ROBERT ST PIERRE CPA PC

1113 NORTH SECOND ST STILWELL, OK 74960 stpierre64@yahoo.com Phone: (918)696-4983 | Fax: (918)696-4867

May 02, 2022

United Way Of Enid and Northwest Oklahoma, Inc. PO Box 5828 Enid, OK 73702

United Way Of Enid and Northwest Oklahoma, Inc.:

Enclosed is the 2021 federal return for a tax-exempt organization, prepared for United Way Of Enid and Northwest Oklahoma, Inc. from the information provided. The return was e-filed with the IRS and was accepted on April 19, 2022.

The federal return reflects neither a refund nor a balance due.

Thank you for the opportunity to be of service. For further assistance with the organization's tax return needs, contact our office at (918)696-4983.

Sincerely,

Robert St Pierre CPA PC

ROBERT ST PIERRE CPA PC

	Acknowledgement and General Information for Entities That File Returns Electronically	2021
Name(s) as shown on return		Employer Identification Number
JNITED WAY OF	ENID AND NORTHWEST OKLAHOMA, INC.	**-***2549
ntity address		
PO BOX 5828		
ENTD OF 7270		
ENID, OK 7370	12	
	rticipating in IRS e-file.	
hank you for pa	rticipating in IRS e-file.	
nank you for pa x 2021 990	rticipating in IRS e-file. income tax return for was f	iled electronically.
nank you for pa x 2021 <u>990</u>	rticipating in IRS e-file.	iled electronically.
nank you for pa x 2021 990 The electronic fili	rticipating in IRS e-file. income tax return for Federal was fing services were provided by ROBERT ST PIERRE CPA PC	·
x 2021 990 The electronic fill	rticipating in IRS e-file. income tax return for Federal was fing services were provided by ROBERT ST PIERRE CPA PC income tax return was accepted on 04-19-2022 using a Po	ersonal Identification Number (PIN) as
x 2021 990 The electronic fill x 990 an electronic sign	rticipating in IRS e-file. income tax return for Federal was fing services were provided by ROBERT ST PIERRE CPA PC	ersonal Identification Number (PIN) as

PLEASE DO NOT SEND A PAPER COPY OF ENTITY'S RETURN TO THE IRS. IF YOU DO, IT WILL DELAY THE PROCESSING OF THE RETURN.

Form **990**

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter social security numbers on this form as it may be made public.

OMB No. 1545-0047

2021

Department of the Treasury Internal Revenue Service

► Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

Α	For the	2021 calendar y	ear, or tax year begin	ning		, 2021, an	d ending			20		
В	Check if a	applicable:	C Name of organizationU	NITED WAY OF E	NID AND NORT	HWEST OKLA	HOMA, :	INC. D	Employer identif	lcation number		
	Address o	change	Doing business as						73-05	82549		
	Name cha	ange	Number and street (or P	O. box if mail is not delivere	d to street address)	,	Room/suite	E	E Telephone number			
	Initial retu	ım	PO BOX 5828						(580) 237-0821			
	Final retu	rn/terminated	City or town, state or pro	ovince, country, and ZIP or fo	preign postal code	•	-	G	Gross receipts			
	Amended	return	ENID, OK 7370	2					\$	1,137,875		
	Applicatio	n pending		incipal officer: DAN SCI	HIEDEL		HG	a) is this a group	group return for subordinates? Yes X No			
		, ,	SAME AS C ABO	•					subordinates included? Yes No			
<u> </u>	Tax-exem	pt status: X 501) 4 (insert no.)	4947(a)(1) or	527		· ·	ch a list. See instru			
	Website:		NITEDWAYENID.O	<u> </u>	, ,,.,			c) Group exem		>		
ĸ	Form of o	rganization: X Corp		sociation Other		L Year of formation:			of legal domicile:	OK		
	rt	Summary			-		1334	iii otata	or logal dollholo.	<u> </u>		
AMPONIO SI	1		ne organization's missi	on or most significant	activities: TMP	ACTING THE	COMMIT	NTTV B	Y IDENTIF	VINC		
d)		-	G, AND FACILIT	-	===			<u> </u>	I IUENITE	IING,		
Governance			, 1210 11101211		11110 01 110181	V DERVICE I	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					
E.												
Š	2	Check this box ▶	if the organization	discontinued its oper	ations or disposed o	f more than 25%	of its net	assets				
ŏ	3		members of the gover					1	3	33		
ලේ ග	4		endent voting members					-	4	33		
Activities &	5		ndividuals employed in						5			
춫	6		olunteers (estimate if r					 	6	2		
Ă			usiness revenue from F	**				_	7a	40		
			siness taxable income					_	7b	<u>0</u>		
	+-	THE GITTELET DUE	incos taxable income	10(11) 0/111 000-1,1 all	1, 1110							
	8	Contributions and	grants (Part VIII, line	1h)				rior Year	<u> </u>	urrent Year		
ō			revenue (Part VIII, line	•		-		953,2	16	989,696		
ell			ie (Part VIII, column (A		· · · · · · · · · · · · · · · · · · ·	Ĥ.						
Revenue			art VIII, column (A), line	· · · · · · · · · · · · · · · · · · ·				58,3		30,857		
Ľ.			ld lines 8 through 11 (n		•			(3,7		117,322		
			r amounts paid (Part I)					1,007,8		1,137,875		
			r for members (Part IX			H		553,0	00	590,771		
			mpensation, employee					150.0				
es Se	1		raising fees (Part IX, co	•		• • • • • •		150,2	4.7	155,209		
Expenses			= :	• • •		· · · · · · · · · · · · · · · · · · ·		TPREE:	7.5740 (ABC 1987) (SC			
×		•	expenses (Part IX, colu			101,001		. The second		23.3175 M		
ш			Part IX, column (A), line	•	(A) E 05)	· -		212,3		146,461		
	1		Add lines 13-17 (must e enses. Subtract line 1	•	-	• • • • • • •		915,5		892,441		
		rcveriue iess exp	enses. Subtract line i	o nomine iz				92,2		245,434		
is of	20	Total assets (Part	V line 16)			-		of Current Ye		id of Year		
SSe	21	Total liabilities (Part	•	• • • • • • • • • • • •				1,506,3	· · · · · ·	1,776,004		
Net Assets or Fund Balances	22	•	l balances. Subtract lii	an 24 fram line 20				559,8		584,112		
	rt II	Signature E		ie z i irom line zu				946,4	58	1,191,892		
21,670 Pet.	780038811346.x		at I have examined this return	n including accompanying s	chadulas and etatements	and to the heet of my	, knowledge	and belief it is	•			
true,	correct, ar	nd complete. Declaratio	n of preparer (other than offic	er) is based on all information	on of which preparer has	any knowledge.	Riomeage	and beller, it is	•			
		D 232 0000										
Sign	ո	DAN SCH		"					Date	-		
Her	, ,								Date			
Hen	ے اا	DAN SCH. Type or print na	IEDEL, CEO & Si	ECRETARY	······································					<u> </u>		
		Print/Type preparer's		Proparer's signature		Data			DTIN			
Paid	4	1		Preparer's signature		Date		Check 🗓	if PTIN			
	a parer		PIERRE CPA PC			05-02-2022		self-employe	d XXXX	XXXXX		
-	Only	Firm's name		T PIERRE CPA I	?C			EIN ►				
Joe	Unity	Firm's address		TH SECOND ST			Phone					
N 4 · ·	L. 150	<u> </u>		OK 74960		-		91	8-696-498			
ıvıay t	ne iRS i	aiscuss this return	with the preparer show	wn above? See instruc	ctions				X	Yes No		

_	m 990 (2021) UNITED WAY OF ENID AND NORTHWEST OKLAHOMA, INC. 73-0582549 Page 2
His	Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	IMPACTING THE COMMUNITY BY IDENTIFYING, PRIORITIZING, AND FACILITATING THE MEETING OF HUMAN
	SERVICE NEEDS.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	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?
	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.
	the total expenses, and revenue, if any, for each program service reported.
4a	(Code) (Code)
~ a	(Code:) (Expenses \$730,835 including grants of \$) (Revenue \$1,100,700)
	PROVIDES FINANICAL SUPPORT TO FIFTEEN PARTNER AGENCIES AND ADDITIONAL SUPPORT TO OTHER NON-PROFIT
	ORGANIZATIONS AND INDIVIDUALS THROUGH GRANTS AND DISCRETIONARY GIVING.
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
TD	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
	(Codd)) (Nevertice \$)
4d	Other program services (Describe on Schedule O.)
-	(Expenses \$ including grants of \$) (Revenue \$)
le .	
<u> </u>	Total program service expenses 730,835

Checklist of Required Schedules

Part IV

Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," X 2 Is the organization required to complete Schedule B, Schedule of Contributors? See instructions х Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to 3 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 X Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, 5 assessments, or similar amounts as defined in Rev. Proc. 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 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 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 8 Х 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 X 10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part V 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," 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 Х c Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 11c X d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets 11d e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 11e 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 statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 12b X Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 13 13 Х 14a Did the organization maintain an office, employees, or agents outside of the United States? 14a X 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 other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts 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 other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV 16 Х 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 20 a 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? Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II

4-1.2	and Continued			
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		Yes	No
	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		1	
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		x
24a				
	\$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 25a	24a		x
þ	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	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	ļ	.
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	1		
1.	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?			
26	If "Yes," complete Schedule L, Part I	25b		X
20	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	İ		
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member or any of these persons? If "Yes," complete Schedule L, Part II			
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key	26		<u> </u>
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee			
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these		Ī	
	persons? If "Yes," complete Schedule L, Part III	27		ļ
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,	7000		X
	Part IV instructions, for applicable filing thresholds, conditions, and exceptions):	100	l'ar	
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If	R - 24		
	"Yes," complete Schedule L, Part IV	28a	1	x
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		x
C	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			_ A
	"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		х
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		х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
25-	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			
36	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	35b		<u> </u>
JU	related organization? If "Yes," complete Schedule R, Part V, line 2			
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	36		_ <u>X</u>
٠.	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	27		
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and	37		<u> </u>
	19? Note: All Form 990 filers are required to complete Schedule O.	38	7.	
Par		30	Х	
2018). E.J. 191	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No.
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Form W-2G included in line 1a. Enter -0- if not applicable			le suit.
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			M.O.
<u>.</u>	reportable gaming (gambling) winnings to prize winners?	1¢	X	100 0 - 7450

Page 5

Pa	Statements Regarding Other IRS Filings and Tax Compliance (continued)		Yes	No
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?	2b		
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> . See instructions.			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		х
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on 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			1
_	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	_5a		Х
þ	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
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?	6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
_	gifts were not tax deductible?	6b	TO 600 100 100 100 100 100 100 100 100 100	
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a		Х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
ai.	required to file Form 8282?	7c		X
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?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х
g h	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	-	X
8	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	National P	X
•	•		collet [
9	sponsoring organization have excess business holdings at any time during the year?	8	RECEIVE 1	ale en le
	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
	Section 501(c)(7) organizations. Enter:	30		51 51 4
	Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:	· 1000 1000 1000 1000 1000 1000 1000 10		
а	Gross income from members or shareholders			7
	Gross income from other sources (Do not net amounts due or paid to other sources.			
	against amounts due or received from them.)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			8 1.
	Section 501(c)(29) qualified nonprofit health insurance issuers.	1,324.3		
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		. AE
	Note: See the instructions for additional information the organization must report on Schedule O.	#381 #57-30-50	7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
	Enter the amount of reserves the organization is required to maintain by the states in which	1		
	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?	14a		x
	15 N. J. H. 18 H. J. F. 1904 1. J. J. 18 H. J. 1	14b		
	ls the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		x
1	If "Yes," see instructions and file Form 4720, Schedule N.			Ž.
16	s the organization an educational institution subject to the section 4968 excise tax on net investment income?	16	arus XIII	X
	if "Yes," complete Form 4720, Schedule O.			1 8 V
17 :	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any			secu-SSSS
:	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
-	if "Yes," complete Form 6069.	5 J. J. S. S.	âach a	AS (*)

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.

Se	Check if Schedule O contains a response or note to any line in this Part VI			
		NEPROM. 4	Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	If there are material differences in voting rights among members of the governing body, or	阿尔维		
	if the governing body delegated broad authority to an executive committee or similar			
L	committee, explain on Schedule O.	230		
b	Enter the number of voting members included in line 1a, above, who are independent			
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		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct			
4	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 6	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
_	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			
L	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,			
o	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	х	
þ	Each committee with authority to act on behalf of the governing body?	8b	х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
500	the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
100	Did the arganization have level shorters have the anatomic for the Co.		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			
44.	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 filling the form?	11a	Х	Mario Gastalia "
b 425	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	القرار	lig.	t, sa
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	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
40	describe in Schedule O how this was done	12c	х	
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	or too " . Gill
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?	أأناث		
	The organization's CEO, Executive Director, or top management official	15a	х	
b	Other officers or key employees of the organization	15b	X	A10 11
40.	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
	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
	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		х
	ion C. Disclosure			
	List the states with which a copy of this Form 990 is required to be filed Oklahoma			
	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A 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 on Schedule O)			
	Describe on 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, address, and telephone number of the person who possesses the organization's books and records			

DAN SCHIEDEL (580) 237-0821, PO BOX 5828, ENID, OK 73702

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-orm	990	(2021)	

UNITED WAY OF ENID AND NORTHWEST OKLAHOMA, INC.

73-0582549

age 7

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

Check if Schedule O contains a response or note to any line 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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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.

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

See instructions for the order in which to list the persons above.

					(C)	,		noor, director, or tru		
(A)	(B)		Position					(D)	(E)	(F)
Name and title	Average		(do not check more than one box, unless person is both an				1	Reportable	Reportable	Estimated amount
	hours					/trustee)		compensation from the	compensation	of other
	per week (list any	ļ						organization (W-2/	from related organizations W-2/	compensation from the
	hours for	Individual trustee or director	Insti	Officer	₹	Highest compensated employee	Former	1099-MISC/	1099-MISC/	organization and
	related	recto	Institutional trustee	ĕ	Key employee	lest	ner	1099-NEC)	1099-NEC	related organizations
	organizations below	* tag	12		loye	e ome				
	dotted line)	e e	ustee			ens				
	<u>'</u>		"			ated	ĺ			
(1) DAN SCHIEDEL						1				
CEO & SECRETARY				х		х		81,841	0	0
(2) MEGANN JOHNSON	1.00									
MEMBER		X						0	0	0
(3) DAVID LAWRENCE	1.00									
MEMBER		х						0	0	0
(4) RICHARD MCKNIGHT	1.00									
MEMBER		X						0		0
(5) CINDY GRIESEL	1.00									
MEMBER		X						0	0	0
(6) KIM GRELLNER	1.00									
MEMBER		х						0	0	0
(7) DARREN JANES	1.00									
MEMBER		Х		_				0	. 0	0
(8) BONNIE HALEY	1.00									
MEMBER		Х						0	0	0
(9) ALEX MANTZ	1.00		İ			İ				
MEMBER		х	_					0	0	0
(10)KRISTY SKIDMORE	1.00									
MEMBER		x	_	_			_	0	0	0
(11)TOM SHEETS	1.00				- [ļ			
MEMBER		Х						0	0	0_
(12)LINCOLN WHITE	1.00							ĺ		
MEMBER		X			\perp		\perp	0	0	00
(13)JASON_TURNBOW	<u> 1.00</u>		-	}		ŀ				
MEMBER		х	\perp	_	\dashv		4	0	0	0
(14)DAN_RANDALL	1.00	ļ							ļ	
MEMBER		Х		$\perp \perp$				0	0	0

Form 990 (202 ⁻	/ VIIII OI DITO IN			73-0582549	Page 7
Part VII	Compensation of Officers, Directors	s, Trustees, Key Employ	ees, Highest Co	ompensated Employees.	and
	Independent Contractors				
	Check if Schedule O contains a response or note	to any line in this Part VII			П

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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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.

See instructions for the order in which to list the persons above.

Check this box if neither the organization nor an					(C)					
(A) Name and title	(B) Average hours per wee	bo	x, unle	Po neck m ess per	sition nore ti rson i	han one s both an /trustee)		(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other compensation
	(list any hours for related organizatio below dotted line	1 5	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/ 1099-MISC/ 1099-NEC)	organizations W-2/ 1099-MISC/ 1099-NEC	from the organization and related organizations
(1) MARTIE OYLER	1.	00								
MEMBER		_ x						0	0	0
(2) BRANDI SCHIEBER MEMBER	<u>1</u> <u>1</u> -	0 <u>0</u>						ó	0	0
(3) JOHN RENEAU	1.	00								
MEMBER		_ x						0	0	0
(4) MIKE RUBY	1.	00								
CHAIR MEMBER		x						0	0	0
(5) JEFF HICKMAN		_								<u> </u>
CHAIR MEMBER		х						0	0	0
(6) JESSICA ANDREW	11 -	0 <u>0</u>						0	0	0
(7) BARRY POLLARD	1.						\dashv			
CHAIR MEMBER	=-	x	1	ĺ		ł		o	o	0
(8) RANDY LONG	1.		\Box	\dashv						<u></u>
CHAIR MEMBER	- 	x			-			o	0	0
(9) TRINITY WHITE	1.0						1			
CHAIR MEMBER		x						o	o	0
(10)RIKKI COMPTON	1.0		\sqcap	\dashv	寸	 -	\dashv			
MEMBER	==	×						o	o	0
(11)ASHLEY EWBANK	1.0		H	\dashv	_					
MEMBER		_ x					1	0	o	0
(12)DR. DARRELL FLOYD	1.0			\dashv			\neg			<u></u>
MEMBER	==	x						0	o	0
(13)LYNN BALLARD	1.0		Ħ	一	一		\top			
MEMBER		_ x						0	0	0
(14)DR. JERRY BLANKENSHIP	1.0									
MEMBER		_ X				i	- 1	0	o	0

Part VII Section A. Officers, Directors, Trus	stees, Key Employ	yees, a	ınd F	ligh	est (Compe	ensa	ted Employees (co	ontinued)	
					(C)					
(A)	(B)	(B) Position (D) (do not check more than one							(E)	(F)
Name and title	Average	werage box, unless person is both					n	Reportable	Reportable	Estimated amount
	hours per week	offic	cer and	d a di	recto	r/trustee))	compensation from the	compensation from related	of other compensation
	(list any		П	ı —	Ι	7	1	organization (W-2/	organizations (W-2/	from the
	hours for	or in	Insti	Officer	<u>₹</u>	en High	Former	1099-MISC/	1099-MISC/	organization and
	related	rect	틝	ğ	g g	nest loye	e	1099-NEC)	1099-NEC)	related organization
	organizations	Individual trustee or director	Institutional trustee		Key employee	e com				
	below dotted line)	stee	맪		Ö	pen				
	dotted ((ne)		#			Highest compensated employee				
(15)HOLLY BUNT	1.00									
MEMBER		x						0	o	
(16)ROXANNE POLLARD	2.00								-	
1ST VICE PRESIDENT				х				o	0	0
(17)ALEX WILLIAMS	2.00									0
PRESIDENT	= 1.03			x				0	0	0
(18)TIFFANY DENT	2 00			-						. 0
TREASURER	= 553			x				o	0	o
(19)JESSICA CARUTHERS										
2ND VICE PRESIDENT				x				0	0	o
(20)	[
<u>21)</u>										
·				_	_					
22) 										
22)						-	-			
<u> </u>										
24)			\dashv	\dashv						
					j					
25)									·	
1b Subtotal							•			
c Total from continuation sheets to Part VII,							•			
d Total (add lines 1b and 1c)								81,841	0	0
2 Total number of individuals (including but not li	mited to those liste	ed abov	ve) w	/ho r	ecei	ived m	ore t	han \$100,000 of		
reportable compensation from the organization	ı >									(
O Didden and the Control of the Cont										Yes No
3 Did the organization list any former officer, directly employee on line 1a? If "Yes," complete Schedu			e, or	high	est	compe	nsat	ed		
4 For any individual listed on line 1a, is the sum				•••			• •			3 X
organization and related organizations greater th										
individual			rripie	eie 0	cne	aule J 1	ror si	ucn		
			• •	٠.		• • •	• •			4 X
5 Did any person listed on line 1a receive or according for services rendered to the organization? If "Ye.							zatio	n or individual		
Section B. Independent Contractors	s, complete scried	iule J id	or su	cri p	erso	n				5 X
Complete this table for your five highest compe	ensated independe	ent con	tracto	nre t	haf r	racaiva	ad m	ore than \$100 000		
compensation from the organization. Report co										
(A)	<u> </u>			,				(B)	liono tax year.	(C)
Name and business a	ddress							Description of services	,	Compensation
										· · · · · · · · · · · · · · · · · · ·
	-									
								-		
								 .		
2 Total number of independent contractors (inclu-	ding but not limit	1 6= 41-	ac "	n fi = -1	a.L.					
2 Total number of independent contractors (inclured received more than \$100,000 of compensation			se IIS •	siea	aDO	ve) WN	Ю			

LO WILL		Check if Schedule O contains a	response or n	ote to any line in thi	s Part VIII			
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
	1a	Federated campaigns	1a			A TEAN TO SHEET TO THE TEAN THE TEAN TO THE TEAN TO THE TEAN TO THE TEAN TO THE TEAN TO THE TEAN TO THE TEAN TO THE TEAN TO THE TEAN TO THE TEAN TO THE TEAN THE TEAN TO THE T		
13 g	t	Membership dues	1b					
ž ž	(Fundraising events	1c	149,413				
Contributions, Gifts, Grants and Other Similar Amounts	C	Related organizations	1d					
a Gi	E	 Government grants (contributions) 						
n S	f	All other contributions, gifts, grants	·					
utio Ter S		and similar amounts not included a	bove 1f	840,283				
흡하	9	,						
and Co		lines 1a-1f	<u>1g</u>	\$				dia a
	h	Total. Add lines 1a-1f	<u>· · · · · · · · · · · · · · · · · · · </u>	· · · · · · · · •	989,696			
				Business Code		/GUGIA	7	
Program Service Revenue	2a							
e ⊆	b							
n S	٦				 			
Rey	"		,		<u>-</u>			
<u>ŏ</u>	-	All other program service revenue			 			
<u>. </u>								
	3 4 5	Investment income (including divide other similar amounts) Income from investment of tax-exem Royalties						
		, ·	(i) Real	(ii) Personal		1. 18 1. 18 1. 18 1. 18 1. 18 1. 18 1. 18 1. 18 1. 18 1. 18 1. 18 1. 18 1. 18 1. 18 1. 18 1. 18 1. 18 1. 18 1.		
	6a	Gross rents 6a		, ,		Line Burth		
	b	Less: rental expenses 6b						
	c	Rental income or (loss) 6c						
	d	Net rental income or (loss)					112 - 20 100 000 000 000 000 000 000 000 000	. Allin right and the right an
	7a	Gross amount from	(i) Securities	(ii) Other				
		sales of assets		_				
		other than inventory 7a	· · · · · · · · · · · · · · · · · · ·		mija th e m	William Property		
	b	Less: cost or other basis						
enne		and sales expenses 7b						
	1	Gain or (loss) 7c				175.6	457-14	
Other Rev		Net gain or (loss)	· · · · · <u>- ·</u>	>	4W8W C19 INC. INC.			
<u> </u>	8a	Gross income from fundraising				101/24		
Ò			,413					
		of contributions reported on line						
	!	1c). See Part IV, line 18				h e		
	1	Less: direct expenses		<u> </u>				
		Net income or (loss) from fundraising Gross income from gaming	events .	<u>.</u>				- TO 10 725
	Ja	activities, See Part IV, line 19	9a					
	h	Less: direct expenses		7				
	1	Net income or (loss) from gaming act						
	1	· · · · · ·	ivides					
	Tua	Gross sales of inventory, less returns and allowances	10a					
	ь	Less: cost of goods sold						
	1	Net income or (loss) from sales of inv		· · · · · · · · · · · · · · · · · · ·		Bark Rose (1797) Districts	2015年9月10日 15 第 論和於 1 11月20日	
		())		Business Code				
9	11a	OTHER REVENUES		900099	37	37		
E P	I .	IN-KIND CONTRIBUTIONS		900099	117,285	117,285		
s ells	c					~2.7,200		
Miscellanous Revenue	d	All other revenue			,	-	*	
2	ө	Total. Add lines 11a-11d	<u></u> '		117,322			A Commence Commence
		Total revenue. See instructions			1 137 975	1/9 170	0	^

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 or note to	any line in this Part IX	<u> </u>	<u> </u>	[
Do	not include amounts reported on lines 6b, 7b,	(A)	(B)	(C)	(D)
8b,	9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	590,771	590,771		
2	Grants and other assistance to domestic				34
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				斯勒克 43 %
	organizations, foreign governments, and				
	foreign individuals. 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)		1		
7	Other salaries and wages	126,149	81,841	22,154	22,154
8	Pension plan accruals and contributions (include		,		
	section 401(k) and 403(b) employer contributions)	3,451	2,455	498	498
9	Other employee benefits	15,814	15,228	293	293
10	Payroll taxes	9,795	6,375	1,710	1,710
11	Fees for services (nonemployees):			,	,
а	Management				
b	Legal				
C	Accounting				
d	Lobbying	****			-
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25, column				
	(A) amount, list line 11g expenses on Schedule O.)	18,540	586	17,954	
12	Advertising and promotion			,	
13	Office expenses	1,127		1,127	
14	Information technology	6,182		6,182	
15	Royalties				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
16	Occupancy				
17	Travel	1,444		1,444	***
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	3,591	3,591		
20	Interest · · · · · · · · · · · · · · · · · · ·				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance	2,995	2,995		
24	Other expenses. Itemize expenses not covered		HE THE		
	above (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O.)				
а	DUES & SUBSCRIPTIONS	13,030	12,843	187	
b	SUPPLIES	83,711	5,176	2,381	76,154
C	TELEPHONE	3,763		3,763	
d					
8	All other expenses	12,078	8,974	2,912	192
25	Total functional expenses. Add lines 1 through 24e	892,441	730,835	60,605	101,001
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			Ì	
	following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

		Check if Schedule O contains a response or note to any line in this Part X	<u> </u>		[
			(A)		(B)
			Beginning of year		End of year
	1	Cash - non-interest-bearing	525,963	1	526,865
	2	Savings and temporary cash investments	749,779		109,455
	3	Pledges and grants receivable, net	230,578	3	271,141
	4	Accounts receivable, net		4	
	5	Loans and other receivables from any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35%	Audieno e		
		controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)	PARAMETER CONTROL CONT	6	
Ø	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
As	9	Prepaid expenses and deferred charges		9	2,897
	10a	Land, buildings, and equipment: cost or other			art in the property of the second
		basis. Complete Part VI of Schedule D 10a 20,301			
	b	Less: accumulated depreciation 10b 20,301		10c	BALL TOTAL STRAIN HART COOK TO SACTA CO. J. J. J. J. J.
	11	Investments - publicly traded securities	· — · · — · · · — · · · · · · · · · · ·	11	612,965
	12	Investments - other securities. See Part IV, line 11		12	252,681
	13	Investments - program-related. See Part IV, line 11		13	i -
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 33)	1,506,320	16	1,776,004
	17	Accounts payable and accrued expenses	4,217	17	9,112
	18	Grants payable	555,645	18	575,000
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
es	22	Loans and other payables to any current or former officer, director,			
Liabilities		trustee, key employee, creator or founder, substantial contributor, or 35%			
jab		controlled entity or family member of any of these persons		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	559,862	26	584,112
"		Organizations that follow FASB ASC 958, check here			
ĕ		and complete lines 27, 28, 32, and 33.		() (A)	
lan	27	Net assets without donor restrictions	946,458	27	1,191,892
å	28	Net assets with donor restrictions	XXXXXXX - Locustocia XX	28	
[]		Organizations that do not follow FASB ASC 958, check here			
Ę		and complete lines 29 through 33.			
9	29	Capital stock or trust principal, or current funds		29	
set	30	Paid-in or capital surplus, or land, building, or equipment fund		30	-764
As	31	Retained earnings, endowment, accumulated income, or other funds		31	
Net Assets or Fund Balances	32	Total net assets or fund balances	946,458	32	1,191,892
	33	Total liabilities and net assets/fund balances	1,506,320	33	1,776,004

		73-0582549	Page 1
∍ R a	Reconciliation of Net Assets		
	Check if Schedule O contains a response or note to any line in this Part XI		🔲
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,137,875
2	Total expenses (must equal Part IX, column (A), line 25)	2	892,441
3	Revenue less expenses. Subtract line 2 from line 1	3	245,434
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	946,458
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 on Schedule O)	9	0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line		
	32, column (B))	10	1,191,892
Pa	rt XII Financial Statements and Reporting		
	Check if Schedule O contains a response or note to any line in this Part XII		
			Yes No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		
	If the organization changed its method of accounting from a prior year or checked "Other," explain on		
	Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or	Ţ.	
	reviewed on a separate basis, consolidated basis, or both:		
	Separate basis X Consolidated basis Doth consolidated and separate basis	144	
b	Were the organization's financial statements audited by an independent accountant?		2b x
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a	Nes.	
	separate basis, consolidated basis, or both:		
	Separate basis		
c		EXAME	CONTRACTOR OF THE CONTRACTOR O
	the audit, review, or compilation of its financial statements and selection of an independent accountant?	2	2c x
	If the organization changed either its oversight process or selection process during the tax year, explain on		
	Schedule O.	enson Resident	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the	<u> </u>	ALAD N. 1822 A. 11. W. 15-4

Form 990 (2021)

Single Audit Act and OMB Circular A-133?

EEA

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 on Schedule O and describe any steps taken to undergo such audits

SCHEDULE A (Form 990)

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.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number UNITED WAY OF ENID AND NORTHWEST OKLAHOMA, INC 73-0582549 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 12, check only one box.) 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 (Form 990).) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 3 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: 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.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 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.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 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.) 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 12 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 in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. C Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with. its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported organization (ii) EIN (III) Type of organization (iv) is the organization (v) Amount of monetary (vi) Amount of (described on lines 1-10) listed in your governing support (see other support (see above (see instructions)) document? instructions) instructions) Yes No (A) (B) (C) (D) (E)

Total

m 990) 2021 UNITED WAY OF ENID AND NORTHWEST OKLAHOMA, INC. 73-0582549

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (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.)

	ion A. Public Support			•		. =	
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and	, ,			, ,	` ′	, , , , , , , , , , , , , , , , , , ,
	membership fees received. (Do not						
	include any "unusual grants.")	712,292	806,408	609,687	1,023,630	951,287	4,103,304
2	Tax revenues levied for the						
	organization's benefit and either paid to						ĺ
	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	712,292	806,408	609,687	1,023,630	951,287	4,103,304
5	The portion of total contributions by		*	Familia 4, 407			2,000,000
	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	A STATE OF THE STA			278 (4545.63.48)		4,103,304
	on B. Total Support	•				San Alle Control of the Control of t	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Caler	dar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7	Amounts from line 4	712,292	806,408	609,687	1,023,630	951,287	4,103,304
8	Gross income from interest, dividends,		-				-
	payments received on securities loans,						
	rents, royalties, and income from						
	similar sources	10,330	178,363	28,576	58,370	30,856	306,495
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 VI.)	42,452	2,500	15,994	(37,047)	37	23,936
11	Total support. Add lines 7 through 10						4,433,735
12	Gross receipts from related activities, etc.					12	
13	First 5 years. If the Form 990 is for the orga						
	organization, check this box and stop here	· · · · · · · · · ·				<u> </u>	▶ 🔣
	on C. Computation of Public Suppor	t Percentage					
14						14	%
15	Public support percentage from 2020 Sche					15	%
16a	The state of the s						
	box and stop here . The organization qualifi	es as a publicly	supported org	anization	• • • • • • • •		▶ 📋
b	33 1/3% support test - 2020. If the organization						
A 44	this box and stop here . The organization qu						
17a	10%-facts-and-circumstances test - 2021	. If the organiza	ation did not che	eck a box on lir	ne 13, 16a, or 1	6b, and line 14	is
	10% or more, and if the organization meets	the facts-and-c	ircumstances t	est, check this	box and stop h	nere. Explain in	
	Part VI how the organization meets the fac						_
	organization						
b	10%-facts-and-circumstances test - 2020						
	15 is 10% or more, and if the organization m	neets the facts-	and-circumstar	nces test, chec	k this box and s	stop here. Expl	ain
	in Part VI how the organization meets the f						
	organization			• • • • • • • •			▶ 🔲
18	Private foundation. If the organization did						
	instructions					<u> </u>	▶ 🔲

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

(Complete only if you checked the box on line 10 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.)

Sect	ion A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and membership fees		, , , , , , , , , , , , , , , , , , ,	(-)	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	(5) = 5 = 1	(,)
	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				<u> </u>		
	unrelated trade or business under section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid to				· ·	1	
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the					i	
	organization without charge						
6	Total. Add lines 1 through 5			-			•
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons .						
b	Amounts included on lines 2 and 3	7					
	received from other than disqualified						
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
C	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from		10 m 20 m	all of the second			
	line 6.)	Rinks (M.	2 (4)				
	on B. Total Support						
Calen	dar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9	Amounts from line 6	· · · · · · · · · · · · · · · · · · ·					
10a	Gross income from interest, dividends,						_
	payments received on securities loans, rents,						
	royalties, and income from similar sources	a					
b	Unrelated business taxable income (less	•				'	
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included on line 10b, whether					i	
	or not the business is regularly carried on						
12	Other income. Do not include gain or		İ				
	loss from the sale of capital assets		i l				
40	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)						
14	First 5 years. If the Form 990 is for the orga				=	, , , ,	_
^ 41	organization, check this box and stop here		· · · · · · · · ·	<u></u>	· · · · · · · · · · ·		▶ ∐
	on C. Computation of Public Support						
15	Public support percentage for 2021 (line 8,		•			15	%
16	Public support percentage from 2020 Sche			· · · · · · · · · · · · · · · · · · ·		16	%
	on D. Computation of Investment Inc					1 1	
17	Investment income percentage for 2021 (line			- ·		17	%
18	Investment income percentage from 2020 S			• • • • • • •		18	%
19a	33 1/3% support tests - 2021. If the organiz						
	17 is not more than 33 1/3%, check this box						ation ▶ 🗌
b	33 1/3% support tests - 2020. If the organization d						_
00	line 18 is not more than 33 1/3%, check this box and						▶ 🔲
20	Private foundation. If the organization did	not check a bo	x on line 14, 19	a, or 19b, chec	k this box and s	see instructions	▶ 🗍

Part IV

Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer lines 4b and 4c below.
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in **Part VI** what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in **Part VI**, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI**.
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If "Yes," provide detail in Part VI.*
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in **Part VI**.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

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Par	Supporting Organizations (continued)	49 raye o
		Yes No
11	Has the organization accepted a gift or contribution from any of the following persons?	The Committee of the Co
а	_ · · · · · · · · · · · · · · · · · · ·	
	11c below, the governing body of a supported organization?	11a
b	A family member of a person described in line 11a above?	11b
C	A 35% controlled entity of a person described in 11a or 11b above? If "Yes" to line 11a, 11b, or 11c,	
	provide detail in Part VI.	11c
Sect	tion B. Type I Supporting Organizations	
		Yes No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or	
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,	
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)	
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported	
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the	
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1
2	Did the organization operate for the benefit of any supported organization other than the supported	
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part	
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,	
	supervised, or controlled the supporting organization.	2
Sect	ion C. Type II Supporting Organizations	
_		Yes No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors	
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control	
	or management of the supporting organization was vested in the same persons that controlled or managed	
<u> </u>	the supported organization(s).	1
Sect	ion D. All Type III Supporting Organizations	
4		Yes No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the	
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax	
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the	
2	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how	
3	the organization maintained a close and continuous working relationship with the supported organization(s).	2
•	By reason of the relationship described in line 2, above, did the organization's supported organizations have	
	a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's	
Secti	supported organizations played in this regard. on E. Type III Functionally Integrated Supporting Organizations	3
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see in	
a	The organization satisfied the Activities Test. Complete line 2 below.	istructions).
b	The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>	
C	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).	
2	Activities Test. Answer lines 2a and 2b below.	Von No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of	Yes No
-	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify	
	those supported organizations and explain how these activities directly furthered their exempt purposes,	
	how the organization was responsive to those supported organizations, and how the organization determined	
	that these activities constituted substantially all of its activities.	2a
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's	40
-	involvement, one or more of the organization's supported organization(s) would have been engaged in? If	
	"Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would	
	have engaged in these activities but for the organization's involvement.	2b
3	Parent of Supported Organizations. Answer lines 3a and 3b below.	20
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	
	trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI.	3a

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in **Part VI** the role played by the organization in this regard.

1	Check here if the organization satisfied the Integral Part Test as a qualifying instructions. All other Type III non-functionally integrated supporting organizations.	trust	on Nov. 20, 1970 (explain i	
Sect	ion A - Adjusted Net Income	auoi	(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		(0) 1.01.01.
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection	1		
	of gross income or for management, conservation, or maintenance of			
	property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		-
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see	1		
	instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a	PARTICIPATION OF THE PARTICIPA	A Second Comment of the Comment of t
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors	750		
	(explain in detail in Part VI):	Series		
2	Acquisition indebtedness applicable to non-exempt-use assets	2		A BURNING BURNING VALUE 1992 SU 1993
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			***************************************
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Secti	on C - Distributable Amount	•		Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		8
4	Enter greater of line 2 or line 3.	4		*
5	Income tax imposed in prior year	5		:
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functiona (see instructions).	lly in	tegrated Type III supporting	g organization

471	Type in Non-1 directionally integrated 309(a)	(3) Supporting Organ	IIZALIOIIS (COMBINGE	:u)_	
Sec	tion D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish	exempt purposes		1	
2	Amounts paid to perform activity that directly furthers exe	ted	+		
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purp	poses of supported organ	nizations	3	
4	Amounts paid to acquire exempt-use assets	<u> </u>		4	
5	Qualified set-aside amounts (prior IRS approval required)	- provide details in Part	/I)	5	
6_	Other distributions (describe in Part VI). See instructions.			6	,
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to whic	h the organization is resp	onsive		
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2021 from Section C, line 6			9	"
10	Line 8 amount divided by line 9 amount			10	
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2021	ns	(iii) Distributable Amount for 2021
1_	Distributable amount for 2021 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2021				
	(reasonable cause required - explain in Part VI). See	A STANSFORM		l	
	instructions.				
3_	Excess distributions carryover, if any, to 2021			Sanua 2	
a	From 2016				
b	From 2017				
<u>C</u>	From 2018		Description of the second of t		
d	From 2019				
<u>e</u>	From 2020			ą K	
f	Total of lines 3a through 3e				
<u>g</u>	Applied to underdistributions of prior years			19	
h	Applied to 2021 distributable amount			Æ	
<u> </u>	Carryover from 2016 not applied (see instructions)		ш.		
	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.	A. O. B. V. S. V. A. CHRISTIAN S. L. S. V. V. V. V. V. V. V. V. V. V. V. V. V.			
4	Distributions for 2021 from				
	Section D, line 7: \$				
a	Applied to underdistributions of prior years		77	j.	
<u>b</u>	Applied to 2021 distributable amount				
C	Remainder. Subtract lines 4a and 4b from line 4.	MACCHETTO WAS IN THE PROPERTY OF THE PROPERTY			
5	Remaining underdistributions for years prior to 2021, if		•	100	
	any. Subtract lines 3g and 4a from line 2. For result			5	
6	greater than zero, explain in Part VI. See instructions.		CARREST CONTRACTOR OF THE CARROLL CONTRACTOR	r Aufundo	
0	Remaining underdistributions for 2021. Subtract lines 3h				
•	and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.				
7					HUNG THE STOOT STREET OF COMMISSION SPECIAL ACCORDS NOW
,	Excess distributions carryover to 2022. Add lines 3j and 4c.		No. 10 Process	A.	
8	Breakdown of line 7:				
a	Fueres 6 0047				
a b	France from 2040			-	
	Types from 0040				
d	F. 1999 6 1999 9		ZVZPA	5 6 5 6	TREAM
e e	E (0004				in and the contract of the con
-	Excess from 2021	ENG. 17. AND THE LOS			

Schedule A (F	
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part
	III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section
	B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b,
	3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E,
	lines 2. 5. and 6. Also complete this part for any additional information. (One instructions.)
	lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)
-	
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Schedule B (Form 990)

Schedule of Contributors

OMB No. 1545-0047

2021

Department of the Treasury Internal Revenue Service ► Attach to Form 990 or Form 990-PF.

► Go to www.irs.gov/Form990 for the latest information.

Name of the organization

UNITED WAY OF ENID AND NORTHWEST OKLAHOMA, INC.

Employer identification number

7<u>3-0582549</u>

Organization type (check one):						
Filers o	of:	Section:				
Form 9	90 or 990-EZ	501(c)(3) (enter number) organization				
		4947(a)(1) nonexempt charitable trust not treated as a private foundation				
		527 political organization				
Form 99	90-PF	501(c)(3) exempt private foundation				
		4947(a)(1) nonexempt charitable trust treated as a private foundation				
		501(c)(3) taxable private foundation				
Check if	your organization is covered	by the General Rule or a Special Rule.				
	nly a section 501(c)(7), (8), o	or (10) organization can check boxes for both the General Rule and a Special Rule. See				
General	Rule					
	For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.					
Special	Rules					
x						
	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.					
	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year					
Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).						

raiti	Contributors (see instructions). Ose duplicate copies d	i Fait i ii additional space is r	ieeded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	ALLEN FAMILY CHARITABLE FOUNDATION 3514 MILTON AVE DALLAS TX 75214	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No. —	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	GARY ATWOOD 2829 WILDWOOD DR ENID OK 73703	\$	Person Rayroll Department Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	STRIDE BANK 324 W BROADWAY ENID OK 73702	\$25,000	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4_	ATWOOD DISTRIBUTING CO. 500 S GARLAND RD ENID OK 73703	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	JIFFY TRIP 5314 W OWEN K GARRIOT ENID OK 73703	\$30,000	Person Payroll Noncash Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6	PO 3448 ENID OK 73702	\$55,877	Person Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2021) Name of organization **Employer identification number** UNITED WAY OF ENID AND NORTHWEST OKLAHOMA, INC. 73-0582549 Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person **Payroll** Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person **Payroll** Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person Payroli Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person **Payroll** Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person **Payroll** Noncash

(Complete Part II for noncash contributions.)

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

➤ Attach to Form 990.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization Employer identification number UNITED WAY OF ENID AND NORTHWEST OKLAHOMA, INC. 73-0582549 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts 1 Aggregate value of contributions to (during year) 2 3 Aggregate value of grants from (during year) Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year 2a h 2b C Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after 7/25/06, and not on a 2d 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year 🕨 Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, 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) 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. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III Complete if the organization answered "Yes" on Form 990, Part IV, line 8. If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items, If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service. provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 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 FASB ASC 958 relating to these items: Revenue included on Form 990, Part VIII, line 1

	le D (Form 990) 2021 UNITED WAY OF	ENID AND NORT	HWEST OKLAHO	MA, INC.		73-05	82549	Page 2
	rt III Organizations Maintaining						ssets (cor	rtinued)
3	Using the organization's acquisition, access	ion, and other record	s, check any of the f	following that	make sigr	ificant use of its		
	collection items (check all that apply):		_					
а				n or exchange	programs	;		
b	=,		e 🗌 Othe	er				
C								
4	Provide a description of the organization's c	ollections and explair	how they further the	e organizatior	n's exempt	purpose in Part		
	XIII.							
5	During the year, did the organization solicit of	or receive donations o	of art, historical treas	sures, or other	r similar			
	assets to be sold to raise funds rather than t	to be maintained as p	art of the organization	on's collection	?		· · Tyes	No
Pa	ttlV Escrow and Custodial Arr	angements.		· · · · · · ·				
	Complete if the organization	n answered "Yes	" on Form 990,	Part IV, lin	ie 9, or i	reported an a	mount on F	orm
	990, Part X, line 21.							
1a	Is the organization an agent, trustee, custod	ian or other intermedi	ary for contributions	or other asse	ets not			
	included on Form 990, Part X?						Yes	∏ No
b	If "Yes," explain the arrangement in Part XIII							_
						A	mount	
C	Beginning balance				10	;		
d	Additions during the year				10	1		
e	Distributions during the year				16	,	~	
f	Ending balance				1f			
2a	Did the organization include an amount on F	orm 990, Part X, line	21, for escrow or cu	stodial accou	nt liability?		. Yes	□No
b							_	Fi
Par	t V Endowment Funds.		· · · · · · · · · · · · · · · · · · ·					<u> </u>
	Complete if the organization	answered "Yes"	on Form 990, I	Part IV, line	e 10.			
		(a) Current year	(b) Prior year	(c) Two yea		(d) Three years bac	k (e) Four y	ears hack
1a	Beginning of year balance			1		(=) <u>.</u> 50 you.o.22c	(5) 1 gair y	outo buok
ď	Contributions			·				
C	Net investment earnings, gains, and						-	
	losses							
d	Grants or scholarships							
е	Other expenditures for facilities and			 -				
	programs							
f	Administrative expenses	,						
g	End of year balance			+		1		
2	Provide the estimated percentage of the curr	ent vear end balance	(line 1g. column (a)) held as:				
а	Board designated or quasi-endowment) Hold do.				
b	Permanent endowment	%	-~					
C	Term endowment ▶ %							
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%						
3a	Are there endowment funds not in the posses		on that are held and	l administered	for the			
	organization by:		and and and and		. 101 1110		T.	es No
	(i) Unrelated organizations						. 3a(i)	55 NO
	(ii) Related organizations						3a(ii)	
b	If "Yes" on line 3a(ii), are the related organiza						. 3b	
4	Describe in Part XIII the intended uses of the						. 35	
Par			ment lanes.					
OF THE PROPERTY	Complete if the organization		on Form 990 E	Part IV line	11a C	ee Form 990	Part Y lin	۵10
-	Description of property	· · · · · · · · · · · · · · · · · · ·					100	
	Description of property	(a) Cost or othe	. ` '	or other basis		accumulated	(d) Book va	alue
1a	Land		***/	(other)	Several to the	preciation		
		•						
b	Buildings	· •		 -				
c d		· •			 			
	Equipment	•		20,301	 	20,301		
Eotal /	Other		- town (B) (C) (C)		İ			
rotal. /	Add lines 1a through 1e. (Column (d) must equa	ı ⊢orm 990, PartX, co	numn (B), line 10c.)					

Schedule D (Form 990) 2021 UNITED WAY OF ENID AND NORTHWEST OKLAHOMA, INC. 73-0582549 Part VII Investments - Other Securities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12. (a) Description of security or category (b) Book value (c) Method of valuation: (including name of security) Cost or end-of-year market value (1) Financial derivatives (2) Closely-held equity interests (3) Other (ABENEFICIAL INTEREST IN COMM. 252,681 FOUND FMV (B) (C) (D) (E) (F) (G) (H)Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) 🕨 252,681 Part VIII Investments - Program Related. Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13. (a) Description of investment (b) Book value (c) Method of valuation: Cost or end-of-year market value (1)(2) (3)(4) (5) (6) (7)(8) (9)Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (b) Book value (1) (2)(3)(4)(5)(6) (7)(8) (9)Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X. line 25. (a) Description of liability (b) Book value (1) Federal income taxes (2)(3) (4)

(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) . ▶	
2. Liability for uncertain tax positions. 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 FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

(5)(6)(7)

	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		·
1	Total revenue, gains, and other support per audited financial statements	. 1	1,137,875
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments 2a		
b	Donated services and use of facilities		
C	Recoveries of prior year grants	2	
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	1,137,875
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		.
а	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	1,137,875
Part		per Retur	1.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total expenses and losses per audited financial statements	1	892,441
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	20.48	· · · · · ·
а	Donated services and use of facilities		
b	Prior year adjustments		
C	Other losses		
d	Other (Describe in Part XIII.)	- 10 E.	
0	Add lines 2a through 2d	20	
3	Subtract line 2e from line 1	3	892,441
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	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 expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	892,441
Part	XIII Supplemental Information.		
rovide			
	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 IV, lines 1b and 2b; Part V, line 4; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part III, lines 1b and 2b;	art X, line	
	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; Pa XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.	art X, line	
		art X, line	• • • • • • • • • • • • • • • • • • • •
		art X, line	
		art X, line	
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		art X, line	

UNITED WAY OF ENID AND NORTHWEST OKLAHOMA, INC.

Schedule D (Form 990) 2021

73-0582549

Page 4

SCHEDULE G (Form 990)

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

OMB No. 1545-0047

Employer Identification number

Open to Public

Department of the Treasury Internal Revenue Service Name of the organization

► Attach to Form 990 or Form 990-EZ. ▶Go to www.irs.gov/Form990 for instructions and the latest information. Inspection

Par	TED WAY OF ENID AND NORTHW	EST OKLAHOM	A, INC.	ation answ	rered "Yes" on F	73-058	32549 ine 17
	Form 990-EZ filers are not r				0.00 100 0.11	01111 000, 1 211 14, 1	ine ir.
1	Indicate whether the organization raise				es. Check all that ann		 .
а	Mail solicitations		e [_	of non-government	•	
b	. .		f		of government gran		
c	Phone solicitations				ndraising events	ıs	
d	n-person solicitations		g L		ioraising events		
2a			(1.	lead the street of	- tc		
20	Did the organization have a written or						п., п.,
b	or key employees listed in Form 990, I If "Yes," list the 10 highest paid individi						∐ Yes ∐ No
	compensated at least \$5,000 by the or		iui aiscis) pu	isuani io agri	eements under which	i the fundraiser is to be	
	compensated at least \$5,000 by the of	ganization.					
		<u>'</u>	T			(a) A	
	(i) Name and address of individual	433 Antivity		ndraiser have or control of	(Iv) Gross receipts	(v) Amount paid to (or retained by)	(vi) Amount paid to
	or entity (fundraiser)	(ii) Activity		outions?	from activity	fundraiser listed in	(or retained by) organization
			Yes	No		col. (i)	
1							
2							
3	·					· · ·	
4	·	·					
5							
6						·	
7							
8							
9						···	
10		· · · · · · · · · · · · · · · · · · ·					
Total .			<i>.</i> .	▶			
3	List all states in which the organization registration or licensing.	is registered or lice	ensed to solid	cit contribution	ns or has been notifie	ed it is exempt from	'
					#***		
					,		
			·· .				
					-		
					<u>,</u>		
					7.		
		,					
							

73-0582549

Part II Fundraising Events. Complete if the organization answered "Yes" on 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 (add col. (a) through CHILI COOK 2 (event type) col. (c)) (event type) (total number) Revenue 61,685 24,375 63,353 149,413 2 Less: Contributions 3 Gross income (line 1 minus 61,685 24,375 63,353 149,413 4 Cash prizes 5 Noncash prizes Rent/facility costs . Direct Expenses Food and beverages Entertainment 9 Other direct expenses 10 Direct expense summary. Add lines 4 through 9 in column (d) 11 Net income summary. Subtract line 10 from line 3, column (d) 149,413 Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/instant (d) Total gaming (add Revenue (a) Bingo (c) Other gaming bingo/progressive bingo col. (a) through col. (c)) Gross revenue 2 Cash prizes Direct Expenses Noncash prizes Rent/facility costs Other direct expenses % Volunteer labor No Nα No Direct expense summary. Add lines 2 through 5 in column (d) Net gaming income summary. Subtract line 7 from line 1, column (d) Enter the state(s) in which the organization conducts gaming activities: Is the organization licensed to conduct gaming activities in each of these states? b If "No," explain: Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? 10a If "Yes," explain:

SCHEDULE (Form 990) Department of the Treasury Internal Revenue Service Name of the organization

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

► Attach to Form 990

Open to Public OMB No. 1545-0047 2021

Inspection

■ Go to www.irs.gov/Form990 for the latest information.

X Yes Employer identification number Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990. 73-0582549 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. UNITED WAY OF ENID AND NORTHWEST OKLAHOM
Partis General Information on Grants and Assistance the selection criteria used to award the grants or assistance? Part

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46-0625234 30,000	46-0625234	ᄖ							
46-0625234	nber of section 501(c)(3) and covernment organizations listed in the line 4 table	701 E MAINE							CEMEDAT
	Enter total number of section 501(c)(3) and novernment organizations listed in the line 4 table	ENID OK 73701	46-0625234		30,000				SUPPORT

Schedule I (Form 990) (2021)

For Paperwork Reduction Act Notice, see the Instructions for Form 990. Enter total number of other organizations listed in the line 1 table

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Department of the Treasury Internal Revenue Service Name of the organization

Governments, and Individuals in the United States Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. Grants and Other Assistance to Organizations,

▶ Attach to Form 990.

■ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

Open to Public Inspection

Employer identification number 73-0582549 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and General Information on Grants and Assistance INC. the selection criteria used to award the grants or assistance? UNITED WAY OF ENID AND NORTHWEST OKLAHOMA, Part

° □ Yes Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on 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 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Part I

1 (a) Name and address of organization	(b) EIN	(c) IRC section (d) Amount of cash (a) Amount of (f) Method	(d) Amount of cash	(e) Amount of	(f) Method of valuation		
or government		(if applicable)	grant	noncash assistance	(book, FMV, appraisal,	(g) Description of noncash assistance	(n) Purpose of grant or assistance
(1) HUMAN SERVICES ALLIANCE					otner)		or despitation
114 S INDEPENDENCE							- ecenter
ENID OK 73702	73-1313409		8,000				GENERAL
(2) CATHOLIC CHARITIES							SOFFORT
710 W MAINE ST							i i i i i i i i i i i i i i i i i i i
ENID OK 73701	73-0636561		23.000				GENERAL
(3) BOOKER I WASHINGTON COMMUNI							TANATANA
800 S 5TH ST							
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Line total number of section 50 (C)(3) and government organizations listed	d government organiza	itions listed in the line 1 table	table			A	

Schedule I (Form 990) (2021)

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

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

Schedule I (Form 990) (2021) (f) Description of noncash assistance FILINGS. ADDITIONALLY, COMMITTEES PERSONALLY VISIT EACH SITE AND MEET WITH MEMBERS OF THE GOVERNING BOARDS TO INQUIRE ABOUT IRS THE BUDGET & ALLOCATION COMMITTEE PERFORMS ANNUAL REVIEWS OF ALL PARTNER AGENCIES' AUDITED OR COMPILED FINANCIALS AND Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information. (e) Method of valuation (book, FMV, appraisal, other) noncash assistance (d) Amount of (c) Amount of cash grant 01. Monitoring procedures (Part I, line 2) (b) Number of recipients PROGRAM OUTCOMES, NUMBER OF CLIENTS, SERVED, ETC. (a) Type of grant or assistance Part N n 4 Ŋ 9 EEA

Page 2

n 990) (2021) UNITED WAY OF ENID AND NORTHWEST OKLAHOMA, INC.

Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.

Part III can be duplicated if additional space is needed.

Schedule I (Form 990) (2021)

Part III Grants al

SCHEDULE O (Form 990)

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 Form 990-EZ.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

▶ Go to www.irs.gov/Form990 for the latest information.

Open to Public Inspection .

Name of the organization	Employer identification number
UNITED WAY OF ENID AND NORTHWEST OKLAHOMA, INC.	73-0582549
01. Form 990 governing body review (Part VI, line 11)	
THE 990 IS PRESENTED TO THE CEO AND BOARD OF DIRECTORS PRIOR TO FILING AND I	MMEDIATELY
AFTER THE FINANCE AND EXECUTIVE COMMITTEE HAVE VOTED TO APPROVE.	
02. Conflict of interest policy compliance (Part VI, line 12c)	
ALL DOADD MEMBERS THE DESCRIPTION SO DESCRIPTION OF THE CONTRACTOR	
ALL BOARD MEMBERS ARE REQUIRED TO DISCLOSE ANY CONFLICTS OF INTEREST ON AN A	NNUAL BASIS.
WHEN A VOTE IS BEFORE THE BOARD, ANYONE PERCEIVED TO HAVE A CONFLICT OF INTE	REST IS ASKED
TO ABSTAIN FROM THE VOTE.	
	1 11111
03. CEO, executive director, top management comp (Part VI, line 15a)	
THE DOADD OF DIDECTORS CETS AND ADDROVES ALL DAY DATEDS	
THE BOARD OF DIRECTORS SETS AND APPROVES ALL PAY RAISES.	· · · · · · · · · · · · · · · · · · ·
04. Other officer or key employee compensation (Part VI, line 15b	
ALL SALARIES ARE REVEIWED AND SET BY THE GOVERNING BOARD.	
	- Alman
05. Governing documents, etc, available to public (Part VI, line 19)	
os. Governing documents, etc., available to public (Fait VI, Illie 19)	······ 1
THE ANNUAL AUDIT AND 990 ARE AVAILABLE TO THE PUBLIC VIA THE ORGANIZATION'S W	VEBSITE AFTER
DOADD ADDROVAL TO TO ALCO AVAILABLE TO MOVED A THE TOTAL AND ADDROVALA	
BOARD APPROVAL. IT IS ALSO AVAILABLE TO MEMBERS AT THE ANNUAL MEETING AND AVAILABLE TO MEMBERS AND AVAILABLE TO ME	AILABLE UPON
REQUEST AT ALL TIMES.	
	

Form 8879-TE

IRS e-file Signature Authorization for a Tax Exempt Entity

For calendar year 2021, or fiscal year beginning

. 2021, and ending

, 20

2021

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Do not send to the IRS. Keep for your records.

Go to www.irs.gov/Form8879TE for the latest information. Name of filer EIN or SSN UNITED WAY OF ENID AND NORTHWEST OKLAHOMA, INC. 73-0582549 Name and title of officer or person subject to tax DAN SCHIEDEL, CEO & SECRETARY Type of Return and Return Information Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b. 5b. 6b. 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I. Form 990 check here Total revenue, if any (Form 990, Part VIII, column (A), line 12) 2a Total revenue, if any (Form 990-EZ, line 9) Form 990-EZ check here . . . > þ 3a Form 1120-POL check here . > b Form 990-PF check here . . ▶ 4a Tax based on investment income (Form 990-PF, Part V, line 5) 4b 5a Form 8868 check here > 6a Form 990-T check here . . . > Total tax (Form 990-T, Part III, line 4) 6b 7a Form 4720 check here . . . ▶ 8a Form 5227 check here · · · ▶ FMV of assets at end of tax year (Form 5227, Item D) 8b 9a Form 5330 check here Tax due (Form 5330, Part II, line 19) 9b Amount of credit payment requested (Form 8038-CP, Part III, line 22) . . 10b 10a Form 8038-CP check here . . > Declaration and Signature Authorization of Officer or Person Subject to Tax Under penalties of perjury, I declare that I am an officer of the above entity or am a person subject to tax with respect to (name of entity) and that I have examined a copy of the , (EIN) 2021 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal. PIN: check one box only x I authorize ROBERT ST PIERRE CPA PC to enter my PIN 82549 as my signature **ERO firm name** Enter five numbers, but do not enter all zeros on the tax year 2021 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen. As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2021 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen. Signature of officer or person subject to tax 🕨 Date ► 03-31-2022 **Certification and Authentication** ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN. 732708 Don't enter all zeros I certify that the above numeric entry is my PIN, which is my signature on the 2021 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns. ERO's signature > Date ▶ 05-02-2022 **ERO Must Retain This Form - See Instructions**

lame(s) as shown on return	(This page is not filed with the return. It is for your records only.)	2021 Page 1
		FEIN
UNITED WAY O	F ENID AND NORTHWEST OKLAHOMA, INC.	73-0582549
Description DISCRETIONAR MISCELLANEOU REPAIRS & MA	S INTENANCE	Amount \$ 4,90 34 3,72 11: \$ 8,97
Pescription BANK SERVICE HISCELLANEOU	S	Amount \$ 1,12 1,78 2,91

2021 Filing Instructions UNITED WAY OF ENID AND NORTHWEST OKLAHOMA, INC. Tax year ending 12-31-2021

Form filed:

Form 990 and supplemental forms and schedules

Filing method:

The return has been e-filed, do not mail.

Due date:

05-16-2022

The return reflects neither a refund nor a balance due.

Please note:

The Taxpayer First Act requires tax-exempt organizations to electronically file all information returns in the 990 series and related forms for tax years beginning after July 1, 2019. Mailing these returns is no longer allowed.

990EF		EF 1	ransmission St	atus	2021
Name(s) as shown on return		(K	eep for your records)		EIN number
UNITED WAY OF ENID	AND NORTHWEST	OKLAHOMA,	INC.		73-0582549
The following will be transmi	tted to the IRS.	990		Amended 990	Amended 990-T
		8868	4720	FinCEN 114	
The following state returns w	rill be transmitted:				
		····			
					
e following returns have be	en suppressed or ar	e not eligible	and will NOT be tran	smitted.	
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	<u> </u>				
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Notes					
Federal return has	a MESSAGE PAG	GE.			