					
	b	Less direct expenses	b					
	c	Net income or (loss) from gaming activities ▶						
	10a	Gross sales of inventory, less returns and allowances	a					
	b	Less cost of goods sold	b					
	c	Net income or (loss) from sales of inventory ▶						
		Miscellaneous Revenue	Business Code					
	11a							
	b							
	c							
	d	All other revenue						
	e	**Total.** Add lines 11a–11d ▶						
	12	**Total revenue.** See Instructions ▶			724,841			5,669

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)

Check if Schedule O contains a response to any question in this Part IX . . . . ☐

	Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States See Part IV, line 21	555,900	555,900		
2	Grants and other assistance to individuals in the United States See Part IV, line 22	0			
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16	0			
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees	53,524	35,326	9,099	9,099
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	28,444	18,773	4,835	4,836
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	7,422	3,388	2,017	2,017
9	Other employee benefits	0			
10	Payroll taxes	6,385	4,214	1,085	1,086
11	Fees for services (non-employees)				
a	Management	0			
b	Legal	0			
c	Accounting	11,194		11,194	
d	Lobbying	0			
e	Professional fundraising services See Part IV, line 17				
f	Investment management fees	0			
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	0			
12	Advertising and promotion	0			
13	Office expenses	5,228		2,613	2,615
14	Information technology	0			
15	Royalties . .	0			
16	Occupancy	0			
17	Travel	1,783		891	892
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	1,042		521	521
20	Interest	0			
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	1,205		1,205	
23	Insurance	4,257		4,257	
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a	Telephone	3,094		1,547	1,547
b	Printing	2,888		1,444	1,444
c	Maintenance Repairs	10,017		5,008	5,009
d	Bad Debt	6,655			6,655
e	All other expenses	10,091	9,716	187	188
25	**Total functional expenses.** Add lines 1 through 24e	709,129	627,317	45,903	35,909
26	**Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)				

Part X **Balance Sheet**

Check if Schedule O contains a response to any question in this Part X . . . . ☐

				(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing		672,507	1	651,390
	2	Savings and temporary cash investments		203,906	2	227,753
	3	Pledges and grants receivable, net		455,982	3	439,046
	4	Accounts receivable, net			4	
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L			5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges			9	
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 23,923			
	b	Less accumulated depreciation	10b 22,710	2,418	10c	1,213
	11	Investments—publicly traded securities			11	
	12	Investments—other securities See Part IV, line 11			12	
	13	Investments—program-related See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11		150	15	
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		1,334,963	16	1,319,402
Liabilities	17	Accounts payable and accrued expenses		3,735	17	2,787
	18	Grants payable		637,101	18	586,238
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D			21	
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L			22	
	23	Secured mortgages and notes payable to unrelated third parties			23	
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D			25	
	26	**Total liabilities.** Add lines 17 through 25		640,836	26	589,025
Net Assets or Fund Balances		**Organizations that follow SFAS 117 (ASC 958), check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		688,690	27	729,377
	28	Temporarily restricted net assets		5,437	28	1,000
	29	Permanently restricted net assets			29	
		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		694,127	33	730,377
	34	Total liabilities and net assets/fund balances		1,334,963	34	1,319,402

Part XI Reconcilliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI . . . . ☑

1	Total revenue (must equal Part VIII, column (A), line 12)	1	724,841
2	Total expenses (must equal Part IX, column (A), line 25)	2	709,129
3	Revenue less expenses Subtract line 2 from line 1	3	15,712
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	694,127
5	Net unrealized gains (losses) on investments	5	20,538
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	730,377

Part XII 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 ☑ Accrual ☐ Other ____________ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both ☑ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b		

SCHEDULE A
(Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No 1545-0047

2012

Open to Public Inspection

Name of the organization
United Way of Enid and Northwest OK Inc

Employer identification number
73-0582549

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

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

1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E)

3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state ______

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☑ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)

9 ☐ An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)

10 ☐ An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**

11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h

a ☐ Type I **b** ☐ Type II **c** ☐ Type III - Functionally integrated **d** ☐ Type III - Non-functionally integrated

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

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

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

		Yes	No
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?	**11g(i)**		
(ii) A family member of a person described in (i) above?	**11g(ii)**		
(iii) A 35% controlled entity of a person described in (i) or (ii) above?	**11g(iii)**		

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

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

Part II **Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**
(Complete only if you checked the box on line 5, 7, or 8 of Part I 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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")	745,693	768,917	830,558	703,294	691,404	3,739,866
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	745,693	768,917	830,558	703,294	691,404	3,739,866
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 **Public support.** Subtract line 5 from line 4						3,739,866

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7 Amounts from line 4	745,693	768,917	830,558	703,294	691,404	3,739,866
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	12,844	10,104	6,858	8,175	5,669	43,650
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)						
11 **Total support** (Add lines 7 through 10)						3,783,516

12 Gross receipts from related activities, etc (see instructions) | 12 |

13 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and **stop here** . . . . . ▶☐

Section C. Computation of Public Support Percentage

14 Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f)) | 14 | 98 850 %

15 Public support percentage for 2011 Schedule A, Part II, line 14 | 15 | 98 620 %

16a **33 1/3% support test—2012.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☑

b **33 1/3% support test—2011.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

17a **10%-facts-and-circumstances test—2012.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶☐

b **10%-facts-and-circumstances test—2011.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶☐

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

Part III Support Schedule for Organizations Described in Section 509(a)(2)
(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(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						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b 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						
c Add lines 7a and 7b						
8 **Public support** (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 **Total support.** (Add lines 9, 10c, 11, and 12)						

14 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and **stop here** ▶☐

Section C. Computation of Public Support Percentage

15	Public support percentage for 2012 (line 8, column (f) divided by line 13, column (f))	15	0 %
16	Public support percentage from 2011 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2012** (line 10c, column (f) divided by line 13, column (f))	17	0 %
18	Investment income percentage from **2011** Schedule A, Part III, line 17	18	

19a **33 1/3% support tests—2012.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

b **33 1/3% support tests—2011.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

20 **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶☐

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

Facts And Circumstances Test

Explanation

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047
2012
Open to Public Inspection

Name of the organization
United Way of Enid and Northwest OK Inc

Employer identification number
73-0582549

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

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No

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

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

☐ Preservation of land for public use (e g , recreation or education)
☐ Preservation of an historically important land area
☐ Protection of natural habitat
☐ Preservation of a certified historic structure
☐ 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 Year
a	Total number of conservation easements	2a	
b	Total acreage restricted by conservation easements	2b	
c	Number of conservation easements on a certified historic structure included in (a)	2c	
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d	

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

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

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

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

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

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

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

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.
Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (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 XIII, the text of the footnote to its financial statements that describes these items

b 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

(i) Revenues included in Form 990, Part VIII, line 1 ▶ $ ____________

(ii) Assets included in Form 990, Part X ▶ $ ____________

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

a Revenues included in Form 990, Part VIII, line 1 ▶ $ ____________

b Assets included in Form 990, Part X ▶ $ ____________

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

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

a ☐ Public exhibition
b ☐ Scholarly research
c ☐ Preservation for future generations
d ☐ Loan or exchange programs
e ☐ Other

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

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

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

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

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

			Amount
c	Beginning balance	1c	
d	Additions during the year	1d	
e	Distributions during the year	1e	
f	Ending balance	1f	

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

b If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII . . . . ☐

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

		(a) Current year	(b) Prior year	b (c) Two years back	(d) Three years back	(e) Four years back
1a	Beginning of year balance	26,969	28,407	26,298	23,007	
b	Contributions					
c	Net investment earnings, gains, and losses	3,946	-34	3,518	5,132	
d	Grants or scholarships					
e	Other expenditures for facilities and programs	1,116	1,047	1,076	1,539	
f	Administrative expenses	365	357	333	302	
g	End of year balance	29,434	26,969	28,407	26,298	

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as

a Board designated or quasi-endowment ▶

b Permanent endowment ▶

c Temporarily restricted endowment ▶

The percentages in lines 2a, 2b, and 2c should equal 100%

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

			Yes	No
	(i) unrelated organizations	3a(i)	Yes	
	(ii) related organizations	3a(ii)		No
b	If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b		

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

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

	Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a	Land				
b	Buildings				
c	Leasehold improvements				
d	Equipment		23,923	22,710	1,213
e	Other				
Total.	Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* ▶				1,213

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other (A) Financial derivatives and other financial products		
(B) Closely-held equity interests		
Total. *(Column (b) must equal Form 990, Part X, col (B) line 12)* ▶		

Part VIII Investments—Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Total. *(Column (b) must equal Form 990, Part X, col (B) line 13)* ▶		

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

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

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

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

2. Fin 48 (ASC 740) Footnote In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII ☐

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

1	Total revenue, gains, and other support per audited financial statements			1	724,841
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains on investments	2a			
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII)	2d			
e	Add lines **2a** through **2d**			2e	
3	Subtract line **2e** from line **1**			3	724,841
4	Amounts included on Form 990, Part VIII, line 12, but not on line **1**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII)	4b			
c	Add lines **4a** and **4b**			4c	
5	Total revenue Add lines **3** and **4c.** (This must equal Form 990, Part I, line 12)			5	724,841

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

1	Total expenses and losses per audited financial statements			1	709,129
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIII)	2d			
e	Add lines **2a** through **2d**			2e	
3	Subtract line **2e** from line **1**			3	709,129
4	Amounts included on Form 990, Part IX, line 25, but not on line **1:**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII)	4b			
c	Add lines **4a** and **4b**			4c	
5	Total expenses Add lines **3** and **4c.** (This must equal Form 990, Part I, line 18)			5	709,129

Part XIII Supplemental Information

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

Identifier	Return Reference	Explanation
V	4	Distributions received from the endowment funds are used to further the organizations exempt purpose

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than $15,000 on Form 990-EZ, line 6a. Form 990-EZ filers are not required to complete this part.

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

OMB No 1545-0047

2012

Open to Public Inspection

Name of the organization
United Way of Enid and Northwest O K Inc

Employer identification number
73-0582549

Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17.

1 Indicate whether the organization raised funds through any of the following activities Check all that apply

a ☑ Mail solicitations
b ☐ Internet and email solicitations
c ☑ Phone solicitations
d ☑ In-person solicitations
e ☐ Solicitation of non-government grants
f ☐ Solicitation of government grants
g ☑ Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ Yes ☑ No

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least $5,000 by the organization

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions? Yes	No	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
Total . . . . ▶						

3 List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing

O K

Part II **Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than $15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than $5,000.

			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col (a) through col (c))
			Chili Cook-Off (event type)	Golf Tournament (event type)	1 (total number)	
Revenue	1	Gross receipts	15,478	14,273	11,321	41,072
	2	Less Contributions				
	3	Gross income (line 1 minus line 2)	15,478	14,273	11,321	41,072
Direct Expenses	4	Cash prizes				
	5	Noncash prizes				
	6	Rent/facility costs				
	7	Food and beverages				
	8	Entertainment				
	9	Other direct expenses	732	3,184	9,388	13,304
	10	Direct expense summary Add lines 4 through 9 in column (d) ▶				(13,304)
	11	Net income summary Combine line 3, column (d), and line 10 ▶				27,768

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

			(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
Revenue	1	Gross revenue				
Direct Expenses	2	Cash prizes				
	3	Non-cash prizes				
	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	☐ Yes ______ ☐ No	☐ Yes ______ ☐ No	☐ Yes ______ ☐ No	
	7	Direct expense summary Add lines 2 through 5 in column (d) ▶				
	8	Net gaming income summary Combine lines 1 and 7 in column (d) ▶				

9 Enter the state(s) in which the organization operates gaming activities ______

a Is the organization licensed to operate gaming activities in each of these states? ☐ Yes ☐ No

b If "No," explain ______

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? ☐ Yes ☐ No

b If "Yes," explain ______

Does the organization operate gaming activities with nonmembers? . . . . Yes No

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? . . . . Yes No

13 Indicate the percentage of gaming activity operated in

a The organization's facility	13a	
b An outside facility	13b	

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

Name ▶

Address ▶

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? . . . . Yes No

b If "Yes," enter the amount of gaming revenue received by the organization ▶ $ __________ and the amount of gaming revenue retained by the third party ▶ $ __________

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

Name ▶

Address ▶

16 Gaming manager information

Name ▶

Gaming manager compensation ▶ $

Description of services provided ▶

Director/officer Employee Independent contractor

17 Mandatory distributions

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? . . . . Yes No

b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ $

Part IV Supplemental Information. Complete this part to provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

Identifier	Return Reference	Explanation

Additional Data

Software ID: 12000057
Software Version: 12.15.422.1
EIN: 73-0582549
Name: United Way of Enid and Northwest OK Inc

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Cindy Griesel President	1 00	X						0	0	0
Kelvin Classen 1st Vice President	1 00	X						0	0	0
Yvonne L Odom 2nd Vice President	1 00	X						0	0	0
Amber Fitzgerald Treasurer	1 00	X						0	0	0
Shaye Aman Campaign Chair	1 00	X						0	0	0
J Curtis Huckleberry Budget/Alloc Chair	1 00	X						0	0	0
Janet Byrum Planning Chair	1 00	X						0	0	0
Natalee Jamison Membership Chair	1 00	X						0	0	0
Cindy Allen Board Member	1 00	X						0	0	0
State Senator Patrick Anderson Board Member	1 00	X						0	0	0
Jessica Andrew Board Member	1 00	X						0	0	0
Jack Baldwin Board Member	1 00	X						0	0	0
Dr Jerry Blankenship Board Member	1 00	X						0	0	0
Becky Bules Board Member	1 00	X						0	0	0
David Burrows Board Member	1 00	X						0	0	0
Todd Earl Board Member	1 00	X						0	0	0
Dr Cheryl Evans Board Member	1 00	X						0	0	0
Steve Glasser Board Member	1 00	X						0	0	0
Corey Groendyke Board Member	1 00	X						0	0	0
Aaron Harmon Board Member	1 00	X						0	0	0
Ken Helms Board Member	1 00	X						0	0	0
Warren Henry Board Member	1 00	X						0	0	0
Shawn Hime Board Member	1 00	X						0	0	0
Clay Hutson Board Member	1 00	X						0	0	0
State Representative Mike Jackson Board Member	1 00	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee) Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
Paula Kinnamon Board Member	1 00	X						0	0	0
Brady Lippard Board Member	1 00	X						0	0	0
Randy Long Board Member	1 00	X						0	0	0
Dr Samantha Moery Board Member	1 00	X						0	0	0
Amy Parrish Board Member	1 00	X						0	0	0
Martie Oyler Board Member	1 00	X						0	0	0
Vera Porter Board Member	1 00	X						0	0	0
Father Kevin Ratterman Board Member	1 00	X						0	0	0
Dr Todd Reilly Board Member	1 00	X						0	0	0
Jimmy Stallings Board Member	1 00	X						0	0	0
Dr Eve Switzer Board Member	1 00	X						0	0	0
Jeff Tarrant Board Member	1 00	X						0	0	0
Ed Vineyard Board Member	1 00	X						0	0	0
Ashley Voss Board Member	1 00	X						0	0	0
Sean Bryne Executive Director	40 00			X				53,524	0	4,817

Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

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

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

OMB No 1545-0047

2012

Open to Public Inspection

Name of the organization
United Way of Enid and Northwest O K Inc

Employer identification number
73-0582549

Part I General Information on Grants and Assistance

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

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

Part II Grants and Other Assistance to Governments and Organizations in the United States.

Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than $5,000. Part II can be duplicated if additional space is needed.

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
See Additional Data Table							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . ▶

3 Enter total number of other organizations listed in the line 1 table . . . . . ▶ 14

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance

Part IV **Supplemental Information.**

Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information

Identifier	Return Reference	Explanation

Additional Data

Return to Form

Software ID: 12000057
Software Version: 12.15.422.1
EIN: 73-0582549
Name: United Way of Enid and Northwest OK Inc

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
American Red Cross1023 W Elm Enid,OK 73701	53-0196605	501c3	47,000				General Support
Booker T Washington Community Center800 S 5th St Enid,OK 73701	73-1040279	501c3	70,000				General Support
Cimarron Council Boy Scouts 317 N Grand Enid,OK 73701	73-0579250	501c3	32,500				General Support
CDSA2615 E Randolph Enid,OK 73701	73-1116755	501c3	53,250				General Support
Child Advocay Council1002 E Broadway Enid,OK 73701	73-1536999	501c3	47,600				General Support
Hedges Regional Speech & Hearing2615 E Randolph Enid,OK 73701	73-0625637	501c3	36,500				General Support
Retired Sr Volunteers Program602 S Van Buren Enid,OK 73703	73-1136638	501c3	35,000				General Support
Salvation Army516 N Independence Enid,OK 73701	58-0660607	501c3	42,713				General Support
Denny Price YMCA415 W Cherokee Enid,OK 73701	73-0599309	501c3	52,000				General Support
YWCA of Enid525 S Quincy Enid,OK 73701	73-0611686	501c3	91,000				General Support
Youth & Family Services605 W Oxford Enid,OK 73701	73-0972483	501c3	65,000				General Support
Girl Scouts of Western OK 121 NE50th Oklahoma City,OK 73105	73-0677849	501c3	16,050				General Support
Enid Metro Commission2615 E Randolph Enid,OK 73701	73-1313409	501c3	9,000				General Support
Consumer Credit Counciling 3230 N Rockwell Bethany,OK 73008	73-0766646	501c3	6,000				General Support

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.

OMB No 1545-0047

2012

Open to Public Inspection

Name of the organization
United Way of Enid and Northwest OK Inc

Employer identification number
73-0582549

Identifier	Return Reference	Explanation
Form 990 Part VI	B 11b	The Executive Director and Board Treasurer and the accountant review the Form 990 and approve before it is signed and filed
Form 990 Part VI	B 12c	All Board Members are required to disclose any conflicts annually When conflicts occur, the Board Members recuses
Form 990 Part VI	B 15a	The Boards search committee does investigative research and comparability studies throughout the local area
Form 990 Part VI	C 19	Governing documents, conflict of interest policy and financial statements are made available to the public upon request
Form 990 Part XI	5	Net unrealized gains on investments
Form 990 Part XII	2	In 2009, the organization began using an outside accounting firm for its accounting needs Monthly financial statement are complied by the accounting firm

United Way of Enid and Northwest Oklahoma, Inc.

Enid, Oklahoma

REPORT ON AUDIT OF FINANCIAL STATEMENTS
AND SUPPLEMENTAL INFORMATION

For the Year Ended December 31, 2012

SAUNDERS & ASSOCIATES, PLLC
Certified Public Accountants
630 East 17th Street
P. O. Box 1406
Ada, Oklahoma 74820
(580) 332-8548
FAX: (580) 332-2272
Website: www.saunderscpas.com

UNITED WAY OF ENID AND NORTHWEST OKLAHOMA, INC.
Enid, Oklahoma

TABLE OF CONTENTS

December 31, 2012

Saunders & Associates, PLLC

Certified Public Accountants

630 East 17th Street * P. O. Box 1406 * Ada, Oklahoma 74820 * (580) 332-8548 * FAX: (580) 332-2272
Website: www.saunderscpas.com

INDEPENDENT AUDITOR'S REPORT

To the Board of Directors of
United Way of Enid and Northwest Oklahoma, Inc.

We have audited the accompanying financial statements of United Way of Enid and Northwest Oklahoma, Inc. (a nonprofit organization), which comprise the statement of financial position as of December 31, 2012, and the related statements of activities, functional expenses, and cash flows for the year then ended, and the related notes to the financial statements. The prior year summarized comparative information has been derived from United Way of Enid and Northwest Oklahoma, Inc.'s 2011 financial statements, and in our report dated March 12, 2012 we expressed an unqualified opinion on those financial statements.

Management's Responsibility for the Financial Statements.

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on our audit. We conducted our audit in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free of material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Opinion

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of United Way of Enid and Northwest Oklahoma, Inc. as of December 31, 2012, and the changes in its net assets and its cash flows for the year then ended in accordance with accounting principles generally accepted in the United States of America.

Saunders & Associates, PLLC

SAUNDERS & ASSOCIATES, PLLC
Certified Public Accountants
Ada, Oklahoma

March 13, 2013

FINANCIAL STATEMENTS

UNITED WAY OF ENID AND NORTHWEST OKLAHOMA, INC.
Enid, Oklahoma

STATEMENT OF FINANCIAL POSITION

December 31, 2012
(With Comparative Totals as of December 31, 2011)

	2012	2011
ASSETS		
Cash and Cash Equivalents	$ 651,390	$ 672,507
Investments	227,753	203,906
Unconditional Promises to Give:		
2011/12 Campaign	70,203	85,636
Less Allowance for Cancellations	(36,906)	(34,024)
2012/13 Campaign	436,674	444,370
Less Allowance for Cancellations	(31,925)	(40,000)
2013/14 Campaign	1,000	0
Other Assets	0	150
Equipment	23,923	23,923
Accumulated Depreciation	(22,710)	(21,505)
TOTAL ASSETS	$ 1,319,402	$ 1,334,963
LIABILITIES AND NET ASSETS		
Liabilities:		
Accounts Payable	$ 211	$ 1,443
Payroll Liabilities	2,576	2,292
Venture Grants Payable	36,151	32,051
Allocations Payable	466,275	508,150
Contracts Payable	79,812	92,900
Assessment Bonuses Payable	4,000	4,000
Total Liabilities	589,025	640,836
Net Assets:		
Temporarily Restricted	1,000	5,437
Unrestricted:		
Designated	77,869	66,836
Undesignated	651,508	621,854
Total Net Assets	730,377	694,127
TOTAL LIABILITIES AND NET ASSETS	$ 1,319,402	$ 1,334,963

* The accompanying notes are an integral part of the financial statements.

UNITED WAY OF ENID AND NORTHWEST OKLAHOMA, INC.
Enid, Oklahoma

STATEMENT OF ACTIVITIES

For the Year Ended December 31, 2012
(With Comparative Totals as of December 31, 2011)

	Unrestricted Net Assets	Temporarily Restricted Net Assets	2012 Total	2011 Total
REVENUES AND SUPPORT				
Contributions	$ 722,404	$ 1,000	$ 723,404	$ 743,294
Allowance for Cancellations	(32,000)	0	(32,000)	(40,000)
Special Events	41,072	0	41,072	42,193
Less Costs of Special Events	(13,304)	0	(13,304)	(11,968)
Net Assets Released From Restrictions - Satisfaction of Restriction Requirements	5,437	(5,437)	0	0
Total Revenues and Support	723,609	(4,437)	719,172	733,519
EXPENSES				
Program Services:				
Grants to Agencies and Others	555,900	0	555,900	623,650
Community Support Services	71,417	0	71,417	65,752
Supporting Services:				
Admin. and Fundraising	81,812	0	81,812	82,002
Total Expenses	709,129	0	709,129	771,404
Increase (Decrease) in Net Assets Before Other Income and Losses	14,480	(4,437)	10,043	(37,885)
OTHER INCOME AND LOSSES				
Unrealized Gain (Loss) on Investments	20,538	0	20,538	(14,934)
Investment Earnings	5,669	0	5,669	8,175
Loss on Disposal of Assets	0	0	0	0
Increase (Decrease) in Net Assets	40,687	(4,437)	36,250	(44,644)
Net Assets, Beginning	688,690	5,437	694,127	738,771
NET ASSETS, ENDING	$ 729,377	$ 1,000	$ 730,377	$ 694,127

* The accompanying notes are an integral part of the financial statements.

.UNITED WAY OF ENID AND NORTHWEST OKLAHOMA, INC.
Enid, Oklahoma

STATEMENT OF FUNCTIONAL EXPENSES

For the Year Ended December 31, 2012
(With Comparative Totals as of December 31, 2011)

	Program Services		Admin		
	Grants to Others	Community Support Services	Admin and Fund Raising	Total 2012	Total 2011
EXPENSES					
Grants to Agencies and Others	$ 555,900	$ 0	$ 0	$ 555,900	$ 623,650
Salaries and Wages	0	54,099	27,869	81,968	80,483
Payroll Taxes	0	4,214	2,171	6,385	6,268
Employee Benefits	0	3,388	4,034	7,422	7,283
Professional Fees	0	0	11,194	11,194	16,260
Supplies	0	0	3,765	3,765	2,542
Telephone	0	0	3,094	3,094	3,081
Postage and Shipping	0	0	1,463	1,463	2,305
Insurance	0	0	4,257	4,257	4,087
Equipment Maint. & Repairs	0	0	10,017	10,017	3,473
Printing	0	0	2,888	2,888	3,145
Travel/Training	0	0	1,783	1,783	4,402
Conferences and Meetings	0	0	1,042	1,042	3,103
Miscellaneous Expenses	0	0	375	375	54
Dues and Subscriptions	0	9,215	0	9,215	9,566
Discretionary Giving	0	501	0	501	422
Depreciation	0	0	1,205	1,205	1,280
Bad Debt Expense	0	0	6,655	6,655	0
TOTAL EXPENSES	$ 555,900	$ 71,417	$ 81,812	$ 709,129	$ 771,404

* The accompanying notes are an integral part of the financial statements.

UNITED WAY OF ENID AND NORTHWEST OKLAHOMA, INC.
Enid, Oklahoma

STATEMENT OF CASH FLOWS

For the Year Ended December 31, 2012
(With Comparative Totals as of December 31, 2011)

	2012	2011
CASH FLOWS FROM OPERATING ACTIVITIES		
Increase (Decrease) in Net Assets	$ 10,043	$ (37,885)
Adjustments to Reconcile Change in Net Assets to Net Cash Provided (Used) by Operating Activities:		
Depreciation	1,205	1,280
(Increase) Decrease in Pledges Receivable	22,129	76,795
Increase (Decrease) in Allowances	(5,193)	(527)
(Increase) Decrease in Other Assets	150	(150)
Increase (Decrease) in Accounts Payable	(1,232)	555
Increase (Decrease) in Payroll Liabilities Payable	284	(133)
Increase (Decrease) in Venture Grants & Contracts Payable	(8,988)	4,940
Increase (Decrease) in Allocations Authorized	(41,875)	10,950
Net Cash From Operating Activities	(23,477)	55,825
CASH FLOWS FROM INVESTING ACTIVITIES		
(Increase) Decrease in Investments	(23,847)	11,112
Purchase of Fixed Assets	0	(1,063)
Gain (Loss) on Investments	20,538	(14,934)
Interest Earnings	8,376	10,843
Investment Fees	(2,707)	(2,668)
Net Cash From Investing Activities	2,360	3,290
CASH FLOWS FROM FINANCING ACTIVITIES	0	0
Net Increase (Decrease) in Cash	(21,117)	59,115
Cash and Cash Equivalents, Beginning	672,507	613,392
CASH AND CASH EQUIVALENTS, ENDING	$ 651,390	$ 672,507

* The accompanying notes are an integral part of the financial statements.

NOTE 1: ORGANIZATION AND SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Organization

United Way of Enid and Northwest Oklahoma, Inc. (United Way) is a nonprofit organization whose purpose is to impact the community by identifying, prioritizing and facilitating the meeting of human service needs. It accomplishes this purpose by raising funds and allocating them to various human service agencies and programs and by collaborating with the business, government, and non-profit sectors.

Public Support and Revenue

Annual campaign contributions are generally available for unrestricted use in the related campaign year unless specifically restricted by the donor. Unconditional promises to give are recorded as received. Unconditional promises to give due in the next year are reflected as current promises to give and are recorded at their net realizable value. The majority of the promises to give are received from a broad base of Enid and Northwest Oklahoma contributors as a result of the annual campaign. An allowance for uncollectible promises is provided based on management's evaluation of potential uncollectible promises receivable at year-end.

Grants and other contributions of cash and other assets are reported as temporarily restricted support if they are received with donor stipulations that limit the use of the donated assets. When a donor restriction expires, that is when a stipulated restriction ends or purpose restriction is accomplished, temporarily restricted net assets are reclassified to unrestricted net assets and reported in the statement of activities as net assets released from restrictions.

Income Taxes and Uncertain Tax Positions

Income Tax Status – United Way of Enid and Northwest Oklahoma, Inc. qualifies as an organization exempt from income taxes under Section 501(c)(3) of the *Internal Revenue Code* and is subject to a tax on income from any unrelated business, as defined by Section 509(a)(1) of the Code. The Organization currently has no unrelated business income. Accordingly, no provision for income taxes has been recorded.

United Way of Enid and Northwest Oklahoma, Inc. has adopted the recognition requirements for uncertain income tax positions as required by generally accepted accounting principles. Income tax benefits are recognized for income tax positions taken or expected to be taken in a tax return only when it is determined that the income tax position will more-likely-than-not be sustained upon examinations by taxing authorities. The Organization has analyzed tax positions taken for filing with the Internal Revenue Service and all state jurisdictions where it operates. The Organization believes that income tax filing positions will be sustained upon examination and does not anticipate any adjustments that would result in a material adverse effect on the Organization's financial condition, results of operations, or cash flows. Accordingly, the Organization has not recorded any reserves, or related accruals for interest and penalties for uncertain income tax positions at December 31, 2012.

Federal and state income tax statutes dictate that tax returns filed in any of the previous three reporting periods remain open to examination. Currently, the Organization has no open examinations with the Internal Revenue Service or the Oklahoma Tax Commission.

NOTE 1: ORGANIZATION AND SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

The financial statements of United Way are prepared using the accrual basis of accounting and accordingly reflect all significant receivables, payables, and other liabilities.

Financial Statement Presentation

United Way is required to report information regarding its financial position and activities according to three classes of net assets: unrestricted, temporarily restricted, and permanently restricted. The organization has no permanently restricted net assets. Temporarily restricted net assets consist of promises to give received for the 2013-2014 campaign period.

Comparative Financial Statements

The financial statements include certain prior-year summarized comparative information in total but not by net asset class. Such information does not include sufficient detail to constitute a presentation in conformity with generally accepted accounting principles. Accordingly, such information should be read in conjunction with the organization's financial statements for the year ended December 31, 2011, from which the summarized information was derived.

Cash and Cash Equivalents

Cash and cash equivalents consist of cash on hand, demand deposits, and certificates of deposit maintained at financial institutions insured by the Federal Deposit Insurance Corporation (FDIC). Deposits are carried at cost. Bank balances at year-end are categorized as follows to give an indication of the level of risk assumed by the organization.

Category	Carrying Amount
1) Insured or collateralized with securities held by the organization or by its agent in the organization's name.	$ 657,959
2) Collateralized with securities held by the pledging financial institution's trust department.	0
3) Uncollateralized	0
TOTAL BANK BALANCES	$ 657,959

NOTE 1: ORGANIZATION AND SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES, CONT'D

Investments

Investments represent a beneficial interest in assets held by others and consist of $152,500 transferred from United Way to the Enid Community Foundation for Excellence dba Cherokee Strip Community Foundation, (the Foundation), and $8,529 transferred to the Foundation to be used by United Way for events coordinated with the Oklahoma Center for Non-profits. Current year activity in the Agency funds held by the Foundation on behalf of United Way of Enid and N.W. Okla. consisted of the following at December 31, 2012.

	United Way of Enid & NW Oklahoma	United Way/OK Center For Nonprofits
Balance December 31, 2011	$ 200,543	$ 3,363
Principal Deposits	0	0
Distributions	0	0
Earnings, Net of Expenses	3,274	35
Unrealized Gain (Loss)	10,086	452
Balance December 31, 2012	$ 223,903	$ 3,850

Fair value measurements for all investments are based on quoted prices in active markets for identical assets (Level 1). Investment expenses on these Agency funds for the year ended December 31, 2012 equaled $2,707.

Donor-Designated Endowments

In addition, the Foundation receives donation's designated for United Way by other donors. The Foundation, however, has the authority to distribute those donations as they see fit; therefore, they are not reflected in United Way's financial statements. Endowment funds held by the Foundation for the benefit of United Way equaled $29,434 at December 31, 2012 and $26,969 at December 31, 2012. The Foundation has been granted variance power. The corpus of the funds may not be withdrawn; however, income distributed to the Organization by the funds may be used for any purpose. The interest in the endowment funds is recorded in the financial statements in accordance with generally accepted accounting principles and relevant funding agreements.

Endowment Investment and Spending Policies

The Foundation has adopted investment and spending policies, approved by the Board of Directors, for endowment assets that attempt to provide a predictable stream of funding to programs supported by its endowment while seeking to maintain the purchasing power of these endowment assets over the long-term. The Foundation's spending and investment policies work together to achieve this objective. The investment policy establishes an achievable return objective through diversification of asset classes. The primary objective of the investments will be to provide for long-term growth of principal and income without undue exposure to risk enabling the Foundation to make grants on a continuing and reasonably consistent basis. Therefore, the focus is on consistent long-term capital appreciation, with income generation as a secondary consideration. The Foundation targets a diversified asset allocation that places an emphasis on U.S. Treasury securities and equity-based investments to achieve its long-term return objectives within prudent risk parameters.

NOTE 1: ORGANIZATION AND SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES, CONT'D

The spending policy calculates the amount of money annually distributed from the Foundation's various endowed funds, for grant making and administration. The current spending policy is to distribute an amount not to exceed 4% of a moving three-year average of the fair value of the endowment funds. This is consistent with the Foundation's objective to maintain the purchasing power of endowment assets as well as to provide additional real growth through investment return.

Endowment net asset composition by type of fund as of December 31, 2012 is as follows:

	2012	2011
Donor-restricted endowment funds	$ 29,434	$ 26,969

Equipment

Purchase of equipment with useful lives exceeding one year are capitalized at cost. Depreciation is recorded using the straight-line method over the estimated useful lives of the assets, estimated at 3 to 7 years.

Equipment 12/31/11	Additions	Retirements	Equipment 12/31/12
$ 23,923	$ 0	$ 0	$ 23,923

Depreciation expense equaled $1,205 and $1,280 for 2012 and 2011, respectively, and total accumulated depreciation equaled $22,710 at December 31, 2012 and $21,505 at December 31, 2011.

Functional Allocation of Expenses

The statement of functional expenses presents the costs of raising funds and allocating them to the various service agencies and programs in Enid and Northwest Oklahoma on a functional basis. Accordingly, certain costs have been allocated among program and supporting services.

Estimates

The preparation of financial statements in conformity with generally accepted accounting principles requires management to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results could differ from those estimates.

The most significant estimate in the financial statements relates to pledges receivable which is based on amounts committed to by businesses and individuals and experience in collecting on past pledges, as well as an analysis of the current economic condition overall. The allowance for cancellations has been established at approximately 5% of total pledges for the campaign year, which is consistent with the organization's cancellation average over the past ten years and is consistent with United Way National standards. Management believes that the current allowance, which represents 4.8% of total pledges, is sufficient based on prior history.

NOTE 2: CONCENTRATIONS OF CREDIT RISK DUE TO TEMPORARY CASH INVESTMENTS AND PROMISES TO GIVE RECEIVABLE

Financial instruments that potentially subject United Way to concentrations of credit risk consist principally of temporary cash investments and promises to give receivables. United Way places its temporary cash investments with numerous financial institutions and limits the amount of credit exposure at any one financial institution. Concentrations of credit risk with respect to promises to give receivables are limited due to the large number of contributors and the differences in industries they represent. As of December 31, 2012, United Way had no significant concentrations of credit risk.

NOTE 3: PROMISES TO GIVE

United Way conducts annual fund raising campaigns for allocation to participating agencies in the subsequent year. The promises to give at December 31, are unconditional and due as follows:

	2012	2011
Receivable in less than one year	$ 506,877	$ 529,208
Pledges receivable in one to two years	1,000	0
Less Allowances for Uncollectible Pledges	(68,831)	(74,024)
Net Receivables	$ 439,046	$ 455,982

NOTE 4: IN-KIND DONATIONS

The organization is the recipient of donated office space and utilities which are provided by OnviSource. The estimated value of these facilities is $11,000.

NOTE 5: REITIREMENT PLAN

The Organization's employees participate in a Simple IRA plan. Under the Simple IRA plan the Organization will match contributions up to 3% of the employees' gross wages. Contributions made by the Organization on behalf of employees equaled $2,289 on a gross payroll of $81,968 in 2012 and $1,890 on a gross payroll of $80,483 in 2011.

NOTE 6: GRANTS AUTHORIZED BUT UNPAID

Grants authorized but unpaid at year-end are reported as liabilities. The following is a list of allocations and grants to qualifying tax-exempt organizations authorized and payable at year-end.

Annual Allocations:	2012	2011
Salvation Army	$ 32,850	$ 35,000
YWCA	80,625	86,000
Red Cross	44,100	47,000
Girl Scouts	15,225	16,200
Boy Scouts	30,450	32,500
Legal Aid	2,850	3,000
Enid Metro Commission	8,475	9,000
Hedges Regional Speech and Hearing Center	26,250	28,000
Community Development Support Association	47,325	48,450
Retired Senior Volunteer Program	26,250	35,000
YMCA	48,750	52,000
Booker T. Washington Community Center	60,000	70,000
Consumer Credit Counseling	5,625	6,000
Garfield County Child Advocacy	37,500	40,000
Total Allocations Payable	$ 466,275	$ 508,150

Venture Grants Payable –	2012	2011
NOC – Suicide Prevention Training	$ 3,000	$ 0
Undesignated	33,151	32,051
Total Venture Grants Payable	$ 36,151	$ 32,051

Contracts Payable –	2012	2011
Youth & Family Services	$ 41,250	$ 65,000
Enid Community Clinic	16,275	12,000
Salvation Army	22,287	15,000
Total Contracts Payable	$ 79,812	$ 92,900

NOTE 7: COMPENSATED ABSENCES

The organization does not accrue a liability for compensated absences. Due to the limited number of personnel, management does not feel that any such liability would be material to the financial statements.

NOTE 8: SUBSEQUENT EVENTS

Management has evaluated subsequent events through March 13, 2013, which is the date the financial statements were available to be issued.

Federal Basis

UNITED WAY OF ENID
Depreciation Schedule by G/L Account Number
For the 12 Months Ended 12/31/12

02/15/13
01:51PM

Asset No.	Asset Description	Date Acquired	Method	Life	Sold?	Cost	Accum Depr 01/01/12	Current Depreciation	Accum Depr 12/31/12
171 PLANT & EQUIP									
1	Office Furniture	04/18/84	ST LINE	05/00	N	512.00	512.00	0.00	512.00
2	Office Furniture	12/02/88	ST LINE	05/00	N	3,276.00	3,276.00	0.00	3,276.00
3	Office Furniture	02/01/89	ST LINE	07/00	N	3,648.00	3,648.00	0.00	3,648.00
4	Sanyo 25" Color TV	07/13/92	ST LINE	07/00	N	312.00	312.00	0.00	312.00
5	LT 4050 Printer	02/01/00	ST LINE	05/00	N	1,242.00	1,242.00	0.00	1,242.00
6	Software-Donation Tracker 2000	06/29/01	ST LINE	05/00	N	5,250.00	5,250.00	0.00	5,250.00
7	Dell Computer	06/14/06	ST LINE	03/00	N	1,401 47	1,401.47	0.00	1,401.47
8	Certance/Seagate 40 GB Tape Dri	06/19/06	ST LINE	03/00	N	395.00	395.00	0.00	395.00
9	Outdoor Sign	10/16/06	ST LINE	03/00	N	950.00	950.00	0.00	950.00
10	Wall Sign for Office	10/16/06	ST LINE	05/00	N	775.00	775.00	0.00	775.00
11	NEC Aspire S Phone System	02/22/08	ST LINE	05/00	N	2,517.51	1,834.19	455.55	2,289.74
12	Dell XPS 420 Computer	04/08/08	ST LINE	03/00	N	1,082.43	1,082.43	0.00	1,082.43
13	Office Furniture	07/14/10	ST LINE	05/00	N	319.42	95.82	63.89	159.71
14	Bookcase	07/19/10	ST LINE	05/00	N	171.41	51.42	34.28	85.70
15	Filing Cabinet	07/19/10	ST LINE	05/00	N	184.18	55.26	36.83	92.09
16	Projector	12/29/10	ST LINE	03/00	N	411.62	205.81	137.21	343.02
17	Computer	12/29/10	ST LINE	03/00	N	411.72	205.86	137.24	343.10
18	Canopy for outside events	02/22/11	200% DB	05/00	N	169.98	34.00	54.39	88.39
19	Credenza	03/09/11	200% DB	05/00	N	350.56	70.11	112.18	182.29
20	IPAD2	05/19/11	200% DB	05/00	N	542.58	108.52	173.62	282.14
	Total for (PLANT & EQUIP)					23,922.88	21,504.89	1,205.19	22,710.08
	Client Subtotal Before Sales					23,922.88	21,504.89	1,205 19	22,710.08
	Less Assets Sold					0.00			0.00
	Total					23,922.88	21,504.89	1,205.19	22,710.08

Federal Basis

UNITED WAY OF ENID
Lead Schedule by G/L Asset Account
For the 12 Months Ended 12/31/12

02/15/13
01:51PM

Asset Description	Date Acquired	Cost	Sold?	Tax System	Method	Life	Con-vention	Bus %	Sec. 179 Deduction	Spec. Depr. Allowance	Depreciable Basis	Prior Depreciation	Current Depreciation	Accumulated Depreciation
171 PLANT & EQUIP														
Office Furniture	04/18/84	512.00	N	Other	ST LINE	05/00	H/Y	100.00	0.00	0.00	512.00	512.00	0.00	512.00
Office Furniture	12/02/88	3,276.00	N	MACRS	ST LINE	05/00	H/Y	100.00	0.00	0.00	3,276.00	3,276.00	0.00	3,276.00
Office Furniture	02/01/89	3,648.00	N	MACRS	ST LINE	07/00	H/Y	100.00	0.00	0.00	3,648.00	3,648.00	0.00	3,648.00
Sanyo 25" Color TV	07/13/92	312.00	N	MACRS	ST LINE	07/00	H/Y	100.00	0.00	0.00	312.00	312.00	0.00	312.00
LT 4050 Printer	02/01/00	1,242.00	N	MACRS	ST LINE	05/00	H/Y	100.00	0.00	0.00	1,242.00	1,242.00	0.00	1,242.00
Software-Donation Tracker 2000	06/29/01	5,250.00	N	MACRS	ST LINE	05/00	H/Y	100.00	0.00	0.00	5,250.00	5,250.00	0.00	5,250.00
Dell Computer	06/14/06	1,401.47	N	MACRS	ST LINE	03/00	H/Y	100.00	0.00	0.00	1,401.47	1,401.47	0.00	1,401.47
Certance/Seagate 40 GB Tape D	06/19/06	395 00	N	MACRS	ST LINE	03/00	H/Y	100.00	0.00	0.00	395.00	395.00	0 00	395.00
Outdoor Sign	10/16/06	950.00	N	MACRS	ST LINE	03/00	H/Y	100.00	0.00	0.00	950.00	950.00	0.00	950.00
Wall Sign for Office	10/16/06	775.00	N	MACRS	ST LINE	05/00	H/Y	100.00	0.00	0.00	775.00	775.00	0.00	775.00
NEC Aspire S Phone System	02/22/08	2,517.51	N	MACRS	ST LINE	05/00	H/Y	100.00	0.00	0.00	2,517.51	1,834.19	455.55	2,289.74
Dell XPS 420 Computer	04/08/08	1,082.43	N	MACRS	ST LINE	03/00	H/Y	100.00	0.00	0.00	1,082.43	1,082.43	0.00	1,082.43
Office Furniture	07/14/10	319.42	N	MACRS	ST LINE	05/00	H/Y	100.00	0.00	0.00	319.42	95.82	63.89	159.71
Bookcase	07/19/10	171 41	N	MACRS	ST LINE	05/00	H/Y	100.00	0.00	0.00	171.41	51.42	34.28	85.70
Filing Cabinet	07/19/10	184.18	N	MACRS	ST LINE	05/00	H/Y	100.00	0.00	0.00	184 18	55.26	36.83	92.09
Projector	12/29/10	411.62	N	MACRS	ST LINE	03/00	H/Y	100.00	0.00	0.00	411.62	205.81	137.21	343.02
Computer	12/29/10	411.72	N	MACRS	ST LINE	03/00	H/Y	100.00	0.00	0.00	411.72	205.86	137.24	343.10
Canopy for outside events	02/22/11	169.98	N	MACRS	200% DB	05/00	H/Y	100.00	0.00	0 00	169.98	34.00	54.39	88.39
Credenza	03/09/11	350.56	N	MACRS	200% DB	05/00	H/Y	100.00	0.00	0.00	350.56	70.11	112.18	182.29
IPAD2	05/19/11	542.58	N	MACRS	200% DB	05/00	H/Y	100.00	0.00	0.00	542.58	108.52	173.62	282.14
Subtotal for 171		23,922.88							0.00	0.00	23,922.88	21,504.89	1,205.19	22,710 08
Client Subtotal Before Sales		23,922.88							0.00	0.00	23,922.88	21,504.89	1,205.19	22,710 08
Less Assets Sold		0.00							0.00	0.00	0.00	0.00	0.00	0.00
Total at end of year		23,922.88							0.00	0.00	23,922.88	21,504.89	1,205.19	22,710 08