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Form 990

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2012

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

A For the 2012 calendar year, or tax year beginning

, 2012, and ending

, 20

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization STILLWATER AREA UNITED WAY INC		D Employer identification number 73-0602756
	Doing Business As		E Telephone number 405-377-2161
	Number and street (or P.O. box if mail is not delivered to street address) Room/Suite 109 E 9TH		G Gross receipts \$ 869114.
	City, town or post office, state and ZIP code STILLWATER OK 74074-		H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? If "No," attach a list (see instructions) <input type="checkbox"/> Yes <input type="checkbox"/> No H(c) Group exemption number
F Name and address of principal officer.			
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
J Website: WWW.STILLWATERUNITEDWAY.ORG			
K Form of organization: <input type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation	M State of legal domicile

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities UNITED WAY RAISES FUNDS TO SUPPORT/DISTRIBUTE TO 22 NON-PROFIT AGENCIES WHICH SERVE AND ASSIST IN EXCESS OF 40,000 PAYNE COUNTY RESIDENTS		
	2 Check this box <input type="checkbox"/> 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	34
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	34
	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	790
Revenue	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	
	7b Net unrelated business taxable income from Form 990-T, line 34	7b	
	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	801716.	809088.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	3847.	3178.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	39371.	43479.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	844934.	855745.
	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	665820.	673735.
	14 Benefits paid to or for members (Part IX, column (A), line 4)		
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	86946.	92895.
	16a Professional fundraising fees (Part IX, column (A), line 11e)		
	16b Total fundraising expenses, (Part IX, column (D), line 25) ▶	29362.	
Expenses	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	52945.	49855.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	805711.	816485.
	19 Revenue less expenses. Subtract line 18 from line 12	39223.	39260.
	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
Net Assets or Fund Balances	21 Total liabilities (Part X, line 26)	1258841.	1344805.
	22 Net assets or fund balances. Subtract line 21 from line 20	820345.	867059.
		438496.	477746.

Part II Signature Block

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

Sign Here	Signature of officer <i>Sheri Carter</i>		Date 6/27/13
	Type or print name and title Sheri Carter, Executive Director		
Paid Preparer Use Only	Print/Type preparer's name MEGAN M STONE	Preparer's signature <i>Megan M Stone</i>	Date 5/29/13
	Firm's name ▶ DUGGER & CO CPAS PC	Firm's EIN ▶ 73-1346562	Check <input type="checkbox"/> if self-employed
	Firm's address ▶ POB 1713 STILLWATER OK 74076-	Phone no 405-372-3909	PTIN P00641369

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

For Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2012)

BCA

US990\$1

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Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response to any question in this Part III. ☐**1** Briefly describe the organization's mission:

UNITED WAY RAISES FUNDS TO SUPPORT/DISTRIBUTE TO 22 NON-PROFIT
AGENCIES WHICH SERVE AND ASSIST IN EXCESS OF 40,000 PAYNE COUNTY
RESIDENTS

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

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

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

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

4 Describe the 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 \$ 722795 . including grants of \$) (Revenue \$)

THIS ORGANIZATION DEVELOPS TEAMWORK AMONG THE SOCIAL AGENCIES OF
THE STILLWATER, OKLAHOMA AREA IN THE INTEREST OF THE FINANCIAL SUPPORT
OF SUCH AGENCIES AND THE EFFECTIVE PLANNING AND EXECUTION OF THE
SOCIAL PROGRAMS OF THE COMMUNITY

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 ► 722795 .

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1 X	
2 Is the organization required to complete Schedule B, Schedule of Contributors? (see instructions)	2 X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3	X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	X
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	X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7	X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8	X
9 Did the organization report an amount in Part X, line 21, 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	X
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	X
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 X	
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	X
c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c	X
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	X
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, and XII	12a X	
b Was the organization included in consolidated, independent audited financial statement 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	X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	X
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	X
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	X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Part II and IV	15	X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III and IV	16	X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17 X	
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18 X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19	X
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	X
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 X	
22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	X
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25	24a	X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	
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	X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b	X
26 Was a loan to or by a current or former officer, director, trustee, key employee, 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	X
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	X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)		
a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	X
b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b	X
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	X
29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30	X
31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31	X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32	X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	X
34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III or IV, and Part V, line 1	34	X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	X
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	X
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36	X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37	X
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 X	

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck 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		X
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return.	2a 2		
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).	2b	X	
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
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		X
b If "Yes," enter the name of the foreign country: See the 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		X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
c If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	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		X
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		X
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		X
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		X
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g If the organization rec'd a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		X
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		X
9 Sponsoring organizations maintaining donor advised funds.			
a Did the organization make any taxable distributions under section 4966?	9a		X
b Did the organization make a distribution to a donor, donor advisor, or related person?	9b		X
10 Section 501(c)(7) organizations. Enter.			
a Initiation fees and capital contributions included on Part VIII, line 12.	10a		
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.	10b		
11 Section 501(c)(12) organizations. Enter.			
a Gross income from members or shareholders.	11a		
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).	11b		
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		X
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	12b		
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		X
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		X
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 line 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**

	1a	1b	Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year	34			
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		34		
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?			2	X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?			3	X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?			4	X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?			5	X
6 Did the organization have members or stockholders?			6	X
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	X
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	X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a The governing body?			8a	X
b Each committee with authority to act on behalf of the governing body?			8b	X
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O			9	X

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	X
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	
11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X
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	X
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X
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	X
13 Did the organization have a written whistleblower policy?	13	X
14 Did the organization have a written document retention and destruction policy?	14	X
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a The organization's CEO, Executive Director, or top management official	15a	X
b Other officers or key employees of the organization	15b	X
If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)		
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	X
b If "Yes," 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 Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 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. ☒ SHERI CARTER 109 E 9TH STILLWATER OK 74074-405-377-2161

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent ContractorsCheck 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, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organiza- tions below)	(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			
(1) SHERI CARTER EXEC DIRECTOR	50					X		61140.	0	3252.
(2) KIM HALL ADMIN ASST	40				X			25421.	0	2959.
(3) PAM TEEL PRESIDENT		X		X				0	0	0
(4) CHRISPETERMANN PRES ELECT		X		X				0	0	0
(5) JONNY ROGERS PAST PRESIDENT		X		X				0	0	0
(6) ROD GOODNER VP		X		X				0	0	0
(7) LINDA MCPHERSON TREASURER		X		X				0	0	0
(8) LUKE ANTHONY DIRECTOR		X						0	0	0
(9) SUZETTE BARTA DIRECTOR		X						0	0	0
(10) CHRIS BATCHELD DIRECTOR		X						0	0	0
(11) CASEY BILLINGS DIRECTOR		X						0	0	0
(12) SUZI BURKS DIRECTOR		X						0	0	0
(13) JAY CAFFEY DIRECTOR		X						0	0	0
(14) NAT COOPER DIRECTOR		X						0	0	0

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 organiza- tions below)	(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			
(15) BRUCE CRAUDER DIRECTOR		X						0	0	0
(16) MATT GRANTHAM DIRECTOR		X						0	0	0
(17) MELISSA HALL DIRECTOR		X						0	0	0
(18) ALISA HAMETT DIRECTOR		X						0	0	0
(19) JOSEPH HLADIK DIRECTOR		X						0	0	0
(20) JOHN HOWELL DIRECTOR		X						0	0	0
(21) PATRICIA HUFFM DIRECTOR		X						0	0	0
(22) MARY KAY JENNI DIRECTOR		X						0	0	0
(23) SHEILA JOHNSON DIRECTOR		X						0	0	0
(24) BRANDY MOORE DIRECTOR		X						0	0	0
(25) SEE ATTACHED								0	0	0
1b Sub-total								86561.	0	6211.
c Total from continuation sheets to Part VII, Section A								0	0	0
d Total (add lines 1b and 1c)								86561.	0	6211.

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	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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	<input type="checkbox"/>	<input checked="" type="checkbox"/>

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 in compensation from the organization ▶

Part VIII Statement of RevenueCheck if Schedule O contains a response to any question in this Part VIII ☐

			(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 809088.				
	g Noncash contributions included in lines 1a-1f .. \$					
	h Total. Add lines 1a-1f ..		809088.			
Program Service Revenue	2a ..	Business Code				
	b ..					
	c ..					
	d ..					
	e ..					
	f All other program service revenue ..					
	g Total. Add lines 2a-2f ..					
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts) ..		3204.	3204.		
	4 Income from investment of tax-exempt bond proceeds ..					
	5 Royalties ..					
	6a Gross rents ..	(i) Real (ii) Personal				
	b Less rental expenses ..	100.				
	c Rental income or (loss) ..	100.				
	d Net rental income or (loss) ..		100.	100.		
	7a Gross amount from sales of assets other than inventory ..	(i) Securities (ii) Other				
	b Less cost or other basis and sales expenses ..	3427.				
	c Gain or (loss) ..	3453.				
	d Net gain or (loss) ..	-26.				
	8a Gross income from fundraising events (not including \$.. of contributions reported on line 1c) See Part IV, line 18 ..	a 49045.				
	b Less direct expenses ..	b 9916.				
	c Net income or (loss) from fundraising events ..		39129.			
	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 DAY OF CARING INCOME ..		4250.	4250.			
b ..						
c ..						
d All other revenue ..						
e Total. Add lines 11a-11d ..		4250.				
12 Total revenue See instructions ..		855745.	7528.			

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 US. See Part IV, line 21.	673735.	673735.		
2 Grants and other assistance to individuals in the United States. See Part IV, line 22.				
3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16.				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	56940.	28470.	14235.	14235.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).	25421.	12711.	6355.	6355.
7 Other salaries and wages				
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	3923.	1962.	981.	980.
9 Other employee benefits				
10 Payroll taxes	6611.	3305.	1653.	1653.
11 Fees for services (non-employees)				
a Management				
b Legal				
c Accounting	7914.	2612.	5302.	
d Lobbying				
e Prof fundraising services. See Part IV, line 17.				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, col (A) amount, list line 11g expenses on Sch O.)				
12 Advertising and promotion				
13 Office expenses	747.		747.	
14 Information technology				
15 Royalties				
16 Occupancy				
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	3064.		3064.	
23 Insurance	8174.		8174.	
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 SEE STMT	10415.			
b	6139.			
c	2673.			
d	1991.			
e All other expenses.	8738.			
25 Total functional expenses. Add lines 1 through 24e.	816485.	722795.	64328.	29362.
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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance SheetCheck 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	26446.	1	43334.
	2 Savings and temporary cash investments	768630.	2	809335.
	3 Pledges and grants receivable, net	415510.	3	444550.
	4 Accounts receivable, net		4	
	5 Loans & 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 115778.		
	b Less accumulated depreciation	10b 70750.	46699.	10c 45028.
	11 Investments - publicly traded securities	1556.	11	2558.
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11		15	
16 Total assets . Add lines 1 through 15 (must equal line 34)	1258841.	16	1344805.	
Liabilities	17 Accounts payable and accrued expenses	2349.	17	13989.
	18 Grants payable	817996.	18	853070.
	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	820345.	26	867059.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	438496.	27	477746.
	28 Temporarily restricted net assets		28	
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	438496.	33	477746.
34 Total liabilities and net assets/fund balances	1258841.	34	1344805.	

BCA

Form 990 (2012)

Part XI Reconciliation of Net AssetsCheck 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	855745.
2	Total expenses (must equal Part IX, column (A), line 25)	2	816485.
3	Revenue less expenses Subtract line 2 from line 1	3	39260.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	438496.
5	Net unrealized gains (losses) on investments	5	-10.
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	477746.

Part XII Financial Statements and ReportingCheck if Schedule O contains a response to any question in this Part XII ☐

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> 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? 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: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
b Were the organization's financial statements audited by an independent accountant? 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: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
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? If the organization changed either its oversight process or selected process during the tax year, explain in Schedule O	X	
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?		X
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		

BCA

Form 990 (2012)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support
Complete if the organization is a section 501(c)(3) organization or a section
4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No. 1545-0047

2012

Open to Public
Inspection

Name of the organization

STILLWATER AREA UNITED WAY INC

Employer identification number

73-0602756

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

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

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E.)
- 3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state _____
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 ☐ An organization that normally receives (1) more than 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 10 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 11 ☒ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h.
 - a ☐ Type I
 - b ☐ Type II
 - c ☐ Type III - Functionally integrated
 - d ☒ Type III - 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?
 - (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? Yes No
 - (ii) A family member of a person described in (i) above? 11g(ii) Yes No
 - (iii) A 35% controlled entity of a person described in (i) or (ii) above? 11g(iii) Yes No
- h Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
(A) SEE									
(B) ATTACHMENT									
(C)									
(D)									
(E)									
Total									673735.

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

Schedule A (Form 990 or 990-EZ) 2012

**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

STILLWATER AREA UNITED WAY INC

Employer identification number

73-0602756

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" to Form 990, Part IV, line 6

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?		<input type="checkbox"/> Yes <input type="checkbox"/> No

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

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

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

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

	Held at the End of the Tax Yr.
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.

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

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

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

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

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

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

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

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

Schedule D (Form 990) 2012

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

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

- a Board designated or quasi-endowment ▶ 0.00 %
 b Permanent endowment ▶ 0.00 %
 c Temporarily restricted endowment ▶ 0.00 %

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:

(i) unrelated organizations

(ii) related organizations

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

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

4 Describe in Part 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	77,593.		35,047.	42,546.
c Leasehold improvements				
d Equipment	38,185.		35,703.	2,482.
e Other				

Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) ▶ 45,028.

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	865,650.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	2a	(11.)
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	9,916.
e	Add lines 2a through 2d	2e	9,905.
3	Subtract line 2e from line 1	3	855,745.
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	855,745.

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

1	Total expenses and losses per audited financial statements	1	826,401.
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	9,916.
e	Add lines 2a through 2d	2e	9,916.
3	Subtract line 2e from line 1	3	816,485.
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	816,485.

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.

PART XI LINE 2D AND PART XII LINE 2D ARE BOTH FUNDRAISING EXPENSES

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.

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

OMB No 1545-0047

2012

Open to Public
Inspection

Name of the organization

STILLWATER AREA UNITED WAY INC

Employer identification number

73-0602756

Part I

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

Form 990-EZ filers are not required to complete this part

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

2 a 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?		(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
		Yes	No			
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total ▶						

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

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
		GOLF TOURNAM (event type)	JUKE JOINT J (event type)	(total number)	(add col (a) through col (c))
Revenue	1 Gross receipts	39,045.	10,000.		49,045.
	2 Less Contributions				
	3 Gross income (line 1 minus line 2)	39,045.	10,000.		49,045.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	9,916.			9,916.
	10 Direct expense summary Add lines 4 through 9 in column (d)				9,916.
	11 Net income summary. Combine line 3, column (d), and line 10				39,129.

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))
1 Gross revenue				
2 Cash prizes				
3 Noncash prizes				
4 Rent/facility costs				
5 Other direct expenses				
6 Volunteer labor	Yes <u>0.0%</u> No	Yes <u>0.0%</u> No	Yes <u>0.0%</u> No	
7 Direct expense summary Add lines 2 through 5 in column (d)				
8 Net gaming income summary Combine line 1, column d, and line 7				

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

**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

STILLWATER AREA UNITED WAY INC

Employer identification number

73-0602756

Part I General Information on Grants and Assistance

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

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

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) RED CROSS							
114 W 74074 OK ST	73-0579222	501C3	44,603.				GENSUPPORT
(2) BIG BROTHERS/BIG							
1513 S 74074 OK ST	73-1076608	501C3	41,643.				GENSUPPORT
(3) BOY SCOUTS							
400 W 74074 OK ST	73-0579250	501C3	15,621.				GENSUPPORT
(4) BOYS SCOUTS							
400 W 74074 OK ST	73-0579250	501C3	1,500.				4COMPUTERS
(5) CONSUMER CREDIT							
118 W 74074 OK ST	73-0766646	501C3	1,697.				GENSUPPORT
(6) EDWIN FAIR MENTA							
102 FI 73077 OK PE	73-6113221	501C3	43,411.				GENSUPPORT
(7) GIRL SCOUTS							
315 W 74074 OK ST	73-0579240	501C3	9,721.				GENSUPPORT
(8) LEGAL AID OF OK							
312 S 74074 OK ST	73-1298893	501C3	8,347.				GENSUPPORT
(9) LIFE ADULT DAYCA							
411 W 74075 OK ST	73-1184845	501C3	32,000.				GENSUPPORT
(10) MISSION OF HOPE							
1804 S 74074 OK ST	73-0772341	501C3	58,577.				GENSUPPORT
(11) MISSION OF HOPE							
1804 S 74074 OK ST	73-0772341	501C3	3,445.				APPLIANCES
(12) SEE ATTACHED							
			413,170.				VARIOUS

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

22

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

Schedule I (Form 990) (2012)

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

BCA

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 990-EZ 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

STILLWATER AREA UNITED WAY INC

Employer identification number

73-0602756

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

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

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

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

PART VI LINE 19-ALL GOVERNING DOCUMENTS AND POLICIES OF THE
ORGANIZATION ARE AVAILABLE TO THE PUBLIC UPON REQUEST.

PART VI SECTION A LINE 4-THE ORGANIZATION REVIEWED AND UPDATED ITS
BYLAWS. CHANGES MADE WERE THE NUMBER OF MEMBERS OF THE
CORPORATION VESTED IN THE BOARD WAS 33 AND NOW IS NOT LESS THAN 25 AND

Name of the organization

STILLWATER AREA UNITED WAY INC

Employer identification number

73-0602756

NOT MORE THAN 37 DIRECTORS. NEW PROCEDURES WHERE PUT INTO PLACE WHEN
A VACANCY ON THE BOARD OF DIRECTORS OCCURS WHAT EXACTLY IS THE
PROCEDURE TO REPLACE THAT VACANCY. THE STANDING COMMITTEES OF THE
ORGANIZATION WAS CHANGED. THERE IS NO LONGER AN ADMISSIONS COMMITTEE
AND THE POLICIES AND PROCEDURES COMMITTEE HAS BEEN ADDED.

US 990**Other Functional Expenses: Page 10, Line 24****2012**

Description of the Asset	Total	Program Services	Management and General	Fundraising
DUES	9,090.		9,090.	
CAMPAIGN EXPENSES	6,139.			6,139.
UTILITIES	2,673.		2,673.	
LEASE EXPENSE	1,991.		1,991.	
COMPUTER EXPENS	1,593.		1,593.	
TELEPHONE	1,776.		1,776.	
BANK SERVICE CHARGES	1,088.		1,088.	
INSURANCE-BUILDING	1,444.		1,444.	
POSTAGE	668.		668.	
AUTO EXPENSES	866.		866.	
WEBSITE HOSTING	480.		480.	
PRINTING	553.		553.	
BUILDING EXPENSES	504.		504.	
CONFERENCES	192.		192.	
PROFESSIONAL DEVELOP	344.		344.	
MISCELLANEOUS	445.		445.	
BUSINESS MEETINGS	110.		110.	
	29,956.		23,817.	6,139.

STILLWATER AREA UNITED WAY, INC
PART VII SECTION A

73-0602756

NAME AND TITLE	AVG HRS WORKED	POSITION	REPORTABLE COMPENSATION	REPORTABLE COMPENSATION FROM RELATED ORG	OTHER COMPENSATION
JAMIE LYNCH, DIRECTOR		0 1-INDIVIDUAL DIRECTOR	0	0	0
ANGELA MCLAUGHLIN, DIRECTOR		0 1-INDIVIDUAL DIRECTOR	0	0	0
RYAN MILLER, DIRECTOR		0 1-INDIVIDUAL DIRECTOR	0	0	0
STEVE O'NEIL, DIRECTOR		0 1-INDIVIDUAL DIRECTOR	0	0	0
RYAN OSS, DIRECTOR		0 1-INDIVIDUAL DIRECTOR	0	0	0
RICH PALUSTENBAUGH, DIRECTOR		0 1-INDIVIDUAL DIRECTOR	0	0	0
ANGELA PRADIA, DIRECTOR		0 1-INDIVIDUAL DIRECTOR	0	0	0
JIM RICE, DIRECTOR		0 1-INDIVIDUAL DIRECTOR	0	0	0
MICAH SEXTON, DIRECTOR		0 1-INDIVIDUAL DIRECTOR	0	0	0
STEVE SPRADLING, DIRECTOR		0 1-INDIVIDUAL DIRECTOR	0	0	0
DEBBIE THOMAS, DIRECTOR		0 1-INDIVIDUAL DIRECTOR	0	0	0
DAVID WOMACK, DIRECTOR		0 1-INDIVIDUAL DIRECTOR	0	0	0

STILLWATER AREA UNITED WAY, INC
SCHEDULE I PART II

73-0602756

NAME AND ADDRESS OF ORGANIZATION	EIN	IRC SECTION	AMOUNT OF CASH GRANT	AMOUNT OF NON CASH AS VALUATION OF NONCASH GRANT	METHOD OF DESCRIPTION PURPOSE OF
MOBILE MEALS	73-1337911	501C3	29,371		GENERAL SUPPORT
1323 W 6TH AVE STILLWATER, OK 74074					
PAYNE COUNTY CASA	73-396936	501C3	19,845		GENERAL SUPPORT
315 W 6TH STILLWATER, OK 74074					
PAYNE COUNTY DRUG COURT	73-1573279	501C3	19,332		GENERAL SUPPORT
217 W 5TH STILLWATER, OK 74074					
PAYNE COUNTY YOUTH SERVICES	73-1093612	501C3	32,749		GENERAL SUPPORT
2224 W 12TH STILLWATER, OK 74074					
PAYNE COUNTY YOUTH SERVICES	73-1093612	501C3	1,000		BENNETT BASORE AWARD
2224 W 12TH STILLWATER, OK 74074					
PAYNE COUNTY YOUTH SERVICES	73-1093612	501C3	2,000		SECURITY GATE
2224 W 12TH STILLWATER, OK 74074					
SALVATION ARMY	73-0578266	501C3	23,960		GENERAL SUPPORT
1101 S LOWRY STILLWATER, OK 74074					
SAVILLE CENTER	73-1546193	501C3	10,000		GENERAL SUPPORT
1523 W 9TH STILLWATER, OK 74074					
SAVILLE CENTER	73-1546193	501C3	5,000		PLAY THERAPY RESOURCES
1523 W 9TH STILLWATER, OK 74074					
SHeltered WORKSHOP FOR PAYNE COUNTY	73-0799560	501C3	49,729		GENERAL SUPPORT
518 EXPO CIRCLE STILLWATER, OK 74074					
SMART START, PAYNE COUNTY	84-1640787	501C3	16,225		GENERAL SUPPORT
1601 S MAIN STILLWATER, OK 74074					
STILLWATER COMMUNITY HEALTH CENTER	73-0772341	501C3	64,669		GENERAL SUPPORT
1321 W 7TH AVE STILLWATER, OK 74074					
STILLWATER DOMESTIC VIOLENCE SERVICES	73-1097811	501C3	59,065		GENERAL SUPPORT
3800 N WASHINGTON STREET STILLWATER, OK 74075					
STILLWATER INTERFAITH COUNSELING	73-1544869	501C3	7,366		GENERAL SUPPORT
306 W 7TH AVE STILLWATER, OK 74074					
STILLWATER LITERACY COUNCIL	73-1355973	501C3	5,987		GENERAL SUPPORT
1107 S DUCK STILLWATER, OK 74074					
STILLWATER LITERACY COUNCIL	73-1355973	501C3	350		STORAGE CABINET
1107 S DUCK STILLWATER, OK 74074					
STILLWATER YMCA	73-0674204	501C3	8,640		POOL RESURFACING AND WHEEL CHAIR LIFT
204 S DUCK STILLWATER, OK 74074					
STILLWATER YMCA	73-0674204	501C3	57,882		GENERAL SUPPORT
204 S DUCK STILLWATER, OK 74074					
			<u>413,170</u>		

SCHEDULE A PAGE 1, PART I, LINE 11H-INFO ABOUT SUPPORTED ORGS.

NAME OF SUPPORTED ORGANIZATION	EMPLOYER EIN	LINE NO (1-9) OR IRC SECTION	GOVERNING DOCUMENTS	NOTIFY ORG. OF SUPPORT	ORG IN THE US	AMOUNT OF SUPPORT
AMERICAN RED CROSS	73-0579222	7	X	X	X	44,603 00
BIG BROTHERS/BIG SISTERS	73-1076608	7	X	X	X	41,643 00
BOY SCOUTS	73-0579250	7	X	X	X	15,621 00
BOY SCOUTS	73-0579250	7	X	X	X	1,500 00
CONSUMER CREDIT COUNSELING	73-0766646	7	X	X	X	1,697 00
EDWIN FAIR MENTAL HEALTH CENTER	73-6113221	7	X	X	X	43,411 00
GIRL SCOUTS, MAGIC EMPIRE COUNCIL	73-0579240	7	X	X	X	9,721 00
LEGAL AID OF WESTERN OKLAHOMA	73-1298893	7	X	X	X	8,347 00
LIFE ADULT DAYCARE CENTER	73-1184845	7	X	X	X	32,000 00
MISSION OF HOPE	73-0772341	7	X	X	X	58,577 00
MISSION OF HOPE	73-0772341	7	X	X	X	3,445 15
MOBILE MEALS	73-1337911	7	X	X	X	29,371 00
PAYNE COUNTY CASA	73-1396936	7	X	X	X	19,845 00
PAYNE COUNTY DRUG COURT	73-1573279	7	X	X	X	19,332.00
PAYNE COUNTY YOUTH SERVICES	73-1093612	7	X	X	X	32,749 00
PAYNE COUNTY YOUTH SERVICES	73-1093612	7	X	X	X	3,000 00
SALVATION ARMY	73-0579266	7	X	X	X	23,960 00
SAVILLE CENTER	73-1546193	7	X	X	X	10,000 00
SAVILLE CENTER	73-1546193	7	X	X	X	5,000 00
SHELTERED WORKSHOP	73-0799560	7	X	X	X	49,729 00
SMART START, PAYNE COUNTY	84-1640787	7	X	X	X	16,225 00
STILLWATER COMMUNITY HEALTH CENT	73-0772341	7	X	X	X	64,669 00
STILLWATER DOMESTIC VIOLENCE SER	73-1097811	7	X	X	X	59,065 00
STILLWATER INTERFAITH COUNSELING	73-1544869	7	X	X	X	7,366.00
STILLWATER LITERACY COUNCIL	73-1355973	7	X	X	X	5,987.00
STILLWATER LITERACY COUNCIL	73-1355973	7	X	X	X	350 00
STILLWATER YMCA	73-0674204	7	X	X	X	57,882 00
STILLWATER YMCA	73-0674204	7	X	X	X	8,640 25
						<u>673,735.40</u>

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

OMB No. 1545-1709

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

- If you are filing for an **Automatic 3-Month Extension**, complete only Part I and check this box ☒ **1**
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only Part II (on page 2 of this form).

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

Electronic filing (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile and click on e-file for Charities & Nonprofits.

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only ☐ **1**

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

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

Enter the Return code for the return that this application is for (file a separate application for each return) ☐ **01**

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

- The books are in the care of ▶ _____
Telephone No. ▶ _____ FAX No. ▶ _____
- If the organization does not have an office or place of business in the United States, check this box ☐ **1**
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box ☐ **1**. If it is for part of the group, check this box ☐ **1** and attach a list with the names and EINs of all members the extension is for.

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until AUG 15, 20 13, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
 ▶ ☒ calendar year 2012 or
 ▶ ☐ tax year beginning _____, 20 _____, and ending _____, 20 _____.

2 If the tax year entered in line 1 is for less than 12 months, check reason: ☐ Initial return ☐ Final return
☐ Change in accounting period

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

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

For Paperwork Reduction Act Notice, see Instructions.

Form **8868** (Rev. 1-2013)

BCA

CERTIFIED MAIL # 7011 0470 0002 6626 1771