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Form **990**

Return of Organization Exempt From Income Tax

OMB No 1545-0047

2012

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.

Open to Public Inspection

A	For the	2012 calend	ar year, or ta	x year begin	ning Jul	1	2012, and	ending J	un 30		, 2013
						OF NORMAN,					ification Number
		ress change	Doing Busine			•			73-	0668	684
	$\boldsymbol{\vdash}$	ne change			ox if mail is not d	elivered to street addr)		Room/suite		hone num	
	\mathbf{H}	-	2424 Spr	inger Dr	ive			304	(40)5) 3	29-2025
	\vdash	nınated	City, town or		170		State ZIP				
	\vdash	1	NORMAN	•			OK 73	069	G Gross	receints	\$2,261,618.
	\vdash	-		Idress of principa	l officer		OR 73		this a group reti		
	∐ ^{App}			, ,		. Norman	OK 73	1	re all affiliates in 'No,' attach a lis		
	Tay ov			501(c) (oringer Av	sert no.) 4947(a		527 If	'No,' attach a lis	t (see ins	structions)
'- -			X 501(c)(3)			Sert 110.) 1 14347(a	IX1701		iroup exemption	number Þ	•
				waynorma		Other ►	I Vees	of Formation 1			egal domicile OK
K			X Corporation	Trust	Association	Otner	L fear c	or Formation 1	.969 111	State of I	egal domicile OK
Pa	1 E	Summary	o the organiz	ation's missi	on or most si	gnificant activities:	То 11	nite and	d focus		
								nrce and	T TOGGE	our	
8	9	communit c	_resour	Ces CO a	ggiene i	uman needs.					
盲	-				- 	 -					
Governance	2	heck this how	► Lifth	e organizatio	n discontinue	d its operations or	disposed	of more than	25% of its i	- – – − net ass∉	
မြ	3 1	Number of vot	ina members	of the gover	ning body (Pa	art VI, line 1a)	u.op0000			3	3:
ଫ	4 1	lumber of ind	ependent vot	ing members	of the gover	ning body (Part VI,	line 1b)		•	4	3
Activities &						ar 2012 (Part V, line				5	1
		otal number				•				6	97
AC						mn (C), line 12				7a	0
	bι	Net unrelated	business taxa	able income f	from Form 99	0-T, line 34		· · · · · · · · · · · · · · · · · · ·		7b	0
									Prior Yea		Current Year
a		Contributions							2,052,		2,216,758
Ĕ		Program servi						<u> </u>		299.	31,732
Revenue		nvestment ind						<u> </u>	12,	828.	13,128
Œ						9c, 10c, and 11e)		、 ⊢			0.061.610
						Part VIII, column (A	4), line 12,	'	2,080,	201.	2,261,618
-		Grants and sir		-				\vdash		-	
		Benefits paid					!:=== E 10	\ 	422		450 120
S						rt IX, column (A), l	lines 5-10,	' ⊢	430,	176.	478,132
Expenses		Professional f	_				•	ļ			
ξ.	ь	Total fundraisi	ng expenses	(Part IX, col	umn (D), lıne	25) ►	329,	821.	, r	1 50	· · · · · · · · · · · · · · · · · · ·
ű	17 (Other expense	es (Part IX, c	olumn (A), lır	nes 11a-11d,	11f-24e)			1,795,	807.	1,853,890
	18	Fotal expense	s. Add lines	13-17 (mվst e	equal Part-IX	-column (A), line 2	25)		2,225,	983.	2,332,022
	19 F	Revenue less	expenses. Si	ubtract line 1	8 from line				-145,	782.	-70,404
8 8				1	1	000		Beg	ginning of Curre		End of Year
Assets 1 Balanc	20	Total assets (l	Part X, line 1	6)	MAR 3	2 T 501% 101			2,090,	399.	2,122,389
A B	21	Total liabilities	(Part X, line	26)					1,347,	104.	1,449,498
şŞ.	22 1	Net assets or	fund balance	s. Subtract III	ne 21 from lu	ae,20 ,			743,	295.	672,891
Pa	rt II	Signature			OGUE	IN. UI					
Unde	r penaltu	es of person, I de	clare that I have	examined this ret	urn, including ac	companying schedules ar	nd statements	and to the bes	t of my knowledg	e and be	ief, it is true, correct, and
comi	olete De	claration of propa	(other than of	icer) is based on	all/information o	f which preparer has any	knowledge				lief, it is true, correct, and
		X	WXH1	11 6 62	XVIX				13/	24	114
Sig	ın	Signatur	e of officer			<u> </u>			Date	•	
He	re	Kris	tin Col	lins							
			print name and t								
	-	Print/Type p	eparer's name		Preparer sign	nature	Dat	te	Check	ıf	PTIN
D-	id	LARRY	PACE		C/BUN.	u Hara)	03	3/16/14	self-emplo	 oyed	P00246919
Pa	ia epare			Y PACE &	CO, PQ			· · · · · · ·			
	e Onl			W. MAIN		124			Firm's Ell	ı ► 73	-1210952
	. •···	, am saudie	ss <u>1225</u> NORM		· U*		73069		Phone no		
Mar	the IC	S discuse the			shown above	? (see instructions					X Yes No
		Paperwork Re					,	TEEA0101	05/09/13		Form 990 (2012
RA.	u PAT	- amerwork Hi	wir ann act	repriet. See I	ne sevarate	manuuluus.		ICEAUIUI	ひり ひろり しろ		1 01111 220 (401)

Form	990 (2012) UNITED WAY OF NORMAN, INC.	73-066868	4 P	age 2
Par	t III Statement of Program Service Accomplishments			
	Check if Schedule O contains a response to any question in this Part III			. x
1	Briefly describe the organization's mission:			
	To unite and focus our			
	community resources to address human needs.			
2	Did the organization undertake any significant program services during the year which were not listed on the	ne 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 service	ces?	Yes X	No
	If 'Yes,' describe these changes on Schedule O.			
4	Describe the organization's program service accomplishments for each of its three largest program service Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount others, the total expenses, and revenue, if any, for each program service reported.	es, as measured ount of grants and	by expense I allocations	s. s to
4 a	(Code.) (Expenses \$ 1,383,039. including grants of \$ 0.) (Re	evenue \$		0.)
	DISTRIBUTIONS TO UNITED WAY AGENCIES			
				- ·
41	COMMUNITY OUTREACH	evenue \$		0.)
	See Form 990, Page 2, Part III, Line 4b			
		-		
40	C(Code:) (Expenses \$14,076. including grants of \$) (Recouncils:	evenue \$		0.)
	Income Council Education Council			
	Health & Safety Council			
	Independence Council			
	See Form 990, Page 2, Part III, Line 4c			·
4	d Other program services (Describe in Schedule O)		`	
		31,7	132.)	
_	e Total program service expenses ► 1,909,466. TEEA0102 08/08/12		Form 990	(2012)
BAA	1 EEAU 102 - 00/00/12		555	,·-/

Part IV Checklist of Required Schedules Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete x 1 Schedule A Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? . . . 2 X 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 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 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 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, 6 X Part I 7 X Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III 8 X 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 x 9 services? If 'Yes,' complete Schedule D, Part IV 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 Vx 10 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 X 11 a D. Part VI 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 X 11 c X 11 d e Did the organization report an amount for other liabilities in Part X, line 25° If 'Yes,' complete Schedule D, Part X X 11e 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 X 11 f 12a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete X 12a Schedule D, Parts XI, and XII b Was the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes.' and 12h X if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI and XII is optional X 13 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E X 14a Did the organization maintain an office, employees, or agents outside of the United States? 14a **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 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 X 15 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 . . . X 16 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) X 17 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, X lines 1c and 8a? If 'Yes,' complete Schedule G, Part II. 18 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 Х 19 20 a Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H X 20

20 b

b If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?

UNITED WAY OF NORMAN, INC. 73-0668684 Page 4 Form 990 (2012) Part IV Checklist of Required Schedules (continued) Yes No Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II 21 Х 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 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* 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, and that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No,'go to line 25 24a х 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? 24d d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year? 25 a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a X disqualified person during the year? If 'Yes,' complete Schedule L, Part I 25a **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* Х 25b Schedule L. Part I Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or X disqualified person outstanding as of the end of the organization's tax year? If 'Yes,' complete Schedule L, Part II 26 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). x 28a a A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV b A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete X 28b Schedule L, Part IV 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 х 29 X Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation X 30 contributions? If 'Yes,' complete Schedule M X Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I 31 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete 32 X Schedule N. Part II X 33

Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Parts II, III, IV,

and V, line 1 . .

35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?

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.

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

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

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

X Form 990 (2012)

X

X

Х

X

X

34 35a

35b

36

37

38

Check if Schedule O contains a response to any question in this Part V				Γ
			Yes	No
1 a Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable . 1a	٥	\dashv		
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	<u>0</u>			
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gan	<u>-</u>			
(gambling) winnings to prize winners?		1 c	X	
2 a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax State-		一	Ť	
ments, filed for the calendar year ending with or within the year covered by this return 2a	12			
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	· L	2 b	x	
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions)				
3 a Did the organization have unrelated business gross income of \$1,000 or more during the year?		3 a	ŀ	X
b If 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule O		3 b		
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority ov financial account in a foreign country (such as a bank account, securities account, or other financial account)?	er, a	4 a		x
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.	L	_		
5 a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5 a		X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5 b		X
c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?		5 c		
6 a 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?	.on	6 a		x
b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts word tax deductible?	/ere	6 ь		
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?		7 a	Žà.	x
b If 'Yes,' did the organization notify the donor of the value of the goods or services provided?	🗀	7 b		
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required t	to file	丁		
Form 8282? .	· <u> </u>	7 c		Х
d If 'Yes,' indicate the number of Forms 8282 filed during the year		-		
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		7 e		X
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	L	7 f		X
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	L	7 g		
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	.	7 h	ŀ	
			XXI 3.	,> , ¹
8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Due supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	5	8	··· 3 5	x
9 Sponsoring organizations maintaining donor advised funds.	· · -	- +		
a Did the organization make any taxable distributions under section 4966?	į-	9 a		X
b Did the organization make a distribution to a donor, donor advisor, or related person?	! -	9 b		Х
10 Section 501(c)(7) organizations. Enter:	 	-		
a Initiation fees and capital contributions included on Part VIII, line 12	1		ŀ	
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities				
11 Section 501(c)(12) organizations. Enter:			7 %	
a Gross income from members or shareholders	İ			
			ŀ	
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) .				
12 a Section 4947(a)(1) non - exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	<u> </u>	2a	, -	
b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year				
13 Section 501(c)(29) qualified nonprofit health insurance issuers.				
a Is the organization licensed to issue qualified health plans in more than one state?	<u> </u>	3a		
Note. See the instructions for additional information the organization must report on Schedule O			l	
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				
c Enter the amount of reserves on hand				
14a Did the organization receive any payments for indoor tanning services during the tax year?		4a		х
b If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O	ļ	4a		
uni res, nas il nieu a ronni 720 lo report inese payments: il mo, provide an explanation in schedule o	. ,	العت		

Pai	t VI	Governance, Management and Disclosure For each 'Yes' response to lines 2 through 7b below	w, ar	ıd foi	r
		a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or chang Schedule O. See instructions.	ges i	n	
		Check if Schedule O contains a response to any question in this Part VI			. x
Sec	tion A	A. Governing Body and Management			
				Yes	No
1 a	If ther of the	the number of voting members of the governing body at the end of the tax year e are material differences in voting rights among members governing body, or if the governing body delegated broad			
ı		rity to an executive committee or similar committee, explain in Schedule O. the number of voting members included in line 1a, above, who are independent 1b 33			
		ny officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
,		r, director, trustee or key employee?	2		X
3	of offi	le organization delegate control over management duties customarily performed by or under the direct supervision cers, directors or trustees, or key employees to a management company or other person?	3		х
4		ne organization make any significant changes to its governing documents the prior Form 990 was filed?	4		
5		ne organization become aware during the year of a significant diversion of the organization's assets?	5		X
6		ne organization become aware during the year of a significant diversion of the organization's assets:	6		X
7 8	Did th	ne organization have members, stockholders, or other persons who had the power to elect or appoint one or more pers of the governing body?	7 a		x
		ny governance decisions of the organization reserved to (or subject to approval by) members,			
•	stocki	holders, or other persons other than the governing body?	7 b		x
8		e organization contemporaneously document the meetings held or written actions undertaken during the year by llowing			
ä	The g	overning body?	8 a	х	
		committee with authority to act on behalf of the governing body?	8ь	Х	
9	Is the organ	re any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the ization's mailing address? If 'Yes,' provide the names and addresses in Schedule O.	9		х
Sec	tion E	3. Policies (This Section B requests information about policies not required by the Internal Reve	enue _,		
10.		Secretary have local aboutons because a sefficience	100	Yes	No
		ne organization have local chapters, branches, or affiliates? ' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their	10 a		X
	operati	ons are consistent with the organization's exempt purposes?	10 Ь		ļ
		e organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Tibe in Schedule O the process, if any, used by the organization to review this Form 990.	11 a	Х	Щ,
		ne organization have a written conflict of interest policy? If 'No,' go to line 13	12a	х	
	W ere	officers, directors or trustees, and key employees required to disclose annually interests that could give rise	$\neg \neg$		
		officts?	12b	Х	<u> </u>
•	Sched	ne organization regularly and consistently monitor and enforce compliance with the policy? <i>If 'Yes,' describe in dule O how this is done</i>	12 c	х	ļ
13		ne organization have a written whistleblower policy?	13	X	<u> </u>
14		ne organization have a written document retention and destruction policy?	14	X	
15	perso	ne process for determining compensation of the following persons include a review and approval by independent ns, comparability data, and contemporaneous substantiation of the deliberation and decision?			
		rganization's CEO, Executive Director, or top management official	15 a	X	
		officers of key employees of the organization	15 b	X	
16		ne organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxab	le entity during the year?	16 a		X
1	partic	s,' did the organization follow a written policy or procedure requiring the organization to evaluate its ipation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the ization's exempt status with respect to such arrangements?	16 b		
Sec	tion (C. Disclosure			
17		ne states with which a copy of this Form 990 is required to be filed Oklahoma		. _	
18	Section	on 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available. Indicate how you make these available. Check all that apply.	lable	for pu	blic
	\Box	wn website Another's website x Upon request Other (explain in Schedule O)			
	the put	be in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest policy, and financial statements available during the tax year.			
20		the name, physical address, and telephone number of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the person who possesses the books and records of the person who person of the person who person of the person			
BAA		RY PACE & CO., PC 1225 W. MAIN # 124 NORMAN OK 73069 (40			3 <u>026</u>

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sated Employe	es, and

Form 990 ((2012)	UNITED	WAY	OF	NORMAN,	INC.
	(,-)	~				

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

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

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

employees; and former such persons. Check this box if neither the organization	n nor any r	elated	org	anız	atio	n com	pens	sated any current office	cer, director, or truste	e.
				(0						
(A) Name and Title	(B) Average hours per	one box office	r, ùnt	ess p	ersor	more the state of	an	(D) Reportable compensation from	(E) Reportable compensation from	(F) Estimated amount of other
	week (list any hours for related organiza- tions below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	thé organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) Casey Vinyard	2.00									
Chairman		Х		X				·		
(2) Joe Siano	2.00									
Vice-Chair		X		х						
(3) Neil Schemmer	2.00				İ					
Secretary/Treasurer		х		х				- <u></u> -		
(4) Nanette Hathaway	2.00									
Immediate Past Chair		X		X						
(5) Steve McDaniel	2.00									
Personnel Chair		х				l				
(6) Kelley Grace	2.00									
Audit Chair		х								
(7) Tom Cooper	2.00									
Campaign Chair		х								
(8) Cindy Nashert	2.00									
Campaign Chair		x								
(9) James Chappel	2.00									
Director		х								
(10) Leslie Christopher	2.00									
Director		X								
(11) Karen Hill	2.00				1					
Director		х			<u> </u>					
(12) MJ Farzaneh	2.00									
Director		<u>x</u>								
(13) Mariann Lawson	2.00									
Director		х					<u> </u>			
(14) Steve McDaniel	2.00									
Director		х		L.						

Part	VII Section A. Officers, Directors, Trus	T	∖ey	Em			es,	and	d Highest Com	pensated Em	ployees (cont)
		(B)			•	C) sition					
	(A)	Average hours			heck	more	than		(D) Reportable	(E) Reportable	(F) Estimated
	Name and title	per week	offi		nd a		or/trus	tee)	compensation from	compensation from related organizations	amount of other compensation
		(list any hours	or of		Officer	€	夏 草] ਵੁੱ	the organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization
		for related	E S	듛	द्ध	Key employee	oyes c	. ₫			and related organizations
		organiza • tions	P =	를		। हु	Ţ				
		below dotted	individual trustee or director	nstitutional trustee		٥	👸				
		line)		18			Highest compensated employee				
(15)	Krishna Suthar	2.00					 	┢			-
	Director		х		L						
(16)	Jim Adair	2.00									
	Director		X								
(17)	Houda Elyazgi	2.00									
	Director	l	X				<u> </u>				·
(18)	Heather Harris	2.00									
	Director		X				<u> </u>		1		
(19)	JT Johnson	2.00									
	Director		X					L			
(20)	Ben Odom	2.00									
	Director		X	<u> </u>		<u>L</u> .	ļ	_			
(21)	Teresa Turner	2.00									
	Director		X	<u> </u>	$oxed{oxed}$			ļ.,			
(22)	JD Younger	2.00					İ				
	Director	ļ	X	Ь		<u> </u>	ـ	_			
(23)_	Sam_Carmen	2.00			l						
	Director		X	₩	┞	<u> </u>	₩	ـ			
(24)	Jason Clark	2.00	•		l	1	1				
	Director	 	X	⊬	├	 	↓	╄			
	Rennie Cook	2.00	x	1				1			
	Director	<u> </u>	Α.	Щ		L	Ь	┢			
	Sub-total Fotal from continuation sheets to Part VII, Section	^				•					
		^				• •		•			
	Fotal (add lines 1b and 1c) Total number of individuals (including but not limite	d to the	ا مع	hats	aho	ve)	who	rece	l eived more than \$	100 000 of reporta	L
	rom the organization ►		30 113	, icu	abo	•0)	***		circa more than ¢	, 00,000 or reporte	sio componication
								-			Yes No
3	Old the organization list any former officer, director	or trust	ee. I	kev (emp	love	e. or	hia	nhest compensated	i employee	Cane limbs of a
	on line 1a? If 'Yes,' complete Schedule J for such i					•		Ū			3 X
4	For any individual listed on line 1a, is the sum of re	eportable	con	nper	nsati	ion a	and d	othe	r compensation from	om	
	the organization and related organizations greater t	than \$15	0,00	02 1	lf 'Ye	es' c	comp	lete	Schedule J for		4 x
	such individual					•					
5	Old any person listed on line 1a receive or accrue of for services rendered to the organization? If 'Yes,'	compens	atio	n tro hedi	m a	iny ι I for	unrela Such	ated	d organization or ir	ndividual	5 X
Sect	on B. Independent Contractors	compici		1000	110 0		Juci	ρc.	13077	·	
1	Complete this table for your five highest compensa-	ted inde	pend	ent	con	tract	tors t	hat	received more that	n \$100,000 of	
	compensation from the organization Report compe	ensation	for t	ne c	aler	ndar	year	en			
	(A) Name and business addre	S S							Description		(C) Compensation
	Hame and business addre								2 550.151.011		20
									<u> </u>		
									<u> </u>		
									 		
									1		
	Total number of independent contractors (including	but not	lımıt	ed t	o th	ose	lister	d ah	ove) who received	more than	
	\$100,000 in compensation from the organization			Ju (a !	JJC			.5.0) 1110 15001460	3 %s	Take the second
	proo,000 in compensation from the organization									1.3.	<u> </u>

	Check if Schedule O	contains a res	Jonac to any question		· · · · · · · · · · · · · · · · · · ·		· · <u>L</u>
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
2 1	a Federated campaigns .	1 a	1		•		
5	b Membership dues	1 t					
1	c Fundraising events	10					
ξ	d Related organizations	10					
	e Government grants (contribution	ons) 1 e	60,212.				
	f All other contributions, gifts, grants, and similar amounts not included above		00/222				
≨	Noncash contributions included		93,442.				
₹	h Total. Add lines 1a-1f		<u></u>	2,216,758.			
<u>:</u>	II Total / too Intes To Tr	·	Business Code	2,210,730.		<u>.</u>	
۱ ,	a command has class		900099	31,732.	31,732.	0.	0.
	a <u>Success by Six</u>		900099	31,732.		<u> </u>	<u> </u>
	·		·				
1	,		· 				
	<u> </u>		·				
	6 All above accuses conve						
	f All other program service	e revenue	<u> </u>				
↓ _	g Total. Add lines 2a-2f	•	_ 	31,732.			
3			ls, interest and			•	12 200
1.	other similar amounts)			13,128.	0.	0.	13,128.
4	Income from investment	t of tax-exemp	t bona proceeds				
5	Royalties .		() D				ξ
_	_	(ı) Real	(II) Personal				ì
	6 a Gross rents						
	b Less: rental expenses			ž 3°	,	, ;	
	c Rental income or (loss)			i		~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	
	d Net rental income or (lo		<u> </u>				
17	a Gross amount from sales of (i) Securities		(ii) Other	<i>.</i> *		**	", Wy. N
1	assets other than inventory			,			
	b Less: cost or other basis						
	and sales expenses .			#4	, ,	• _	1.
	c Gain or (loss)	L			%, 215	ــــــ فُحالت ـــــــ	
	d Net gain or (loss).		<u> </u>				
. l ,	a Gross income from fund	draising events					
	(not including \$		_				
	of contributions reported	d on line 1c)	_ 1				
	See Part IV, line 18		a	, , ,	s ,#,,	1.0	
	b Less direct expenses		b	(y 1,55	1
	c Net income or (loss) fro	m fundraising	events		·		
	a Gross income from gam See Part IV, line 19	_					
			b				
1	c Net income or (loss) fro	m gaming act	ıvıtıes►				
10	 Gross sales of inventory and allowances b Less cost of goods sold 	•	a b				
	c Net income or (loss) fro		entory •				~
-	Miscellaneous Reven		Business Code	-			
-		iuc .	Dusiness Code			·	·
11	·						-
1	b			 			
	c			ļ			
	d All other revenue						
1	e Total. Add lines 11a-11		· · ·				
112	Total revenue See inst	ructions	▶	2 261 619	21 722		13 122

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 re	<u> </u>			<u>.</u>
Do r 7b, a	not include amounts reported on lines 6b, Bb, 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		•	,	· ,
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				
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	410,033.	215,819.	57,279.	136,935.
8	Pension plan accruals and contributions (include section 401(k) and section 403(b) employer contributions)	22,139.	11,709.	3,189.	7,241.
9	Other employee benefits	14,477.	5,701.	3,225.	5,551.
10	Payroll taxes	31,483.	16,530.	4,472.	10,481.
11	Fees for services (non-employees):			-,-,-,	
	Management				
	Legal				
	Accounting	16,271.	12,041.	2,116.	2,114.
	Lobbying				
	Professional fundraising services See Part IV, line 17				
	Investment management fees				
	Other. (If line 11g amt exceeds 10% of line 25, col-				
10	umn (A) amt, list line 11g expenses on Sch O)				
	Advertising and promotion	29,844.	5,866.	0.	23,978.
13	Office expenses .	3,996.	2,954.	521.	521.
14	Information technology				
15	Royalties				
16	Occupancy	51,595.	38,179.	6,708.	6,708.
17	Travel .	6,069.	4,216.	687.	1,166.
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	5,239.	2,096.	524.	2,619.
20	Interest .				
21	Payments to affiliates .	17,007.	10,884.	3,062.	3,061.
22		15,341.	5,640.	2,652.	7,049.
_	Insurance	5,186.	1,983.	2,047.	1,156.
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.)				
а	DUES & SUBSCRIPTIONS	2,319.	1,606.	356.	357.
	CAMPAIGN SPONSORSHIP	12,823.	0.	0.	12,823.
	SCHOOL SUPPLIES	111,270.	111,270.	0.	0.
	EQUIPMENT AND REPAIR	5,526.	2,408.	463.	2,655.
	All other expenses .	1,571,404.	1,460,564.	5,434.	105,406.
25	Total functional expenses. Add lines 1 through 24e	2,332,022.	1,909,466.	92,735.	329,821.
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)				

		Check if Schedule O contains a response to any question in	this Part X .			
				(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing .		1,269,824.	1	1,338,715.
	2	Savings and temporary cash investments .			2	
	3	Pledges and grants receivable, net		793,947.	3	767,467.
	4	Accounts receivable, net			4	
	5	Loans and other receivables from current and former officers, of trustees, key employees, and highest compensated employees		,		
		Part II of Schedule L	• ••		5	
	6	Loans and other receivables from other disqualified persons (as section 4958(f)(1)), persons described in section 4958(c)(3)(B), employers and sponsoring organizations of section 501(c)(9) vibeneficiary organizations (see instructions). Complete Part II of		6	,	
Ą	7	Notes and loans receivable, net			7	
ASSETS	8	Inventories for sale or use			8	
Ţ	9	Prepaid expenses and deferred charges			9	
3	_	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	79,899.	3 h		// %7
		Less accumulated depreciation 10b	63,792.	25,402.	10 c	16,107.
	11	Investments – publicly traded securities	03,132.	23,402.	11	10,107.
		Investments – other securities. See Part IV, line 11	·		12	
	12	Investments – program-related. See Part IV, line 11	••		13	
	13	Intangible assets			14	
	14	Other assets. See Part IV, line 11	•	1 006	15	100
	15			1,226.	16	100.
_	16 17	Total assets. Add lines 1 through 15 (must equal line 34) Accounts payable and accrued expenses		2,090,399. 17,542.	17	2,122,389. 92,416.
	18	Grants payable	·	11,342.	18	92,410.
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
Ļ	21	Escrow or custodial account liability. Complete Part IV of Sche	edule D		21	
AB - L - F	22	Loans and other payables to current and former officers, direct key employees, highest compensated employees, and disqualific Complete Part II of Schedule L	ors, trustees,	A A CONTRACTOR	22	
T	23	Secured mortgages and notes payable to unrelated third partie			23	
E	24	Unsecured notes and loans payable to unrelated third parties		-	24	
	25	Other liabilities (including federal income tax, payables to relat and other liabilities not included on lines 17-24) Complete Par	ed third parties, t X of Schedule D	1,329,562.	25	1,357,082.
	26	Total liabilities. Add lines 17 through 25		1,347,104.	26	1,449,498.
N E T		Organizations that follow SFAS 117 (ASC 958), check here ► lines 27 through 29, and lines 33 and 34.	and complete	17 g (40g		, , , , , , , , , , , , , , , , , , ,
Ą	27	Unrestricted net assets		653,533.	27	604,144.
ASSETS	28	Temporarily restricted net assets .		89,762.	28	68,747.
ţ	29	Permanently restricted net assets	•		29	
P F		Organizations that do not follow SFAS 117 (ASC 958), check hand complete lines 30 through 34.	nere ►	, ,		
PZC	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building, or equipment fund			31	
Ļ	32	Retained earnings, endowment, accumulated income, or other	funds		32	
BALA 之い止め	33	Total net assets or fund balances		743,295.	33	672,891.
Ĕ	34	Total liabilities and net assets/fund balances		2,090,399.	34	2,122,389.
BA						Form 990 (2012)

Form 990 (2012)

Forr	n 990 (2012) UNITED WAY OF NORMAN, INC.	73-	0668684	<u> </u>	Pa	ge 12
Pa	rt汉[의 Reconciliation 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	2,2	61,6	18.
2	Total expenses (must equal Part IX, column (A), line 25)		2	2,3	32,0	22.
3	Revenue less expenses. Subtract line 2 from line 1		3		70,4	04.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))		4	7	43,2	95.
5	Net unrealized gains (losses) on investments		5			
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	6	72,8	391.
Pa	rt XII Financial Statements and Reporting				•	
	Check if Schedule O contains a response to any question in this Part XII					Г
	Officer if deficable of contains a response to any quotien in the reserving			<u> </u>	Yes	No
1	Accounting method used to prepare the Form 990 Cash X Accrual Other			1/2/2	*	#4
	If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O.				22.2	
2	a Were the organization's financial statements compiled or reviewed by an independent accountant?			2 a	_X	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviseparate basis, consolidated basis, or both	ewed	on a		1.5%	
	Separate basis Consolidated basis Both consolidated and separate basis					
	b Were the organization's financial statements audited by an independent accountant?		•	2 b	Х	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis	oarate				
	c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight review, or compilation of its financial statements and selection of an independent accountant?	of the	audit,	2 c	x	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O			\$46.	:>A	#J
3	a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in Audit Act and OMB Circular A-133?	the Si	ngle	3 a	х	
	b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the or audits, explain why in Schedule O and describe any steps taken to undergo such audits	require	ed audit	3 b	x	

BAA

Form 990 (2012)

TEEA0112 08/09/11

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No 1545-0047

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

Open to Public

Department of the Treasury Internal Revenue Service Name of the organization

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

Inspection

Employer identification number

UNIT	ED WAY OF NORM	MAN, INC.						73-06	6868	4	
Part l			(All organizations					See ir	nstruct	ions.	
The org	ganization is not a priv	ate foundation because	e it is: (For lines 1 throu	gh 11, cl	neck onl	y one bo	x.)				
1 [A church, convention	on of churches or associ	ciation of churches descr	ribed 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 coop	perative hospital service	e organization described	ın sect	ion 170(b)(1)(A)	(iii).				
4	A medical research	organization operated	in conjunction with a ho	spital de	escribed	ın secti	on 170(b)(1)(A)(iii). Ente	er the hospital's	
	name, city, and stat	te [.]									
5	An organization open 170(b)(1)(A)(iv). (C	erated for the benefit o	f a college or university	owned o	r operat	ed by a	governr	nental u	nit desci	ribed in section	
6	A federal, state, or	local government or go	overnmental unit describ								
7	X An organization tha in section 170(b)(1)	it normally receives a s (A)(vi). (Complete Pa	substantial part of its sup rt II)	port fro	m a gov	ernment	al unit d	or from th	ne gene	ral public describ	oed
8			'0(b)(1)(A)(vi). (Complete								
9 [An organization that in related to its exempt unrelated business to (Complete Part III)	functions — subject to exable income (less sect	ore than 33-1/3% of its sup certain exceptions, and (2 ion 511 tax) from business	port from 2) no mor ses acqui	contribute than 3 red by th	itions, me 3-1/3% d e organiz	embersh of its sup cation af	nip fees, a port from ter June 3	ind gross 1 gross i 30, 1975	s receipts from act nvestment incom . See section 509	ivities e and (a)(2).
10			xclusively to test for pub								
11	Supported organizat	inized and operated exc tions described in section ation and complete line	usively for the benefit of, t on 509(a)(1) or section 50 s 11e through 11h.	o perforn 19(a)(2).	n the fund See sec	ctions of, tion 509	or carry (a)(3). C	out the p check the	urposes box tha	of one or more put t describes the ty	ublicly ope of
	a Type I	b ☐Type II	: Type III - Function	ally inte	grated	c	ı 🗍 1	Гуре III -	- Non-fu	unctionally integr	ated
e	By checking this bo	y I certify that the ord	anization is not controlle than one or more publi	d directl	y or indi orted or	rectly by ganization	one or	more di cribed in	squalific section	ed persons 509(a)(1) or	
f		received a written dete	rmination from the IRS t	hat is a	Type I, T	Гуре II о	r Type I	II suppo	rting org	janization,	
g	Since August 17, 20	006, has the organizati	on accepted any gift or	contribu	ition fror	n any of	the foll	owing pe	ersons?		
								()	-I ()	Yes	No
	(i) A person who below, the go	directly or indirectly c verning body of the su	ontrols, either alone or toported organization?	ogetner	with per	sons des	scribea	ın (ii) an		11g (i)	ļ
	(ii) A family mem	nber of a person descri	bed ın (ı) above?	• •						11 g (ii)	
	(iii) A 35% contro	lled entity of a person	described in (i) or (ii) ab	ove?						11 g (iii)	
h	Provide the following	ng information about th	e supported organization	n(s).				-		<u>'</u>	
	(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) le organız column (i your go docur	ation in) listed in verning	(v) Did you the organia column (i) supp	u notify ration in of your ort?	(vi) Is organiza colum organized U S	ition in in (i) I in the	(vii) Amount of mo support	netary
		,		Yes	No	Yes	No	Yes	No		
(A)			<u> </u>								
				-							
(B)				<u> </u>	ļ						
					1						
(C)				-	ļ ——				_		
(D)											
(E)				 				 			
Total										<u> </u>	

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

Schedule A (Form 990 or 990-EZ) 2012

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.)

Sec	tion A. Public Support						
Caler begir	ndar year (or fiscal year nning 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')	1,623,338.	1,862,914.	1,986,010.	2,024,858.	2,155,048.	9,652,168.
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	1,623,338.	1,862,914.	1,986,010.	2,024,858.	2,155,048.	9,652,168.
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						9,652,168.
Sec	tion B. Total Support	· · · · · · · · · · · · · · · · · · ·					
	ndar year (or fiscal year nning in) ►	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7	Amounts from line 4 .	1,623,338.	1,862,914.	1,986,010.	2,024,858.	2,155,048.	9,652,168.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	28,374.	21,098.	11,001.	13,221.	13,128.	86,822.
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						9,738,990.
12	Gross receipts from related activ	ities, etc (see inst	ructions)	•	· · · · · · · · · · · · · · · · · · ·	12	
13	First five years. If the Form 990 organization, check this box and		ition's first, second		fifth tax year as a	section 501(c)(3)	▶
Sec	tion C. Computation of Pu	blic Support P	ercentage				
	Public support percentage for 20	•		e 11, column (f))		14	99.11%
15	Public support percentage from 2	2011 Schedule A, I	Part II, line 14			15	98.77%
16 a	33-1/3% support test — 2012. If and stop here. The organization	the organization d qualifies as a pub	lid not check the b licly supported org	ox on line 13, and ganization .	I the line 14 is 33-	1/3% or more, ch	eck this box
b	33-1/3% support test – 2011. If t and stop here. The organization	he organization di qualifies as a pub	d not check a box licly supported or	on line 13 or 16a ganization .	, and line 15 is 33	-1/3% or more, cl	heck this box
	10%-facts-and-circumstances te or more, and if the organization the organization meets the 'facts'	meets the 'facts-ai -and-circumstance	nd-circumstances' es' test. The orgar	test, check this b iization qualifies a	ox and stop here. is a publicly suppo	Explain in Part IV orted organization	/ how ►
	organization meets the facts-and	meets the 'facts-ai d-circumstances' t	nd-circumstances' est. The organizat	test, check this b ion qualifies as a	ox and stop here. publicly supported	Explain in Part I\ I organization	/ how the ►
18	Private foundation. If the organiz	zation did not ched	ck a box on line 13	s, 16a, 16b, 1/a, 0		box and see instr	

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.)

Sec	tion A. Public Support							
Calen	dar year (or fiscal yr 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							
5	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. The value of services or facilities furnished by a governmental unit to the							
	organization without charge .							
	Total. Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from disqualified persons							
b	a 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 .							
	Public support (Subtract line 7c from line 6.)							
<u>Sec</u>	tion B. Total Support		· · · · · · · · · · · · · · · · · · ·				· · · · · · · · · · · · · · · · · · ·	
	dar year (or fiscal yr beginning in) 🕨	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total	
10 a	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975							
	Add lines 10a and 10b 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 Ins 9, 10c, 11, and 12)							
14	First five years. If the Form 990 i organization, check this box and			i, third, fourth, or	fifth tax year as a	section 501(d	c)(3)	<u> </u>
	tion C. Computation of Pul							
	Public support percentage for 20			e 13, column (f)).			15	8
	Public support percentage from 2				<u> </u>		16	8
Sec	tion D. Computation of Inv							
17	Investment income percentage for	or 2012 (line 10c,	column (f) dıvıded	by line 13, colum	nn (f))	[17	*
18	Investment income percentage from						18	%
	33-1/3% support tests - 2012. If is not more than 33-1/3%, check							-
	33-1/3% support tests - 2011. If line 18 is not more than 33-1/3%	, check this box a	nd stop here. The	organization qua	lifies as a publicly	supported or	ganızatıon	
20	Private foundation. If the organiz	zation did not ched	ck a box on line 14	1, 19a, or 19b, ch	eck this box and s	ee instruction	ns	-

Schedule A	(Form 990	or 990-l	EZ) 2012	UNITE	D WAY	OF N	ORMAN,	INC.		73-066	8684	Page 4
Partily	Supplem Part II, II (See Ins	nental I	Informa or 17b	tion. Co ; and Pa	mplete rt III, lin	this pa ie 12.	art to pr Also co	ovide the mplete th	explanations nis part for an	required by ly additional ii	Part II, line nformation.	10;
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SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

Supplemental Financial Statements

► Complete if the organization answered 'Yes,' to Form 990, Part IV, lines 6, 7, 8, 9, 10, 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
Employer identification number

	TED WAY OF NORMAN, INC.				<u> 173-0668684</u>		
Par	Organizations Maintaining Dono the organization answered 'Yes'	r Advised Funds or Oth to Form 990, Part IV, Iir	ier Similar Fui ie 6.	nds or Acc	counts. Comp	lete if	
		(a) Donor advised	funds	(b) F	unds and other a	ccounts	
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 done	or advisors in writing that the	accate hold in dan	or advisad 6			
J	are the organization's property, subject to the	organization's exclusive legal (control?		. Yes	No	,
6	Did the organization inform all grantees, donor for charitable purposes and not for the benefit	s, and donor advisors in writing of the donor or donor advisor,	ng that grant funds or for any other p	can be used urpose confe	l only erring	_	
	impermissible private benefit?			·	YesYes	No	
Par	Conservation Easements. Comp	lete if the organization a	answered 'Yes	' to Form 9	990, Part IV, I	ine 7.	
1	Purpose(s) of conservation easements held by	the organization (check all the	at apply)	•			
	Preservation of land for public use (e.g., re	ecreation or education)	Preservation of	of an historica	ally important land	d area	
	Protection of natural habitat		Preservation of	of a certified l	historic structure		
	Preservation of open space						
2	Complete lines 2a through 2d if the organization last day of the tax year.	n held a qualified conservation	n contribution in th	ne form of a	conservation ease	ement on the)
	last day of the tax year.			\$\frac{1}{2} \cdot	Held at the End of	the Tax Ye	ar
а	Total number of conservation easements			2 a			-
	Total acreage restricted by conservation easen	nents		2 b			—
	Number of conservation easements on a certifi		ın (a) .	2 c			
	Number of conservation easements included in		• •				
_	structure listed in the National Register	•	•	2 d			
3	Number of conservation easements modified, t tax year ▶			d by the orga	inization during th	e	
4	Number of states where property subject to cor	nservation easement is located	→	_			
5	Does the organization have a written policy regand enforcement of the conservation easement	ts it holds?			. ∐Yes	No	,
6	Staff and volunteer hours devoted to monitoring	g, inspecting, and enforcing co	onservation easem	nents during t	the year		
7	Amount of expenses incurred in monitoring, ins	specting, and enforcing conse	rvation easements	during the y	ear		
8	Does each conservation easement reported on and section 170(h)(4)(B)(ii)?	line 2(d) above satisfy the red	quirements of sect	ion 170(h)(4))(B)(i) 	∏No	,
9	In Part XIII, describe how the organization repo- include, if applicable, the text of the footnote to conservation easements.	orts conservation easements in the organization's financial s	n its revenue and it tatements that des	expense state scribes the or	ement, and balan ganization's acco	ce sheet, an ounting for	nd
Par	Organizations Maintaining Colle Complete if the organization ans	ctions of Art, Historical wered 'Yes' to Form 990	Treasures, or), Part IV, line	Other Sin 8.	nilar Assets.		
1 a	If the organization elected, as permitted under art, historical treasures, or other similar assets in Part XIII, the text of the footnote to its finance	s held for public exhibition, edu	ication, or researc	ue statement h ın furtherar	and balance sheence of public serv	et works of ice, provide,	,
t	If the organization elected, as permitted under historical treasures, or other similar assets hel following amounts relating to these items	SFAS 116 (ASC 958), to repo d for public exhibition, educati	rt in its revenue st on, or research in	tatement and furtherance	balance sheet wo of public service,	orks of art, provide the	
	(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 ar amounts required to be reported under SFAS 1	t, historical treasures, or other 16 (ASC 958) relating to these	r sımılar assets for e items	financial ga	in, provide the fol	lowing	
а	Revenues included in Form 990, Part VIII, line	1	•		► \$		
	Assets included in Form 990, Part X				. > \$		

Schedule D (Form 990) 2012 UNIT 1	ED WAY OF NO	RMAN, INC.		73-066	8684	Page 2
Part III Organizations Mainta	ining Collection	ns of Art, Histo	rical Treasures, o	or Other Similar Ass	sets (contir	าued)
3 Using the organization's acquisition items (check all that apply):						
a Public exhibition		d Loan o	r exchange programs			
b Scholarly research		e Other				
c Preservation for future gener	ations					
4 Provide a description of the organ Part XIII.	nization's collections	s and explain how t	hey further the organ	ization's exempt purpose	ın	
5 During the year, did the organizato be sold to raise funds rather th	nan to be maintained	d as part of the orga	anization's collection?	'	Yes	No
Part IV Escrow and Custodial reported an amount o	Arrangements. C n Form 990, Pa	Complete if the or rt X, line 21.	ganization answe	red 'Yes' to Form 990	, Part IV, lin	ie 9, or
1 a Is the organization an agent, trus on Form 990, Part X?	tee, custodian, or o	ther intermediary fo	or contributions or oth	er assets not included	Yes	No
b If 'Yes,' explain the arrangement	in Part XIII and com	nplete the following	table:			
					Amount	
c Beginning balance				1 c		
d Additions during the year			•	. 1 d		
 Distributions during the year 				1 e		
f Ending balance .				1 f		
2 a Did the organization include an a	mount on Form 990	, Part X, line 21?		•	Yes	No
b if 'Yes,' explain the arrangement	ın Part XIII. Check I	here if the explantion	on has been provided	ın Part XIII		
Part V. Endowment Funds. C	complete if the c	organization ans	swered 'Yes' to F	orm 990, Part IV, III	ne 10.	
	(a) Current	(b) Prior year		(d) Three years	(e) Four ye	ears
1 a Beginning of year balance						
b Contributions					1	
c Net investment earnings, gains, and losses						<u> </u>
d Grants or scholarships						
e Other expenditures for facilities and programs				-		
f Administrative expenses .						
g End of year balance		<u> </u>				
2 Provide the estimated percentage	e of the current year	end balance (line	1g, column (a)) held	as:		
a Board designated or quasi-endow	vment ►	%				
b Permanent endowment ▶	%					
c Temporarily restricted endowmer	nt >	%				
The percentages in lines 2a, 2b,	and 2c should equa	1 100%.				
3 a Are there endowment funds not a organization by:	n the possession of	the organization th	at are held and admii	nistered for the	Yes	No
(i) unrelated organizations					3a(i)	
(ii) related organizations			•		3a(ii)	1
b If 'Yes' to 3a(ii), are the related of	organizations listed a	as required on Sche	edule R?		3b	
4 Describe in Part XIII the intended	-				·	
Part VI Land, Buildings, and				**		
Description of property	(a) Co	ost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book	value
1 a Land				AND THE PERSON NAMED IN		
b Buildings						
c Leasehold improvements						
d Equipment				 		
e Other	· ··· 	79,899.		63,792.	7	6,107.
Total. Add lines 1a through 1e (Colum	nn (d) must equal Fo		lumn (B) line 10(c))	<u> </u>		6,107.
	iii (u) iiiust equal FU	1111 990, 1 art A, COI	diffit (D), title TO(C))	School	dule D (Form 9	
BAA				30160	TOTO DE (L'OLLILL)	JJUJ 2012

Total. (Column (b) must equal Form 990, Part X, column (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 .

1,357,082.

(11)

	73-0668684	Page 4
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 2	2,261,618.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12.		
a Net unrealized gains on investments		
b Donated services and use of facilities		
c Recoveries of prior year grants		
d Other (Describe in Part XIII.)		
e Add lines 2a through 2d	2 e	
3 Subtract line 2e from line 1	3 ;	2,261,618.
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)		
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	2,261,618.
Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses p	er Return	
Total expenses and losses per audited financial statements	1 ;	2,332,022.
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a Donated services and use of facilities		
b Prior year adjustments		
c Other losses		
d Other (Describe in Part XIII.)		
e Add lines 2a through 2d	2 e	
3 Subtract line 2e from line 1	3 2	2,332,022.
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]	
b Other (Describe in Part XIII.)		
c Add lines 4a and 4b	4c	222 222
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	<u>· • •</u>	2,332,022.
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 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 an	additional infor	mation.
BAA	Schedule D (F	orm 990) 2012

Schedule D (1 Offi 330) 2012 UNITED WAT OF NORMAN, INC.	/3-000004	raye .
Parixille Supplemental Information (continued)		
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SCHEDULE M (Form 990)

Noncash Contributions

► Complete if the organizations answered 'Yes' on Form 990, Part IV, lines 29 or 30.

Employer identification number

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

► Attach to Form 990.

Open To Public Inspection

	NITED WAY OF NORMAN, INC. 73-0668684											
Par	t I Types of Property			· · · · · · · · · · · · · · · · · · ·			_					
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	Meth noncash	(d nod of d n contrib	letermın	ing mounts				
1	Art — Works of art											
2	Art — Historical treasures											
3	Art — Fractional interests .											
4	Books and publications											
5	Clothing and household goods		1									
6	Cars and other vehicles											
7	Boats and planes											
8	Intellectual property .											
9	Securities – Publicly traded .											
10	Securities – Closely held stock											
11	Securities - Partnership, LLC, or trust interests											
12	Securities - Miscellaneous											
13	Qualified conservation contribution — Historic structures						·					
14	Qualified conservation contribution — Other											
15	Real estate – Residential											
16	Real estate – Commercial											
17	Real estate - Other											
18	Collectibles											
19	Food inventory											
20	Drugs and medical supplies											
21	Taxidermy .											
22	Historical artifacts .											
23	Scientific specimens											
24	Archeological artifacts											
25	Other • ()					·						
26	Other • ()											
27	Other • ()											
28	Other► ()	1		<u> </u>	ļ							
29	Number of Forms 8283 received by the organization organization completed Form 8283, Part IV, Dones			ons for which the	29			_				
							Yes	No				
30a	During the year, did the organization receive by co	ntribution an	y property reported in	Part I, lines 1-28 that it	must							
	hold for at least three years from the date of the in purposes for the entire holding period?	nitial contribu	tion, and which is not i	required to be used for e	exempt	30 a		x				
	If 'Yes,' describe the arrangement in Part II											
31	Does the organization have a gift acceptance police	y that require	es the review of any no	on-standard contribution	s²	31		_X_				
32a	2a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? . 32a X											
t	If 'Yes,' describe in Part II.											
33	If the organization did not report an amount in colu	umn (c) for a	type of property for wh	nich column (a) is check	ed,							
-	describe in Part II					1		i				

Schedule	M (Form 990)	2012	UNITED	WAY	OF I	NORM	AN,	INC						7 <u>3</u> -	06686	84	Pa	age 2
Part II	Supplemen and whethe received, or	tal Inf	ormation organizati	Com	plete repor	this p	art to n Par	o prov	vide t olum	the info	the nu	on requ mber o	red by	Part I, bution	lines 3 s, the r	0b, 32 numbe	o, and i r of ite	33, ms
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SCHEDULE 0 (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

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

2012

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or 990-EZ.

Open to Public Inspection

Name of the organization	Employer identification number
UNITED WAY OF NORMAN, INC.	73-0668684
Pt VI, Line 11b Officers and Directors are provided a copy	of form 990
before it is filed.	
Pt VI, Line 12c The officers are required to evaluate confl	icts of interest
annually.	
Pt VI, Line 15a Officer's compensation and raises are determined to the state of th	mined by the
board.	
Pt VI, Line 15b Employee's compensation and raises are determined by the Pt VI, Line 15b Employee's compensation and raises are determined by the Pt VI, Line 15b Employee's compensation and raises are determined by the Pt VI, Line 15b Employee's compensation and raises are determined by the Pt VI, Line 15b Employee's compensation and raises are determined by the Pt VI, Line 15b Employee's compensation and raises are determined by the Pt VI, Line 15b Employee's compensation and raises are determined by the Pt VI, Line 15b Employee's compensation and raises are determined by the Pt VI, Line 15b Employee's compensation and raises are determined by the Pt VI, Line 15b Employee's compensation and raises are determined by the Pt VI, Line 15b Employee's compensation and raises are determined by the Pt VI, Line 15b Employee's compensation and raises are determined by the Pt VI, Line 15b Employee's compensation and raises are determined by the Pt VI, Line 15b Employee's compensation and raises are determined by the Pt VI, Line 15b Employee's compensation and raises are determined by the Pt VI, Line 15b Employee's compensation and raises are determined by the Pt VI, Line 15b Employee's compensation and raises are determined by the Pt VI, Line 15b Employee's compensation and raises are determined by the Pt VI, Line 15b Employee's compensation and raises are determined by the Pt VI, Line 15b Employee's compensation and raises are determined by the Pt VI, Line 15b Employee's compensation and raises are determined by the Pt VI, Line 15b Employee's compensation and raises are determined by the Pt VI, Line 15b Employee's compensation and raises are determined by the Pt VI, Line 15b Employee's compensation and raises are determined by the Pt VI, Line 15b Employee's compensation and raises are determined by the Pt VI, Line 15b Employee's compensation and raises are determined by the Pt VI, Line 15b Employee's compensation and raises are determined by the Pt VI, Line 15b Employee's compensation and raises are determined by the Pt	rmined by the
board.	
	

Form 990

Continuation Sheet for Form 990

OMB No 1545-0047

2012

Department of the Treasury Internal Revenue Service

Name of the Organization

Employler Identification number

73-0668684 UNITED WAY OF NORMAN, INC. Partiville Continuation: Officers, Directors, Trustees, Key Employees, and Highest Compensated **Employees** (A) (B) (C) **(F)** Position (check all that apply) Reportable compensation from the organization (W-2/1099-MISC) Reportable compensation from related organizations (W-2/1099-MISC) Name and Title Estimated amount of other Average Highest compensated employee hours per week (list any hours for related Individual to or director Officer Institutional trustee Former compensation from the organization <u>@</u> employee and related organizations organiza-tions below dotted line) 26 Sean Crandall 2.00 X Director 27 Dena Grose 2.00 Director x 2.00 28 Connie Hobby Director 2.00 29 Giovanni Perry Director X 2.00 30 Autumn McMahon Education Chair X 2.00 31 Ann Way Health & Safety Chair X 32 Steve Elliott Income Chair X 2.00 33 Michelle Traw Х Independence Chair