Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

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

OMB No 1545-0047

2009

Open to Public Inspection

A For the 2009 calendar year, or tax year beginning and ending

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

Please use IRS label or print or type. See Specific Instructions.

C Name of organization: Capital Area United Way
Doing Business As
Number and street (or P.O. box if mail is not delivered to street address) Room/suite: 700 Laurel Street
City or town, state or country, and ZIP + 4: Baton Rouge, LA 70802-5634

D Employer identification number: 72-0447100
E Telephone number: 225-383-2643
G Gross receipts $ 13,042,479.

F Name and address of principal officer: Karen J. Profita
Same as C above

H(a) Is this a group return for affiliates? ☐ Yes ☒ No
H(b) Are all affiliates included? ☐ Yes ☐ No
If "No," attach a list. (see instructions)
H(c) Group exemption number ▶

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

J Website: ▶ www.cauw.org

K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶ **L** Year of formation: 1955 **M** State of legal domicile: LA

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities: Helping People Improving Communities focused on education, health, income and basic needs.

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

3	Number of voting members of the governing body (Part VI, line 1a)	3	46
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	45
5	Total number of employees (Part V, line 2a)	5	53
6	Total number of volunteers (estimate if necessary)	6	921
7a	Total gross unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b	Net unrelated business taxable income from Form 990-T, line 34	7b	0.

		Prior Year	Current Year
Revenue			
8	Contributions and grants (Part VIII, line 1h)	11,290,752.	13,019,041.
9	Program service revenue (Part VIII, line 2g)		
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	29,913.	<235.>
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<59,905.>	<25,407.>
12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	11,260,760.	12,993,399.
Expenses			
13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	8,210,491.	3,893,976.
14	Benefits paid to or for members (Part IX, column (A), line 4)		
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	2,022,682.	1,976,289.
16a	Professional fundraising fees (Part IX, column (A), line 11e)		
b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 1,919,813.		
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	1,300,558.	1,550,127.
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	11,533,731.	7,420,392.
19	Revenue less expenses. Subtract line 18 from line 12	<272,971.>	5,573,007.
Net Assets or Fund Balances		**Beginning of Current Year**	**End of Year**
20	Total assets (Part X, line 16)	9,514,103.	11,948,405.
21	Total liabilities (Part X, line 26)	3,361,222.	222,517.
22	Net assets or fund balances. Subtract line 21 from line 20	6,152,881.	11,725,888.

RECEIVED
NOV 22 2010
OGDEN, UT
IRS-OSC

Part II Signature Block

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

Sign Here
▶ Signature of officer — Date: Nov 15, 2010
▶ Karen J. Profita, President and CEO
Type or print name and title

Paid Preparer's Use Only
Preparer's signature ▶ — Date: 11/12/10 — Check if self-employed ▶ ☐ — Preparer's identifying number (see instructions)
Firm's name (or yours if self-employed), address, and ZIP + 4: ▶ L. A. CHAMPAGNE & CO., L.L.P.
4911 Bennington Avenue
Baton Rouge, LA. 70808-3153
EIN ▶
Phone no. ▶ (225)925-1120

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

SCANNED DEC 20 2010

616

Part III | Statement of Program Service Accomplishments

1 Briefly describe the organization's mission
Helping People - Improving Communities

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No
If "Yes," describe these new services on Schedule O

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No
If "Yes," describe these changes on Schedule O.

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code:) (Expenses $ 3,660,623. including grants of $ 3,262,729.) (Revenue $)
Capital Area United Way is Hepling People - Improving Communities in partnership with non-profit agencies who focus their work in the areas of Education, Health, Income and Basic Needs. Partner agencies are evaluated through a rigorous process that includes a financial review, outcomes assessment and an analysis of the agency's use of funding. Over 120 volunteers assess agencies throughout the year to ensure that community dollars are well invested to make the greatest impact.

4b (Code) (Expenses $ 385,646. including grants of $ 385,646.) (Revenue $)
Capital Area United Way is also focused on VOLUNTEERISM -- mobilizing people and resources to deliver creative solutions to community needs. We offer a wide range of volunteer opportunities: short-term projects for individuals, families and company groups; youth-focused, youth-led projects; service learning; projects for seniors 55 and older. Professional development is also provided for volunteer managers throughout the region. Volunteers are recognized in many ways including a monthly television tribute with a local media partner culminating in an annual celebration.

4c (Code.) (Expenses $ 245,601. including grants of $ 245,601.) (Revenue $)
United Way 2-1-1, operated by the Baton Rouge Crisis Intervention Center, is an information and referral telephone service that helps individuals locate needed services such as an open shelter or warm meal. Trained counselors assist callers by linking them to agencies in the community that can address their particular situation. Counselors are on duty each day and can be reached for information referral assistance by dialing 2-1-1 in the 10-parish area.

4d Other program services (Describe in Schedule O.)
(Expenses $ including grants of $) (Revenue $)

4e **Total program service expenses** ▶ $ 4,291,870.

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		X
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities? *If "Yes," complete Schedule C, Part II*	4		X
5	**Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations.** Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? *If "Yes," complete Schedule C, Part III*	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6	X	
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? *If "Yes," complete Schedule D, Part II*	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		X
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10		X
11	Is the organization's answer to any of the following questions "Yes"? *If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable*	11	X	
	• Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If "Yes," complete Schedule D, Part VI.*			
	• 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.*			
	• 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.*			
	• Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX*			
	• Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X.*			
	• 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? *If "Yes," complete Schedule D, Part X.*			
12	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI, XII, and XIII.*	12		X
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional* — 12A: Yes X			
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, and program service activities outside the United States? *If "Yes," complete Schedule F, Part I*	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or assistance to any organization or entity located outside the United States? *If "Yes," complete Schedule F, Part II*	15		X
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or assistance to individuals located outside the United States? *If "Yes," complete Schedule F, Part III*	16		X
17	Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I*	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	Did the organization operate one or more hospitals? *If "Yes," complete Schedule H*	20		X

Part IV Checklist of Required Schedules *(continued)*

			Yes	No
21	Did the organization report more than $5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	21	X	
22	Did the organization report more than $5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	23	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K. If "No", go to line 25*	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	**Section 501(c)(3) and 501(c)(4) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	25b		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? *If "Yes," complete Schedule L, Part II*	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? *If "Yes," complete Schedule L, Part III*	27		X
28	Was the organization a party to a business transaction with one of the following parties, (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	28b		X
c	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? *If "Yes," complete Schedule L, Part IV*	28c	X	
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	29	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	33		X
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1*	34	X	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	35		X
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? **Note.** All Form 990 filers are required to complete Schedule O	38	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

				Yes	No
1a Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U S Information Returns Enter -0- if not applicable	1a	11			
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0			
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?			1c		
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	53			
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?			2b	X	
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to *e-file* this return. (see instructions)					
3a Did the organization have unrelated business gross income of $1,000 or more during the year covered by this return?			3a		X
b If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O*			3b		
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?			4a		X
b If "Yes," enter the name of the foreign country ▶ ______ See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts					
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			5b		X
c If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?			5c		
6a Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible?			6a		X
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?			6b		
7 **Organizations that may receive deductible contributions under section 170(c).**					
a Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?			7a		X
b If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b		
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			7c		X
d If "Yes," indicate the number of Forms 8282 filed during the year	7d				
e Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			7e		X
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			7f		X
g For all contributions of qualified intellectual property, did the organization file Form 8899 as required?			7g		X
h For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?			7h		X
8 **Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?			8		X
9 **Sponsoring organizations maintaining donor advised funds.**					
a Did the organization make any taxable distributions under section 4966?			9a		X
b Did the organization make a distribution to a donor, donor advisor, or related person?			9b		X
10 **Section 501(c)(7) organizations.** Enter:					
a Initiation fees and capital contributions included on Part VIII, line 12	10a				
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11 **Section 501(c)(12) organizations.** Enter					
a Gross income from members or shareholders	11a				
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b				
12a **Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?			12a		
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				

Form **990** (2009)

932005
02-04-10

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.*

Section A. Governing Body and Management

		Line	Yes	No
1a	Enter the number of voting members of the governing body — 1a: 46			
b	Enter the number of voting members that are independent — 1b: 45			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		X
6	Does the organization have members or stockholders?	6		X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a		X
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
a	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O*	9		X

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

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

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ▶ None

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

☐ Own website ☐ Another's website ☒ Upon request

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

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

The Organization - 225-383-2643
700 Laurel Street, Baton Rouge, LA 70802-5634

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

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. Use Schedule J-2 if additional space is needed

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

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

☐ Check this box if the organization did not compensate any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply): Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
Karen Profita President and CEO	60.00	X		X	X	X		150,223.	0.	17,162.
Michael Garner VP Finance	40.00			X				72,660.	0.	0.
See attached schedule								0.	0.	0.

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

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply): Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
1b Total ▶								222,883.	0.	17,162.

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 in reportable compensation from the organization ▶ 1

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

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization NONE

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

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 in compensation from the organization ▶ 0

Part VIII · Statement of Revenue

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above	1f	13019041.				
	g Noncash contributions included in lines 1a-1f $		746,398.				
	h Total. Add lines 1a-1f ▶			13019041.			
Program Service Revenue			Business Code				
	2 a						
	b						
	c						
	d						
	e						
	f All other program service revenue						
	g Total. Add lines 2a-2f ▶						
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts) ▶			291.	291.		
	4 Income from investment of tax-exempt bond proceeds ▶						
	5 Royalties ▶						
		(i) Real	(ii) Personal				
	6 a Gross Rents						
	b Less· rental expenses						
	c Rental income or (loss)						
	d Net rental income or (loss) ▶						
	7 a Gross amount from sales of assets other than inventory	(i) Securities 48,554.	(ii) Other				
	b Less cost or other basis and sales expenses	49,080.					
	c Gain or (loss)	<526.>					
	d Net gain or (loss) ▶			<526.>	<526.>		
	8 a Gross income from fundraising events (not including $ ______ of contributions reported on line 1c). See Part IV, line 18	a					
	b Less· direct expenses	b					
	c Net income or (loss) from fundraising events ▶						
	9 a Gross income from gaming activities See Part IV, line 19	a					
	b Less: direct expenses	b					
	c Net income or (loss) from gaming activities ▶						
	10 a Gross sales of inventory, less returns and allowances	a					
	b Less· cost of goods sold	b					
	c Net income or (loss) from sales of inventory ▶						
	Miscellaneous Revenue		Business Code				
	11 a Investment income BRAF		900099	<25,407.>	<25,407.>		
	b						
	c						
	d All other revenue						
	e Total. Add lines 11a-11d ▶			<25,407.>			
	12 Total revenue See instructions. ▶			12993399.	<25,642.>	0.	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) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	3,893,976.	3,893,976.		
2 Grants and other assistance to individuals in the U S. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	150,223.	25,192.	51,827.	73,204.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	1,359,476.	227,985.	469,019.	662,472.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	125,613.	15,624.	52,292.	57,697.
9 Other employee benefits	233,308.	23,919.	105,685.	103,704.
10 Payroll taxes	107,669.	18,272.	34,766.	54,631.
11 Fees for services (non-employees)				
a Management				
b Legal				
c Accounting	25,902.	8,456.	15,555.	1,891.
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other	21,376.	6,649.	12,227.	2,500.
12 Advertising and promotion	750,307.	26,285.	45,999.	678,023.
13 Office expenses				
14 Information technology				
15 Royalties				
16 Occupancy	161,832.	11,174.	114,586.	36,072.
17 Travel	30,633.	5,359.	1,062.	24,212.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	30,566.	5,620.	18,186.	6,760.
20 Interest				
21 Payments to affiliates	109,663.		109,663.	
22 Depreciation, depletion, and amortization	71,822.		71,822.	
23 Insurance				
24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
a Campaign Supplies & Oth	174,617.	6,492.	12,177.	155,948.
b Equipment Rental & Repa	62,119.	1,682.	55,598.	4,839.
c Telephone and communica	59,519.	7,729.	14,519.	37,271.
d Supplies	29,629.	6,291.	10,558.	12,780.
e Postage and Shipping	9,961.	704.	3,528.	5,729.
f All other expenses	12,181.	461.	9,640.	2,080.
25 **Total functional expenses.** Add lines 1 through 24f	7,420,392.	4,291,870.	1,208,709.	1,919,813.
26 **Joint costs.** Check here ▶ ☐ if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

				(A) Beginning of year		(B) End of year
Assets	1	Cash - non-interest-bearing		3,103,952.	1	4,493,116.
	2	Savings and temporary cash investments			2	1,029,000.
	3	Pledges and grants receivable, net		5,770,717.	3	5,802,055.
	4	Accounts receivable, net		36,459.	4	35,430.
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L			5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges		57,478.	9	66,815.
	10a	Land, buildings, and equipment cost or other basis. Complete Part VI of Schedule D	10a 794,899.			
	b	Less accumulated depreciation	10b 507,146.	339,558.	10c	287,753.
	11	Investments - publicly traded securities			11	
	12	Investments - other securities See Part IV, line 11		205,939.	12	234,236.
	13	Investments - program-related See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11			15	
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		9,514,103.	16	11,948,405.
Liabilities	17	Accounts payable and accrued expenses		3,359,294.	17	220,589.
	18	Grants payable			18	
	19	Deferred revenue		1,928.	19	1,928.
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D			21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L			22	
	23	Secured mortgages and notes payable to unrelated third parties			23	
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities. Complete Part X of Schedule D			25	
	26	**Total liabilities.** Add lines 17 through 25		3,361,222.	26	222,517.
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶ [X] and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		<651,088.>	27	3,677,692.
	28	Temporarily restricted net assets		6,751,062.	28	7,995,289.
	29	Permanently restricted net assets		52,907.	29	52,907.
		Organizations that do not follow SFAS 117, check here ▶ [ ] and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building, or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		6,152,881.	33	11,725,888.
	34	Total liabilities and net assets/fund balances		9,514,103.	34	11,948,405.

Form **990** (2009)

932011 02-04-10

Part XI | Financial Statements and Reporting

			Yes	No
1	Accounting method used to prepare the Form 990 ☐ Cash ☒ Accrual ☐ Other ______ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		X
b	Were the organization's financial statements audited by an independent accountant?	2b	X	
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	2c	X	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both. ☐ Separate basis ☒ Consolidated basis ☐ Both consolidated and separate basis			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	3b		

Form 990 (2009)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

OMB No 1545-0047
2009
Open to Public Inspection

Name of the organization
Capital Area United Way

Employer identification number
72-0447100

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

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

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

a [ ] Type I   b [ ] Type II   c [ ] Type III - Functionally integrated   d [ ] Type III - Other

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

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

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

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

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

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

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

Schedule A (Form 990 or 990-EZ) 2009

932021 02-08-10

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants")	10555711.	12581770.	11159578.	11290752.	13019041.	58606852.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3	10555711.	12581770.	11159578.	11290752.	13019041.	58606852.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						949,008.
6 **Public support.** Subtract line 5 from line 4						57657844.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4	10555711.	12581770.	11159578.	11290752.	13019041.	58606852.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	86,914.	148,405.	141,703.	32,013.	291.	409,326.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11 **Total support.** Add lines 7 through 10						59016178.

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

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f)) | 14 | 97.70 %

15 Public support percentage from 2008 Schedule A, Part II, line 14 | 15 | 97.95 %

16a **33 1/3% support test - 2009.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ [X]

b **33 1/3% support test - 2008.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

17a **10% -facts-and-circumstances test - 2009.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶ ☐

b **10% -facts-and-circumstances test - 2008.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ ☐

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

Part III | Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 **Public support** (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 **Total support** (Add lines 9, 10c, 11, and 12)						

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

Section C. Computation of Public Support Percentage

15	Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))	15	%
16	Public support percentage from 2008 Schedule A, Part III, line 15 . .	16	%

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2009** (line 10c, column (f) divided by line 13, column (f))	17	%
18	Investment income percentage from **2008** Schedule A, Part III, line 17	18	%

19a **33 1/3% support tests - 2009.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . . ▶ ☐

b **33 1/3% support tests - 2008.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

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

Schedule D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

OMB No 1545-0047
2009
Open to Public Inspection

Name of the organization: Capital Area United Way
Employer identification number: 72-0447100

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

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	23	
2	Aggregate contributions to (during year)	2,890.	
3	Aggregate grants from (during year)	0.	
4	Aggregate value at end of year	234,236.	

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

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

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).
- [ ] Preservation of land for public use (e g , recreation or pleasure)
- [ ] Protection of natural habitat
- [ ] Preservation of open space
- [ ] Preservation of an historically important land area
- [ ] Preservation of a certified historic structure

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
a	Total number of conservation easements	2a	
b	Total acreage restricted by conservation easements	2b	
c	Number of conservation easements on a certified historic structure included in (a)	2c	
d	Number of conservation easements included in (c) acquired after 8/17/06	2d	

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

b If "Yes," explain the arrangement in Part XIV.

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

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

2 Provide the estimated percentage of the year end balance held as

a Board designated or quasi-endowment ▶ ________ %
b Permanent endowment ▶ ________ %
c Term endowment ▶ ________ %

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

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

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

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

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements	258,884.		100,201.	158,683.
d Equipment	536,015.		406,945.	129,070.
e Other				
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* ▶				287,753.

Schedule D (Form 990) 2009

932052
02-01-10

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
Financial derivatives		
Closely-held equity interests		
Other		
Total. (Col (b) must equal Form 990, Part X, col (B) line 12.) ▶		

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

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

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

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

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

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

2. FIN 48 Footnote In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48

Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 through 8	9	
10	Excess or (deficit) for the year per audited financial statements Combine lines 3 and 9	10	

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

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

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

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

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b; Part V, line 4, Part X, line 2, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete this part to provide any additional information

Part XII line 4b and Part XII line 4b are Donor Designations.

SCHEDULE I
(Form 990)

Department of the Treasury
Internal Revenue Service

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

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

▶ Attach to Form 990.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization: Capital Area United Way

Employer identification number 72-0447100

Part I **General Information on Grants and Assistance**

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

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

Part II **Grants and Other Assistance to Governments and Organizations in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than $5,000 Check this box if no one recipient received more than $5,000 Use Part IV and Schedule I-1 (Form 990) if additional space is needed ▶ [ ]

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
See attached schedule			0.	0.			

2 Enter total number of section 501(c)(3) and government organizations ▶

3 Enter total number of other organizations ▶

LHA **For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.** **Schedule I (Form 990) 2009**

932101 02-02-10

Part III **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Use Part IV and Schedule I-1 (Form 990) if additional space is needed.

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

Part IV **Supplemental Information.** Complete this part to provide the information required in Part I, line 2, and any other additional information

Capital Area United Way distributes allocations to eligible and pre-selected agencies. The allocations and designations awarded to agencies are used at their discretion. No grants are distributed which would require an accounting by the agency after the distrubution. If grants are made in the future, procedures will be established to monitor the use of grant funds.

SCHEDULE J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 23.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization: Capital Area United Way

Employer identification number: 72-0447100

Part I Questions Regarding Compensation

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

Part II **Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use Schedule J-1 if additional space is needed

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii) Do not list any individuals that are not listed on Form 990, Part VII.

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

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
Karen Profita	(i)	150,223.	0.	0.	17,162.	0.	167,385.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

SCHEDULE L (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Transactions With Interested Persons

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

OMB No 1545-0047

2009

Open To Public Inspection

Name of the organization: Capital Area United Way

Employer identification number: 72-0447100

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

1 (a) Name of disqualified person	(b) Description of transaction	(c) Corrected? Yes	No

2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958 ▶ $

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization ▶ $

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a

(a) Name of interested person and purpose	(b) Loan to or from the organization? To	From	(c) Original principal amount	(d) Balance due	(e) In default? Yes	No	(f) Approved by board or committee? Yes	No	(g) Written agreement? Yes	No
Total			▶ $							

Part III Grants or Assistance Benefiting Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount and type of assistance

Part IV Business Transactions Involving Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues? Yes	No
Jane Shank	Board member	323,769.	Jane Shank,		X
Conville Lemoine	Board member	245,000.	Capital Are		X

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

Schedule L (Form 990 or 990-EZ) 2009

See Schedule O for Schedule L Continuations

932131 02-01-10

SCHEDULE M (Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
▶ Attach to Form 990.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization: Capital Area United Way

Employer identification number: 72-0447100

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d) Method of determining revenues
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	11	49,080.	value on transfer da
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (Advertising)	X	14	657,127.	fair value on receiv
26 Other ▶ ( )				
27 Other ▶ ( )				
28 Other ▶ ( )				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgment | 29 | 0

		Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?	30a		X
b If "Yes," describe the arrangement in Part II			
31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?	31		X
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	32a		X
b If "Yes," describe in Part II			
33 If the organization did not report revenues in column (c) for a type of property for which column (a) is checked, describe in Part II.			

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) 2009

932141
03-12-10

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

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

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization: Capital Area United Way

Employer identification number: 72-0447100

Form 990, Part VI, Section B, line 11: The finance committee reviews the tax return and presents the return to the full board for review.

Form 990, Part VI, Section B, Line 12c: Individuals noted in Question 12b are required to sign the "Conflict of Interest Policy" annually and to disclose interests that would give rise to conflicts

Form 990, Part VI, Section B, Line 15a: Compensation of the CEO is proposed by the Executive Committee of the Board of Directors, based on comparative compensation survey information and input from partner agency directors. The proposed compensation is approved by the full Board of Directors. Key terms of employment, including frequency of performance review and limits on potential raises and bonuses are formalized in a written employment contract.

Form 990, Part VI, Section C, Line 19: Governance documents and the Conflict of Interest Policy are made available to the public upon request. Financial Statements are available upon request.

Part IX, Line 12: Advertising and promotions consists of $657,127 in-kind media support. The remaining balance of $93,180 is event sponsorship underwritten by corporations to ensure that Capital Area United Way did not incur any out-of-pocket costs. These donations are also included in contributions revenue.

SCHEDULE O (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

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

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization: Capital Area United Way

Employer identification number: 72-0447100

Sch L, Part IV, Business Transactions Involving Interested Persons:

(a) Name of Person: Jane Shank

(b) Relationship Between Interested Person and Organization:

Board member

(c) Amount of Transaction $ 323769.

(d) Description of Transaction: Jane Shank, Volunteers of America Greater Baton Rouge, is the Partner Agency Representative on the Capital Area United Way Board of Directors. The Partner Agency Representative is not involved in agency allocation decisions made by the Board of Directors, per recusal from allocation voting.

(e) Sharing of Organization Revenues? = No

(a) Name of Person: Conville Lemoine

(b) Relationship Between Interested Person and Organization:

Board member

(c) Amount of Transaction $ 245000.

(d) Description of Transaction: Capital Area United Way holds a Certificate of Deposit with the Bank of St. Francisville, of which Conville Lemoine is president. The Certificate of Deposit, in the amount of $245,000, was purchased under normal terms and conditions extended to all customers.

(e) Sharing of Organization Revenues? = No

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

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047
2009
Open to Public Inspection

Name of the organization: Capital Area United Way

Employer identification number: 72-0447100

Part I Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33.)

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Part II Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity
Volunteer Baton Rouge 700 Laurel Street Baton Rouge, LA 70802	Is dedicated to helping people deliver creative solutions to the community	Louisiana	501(c)(3)		Capital Area United Way

LHA **For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.** **Schedule R (Form 990) 2009**

932161
02-04-10

Part III **Identification of Related Organizations Taxable as a Partnership** (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations? Yes	(h) No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No

Part IV **Identification of Related Organizations Taxable as a Corporation or Trust** (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(d) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership

Part V Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, or 36.)

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a Receipt of **(i)** interest **(ii)** annuities **(iii)** royalties or **(iv)** rent from a controlled entity	1a		X
b Gift, grant, or capital contribution to other organization(s)	1b		X
c Gift, grant, or capital contribution from other organization(s)	1c		X
d Loans or loan guarantees to or for other organization(s)	1d		X
e Loans or loan guarantees by other organization(s)	1e		X
f Sale of assets to other organization(s)	1f		X
g Purchase of assets from other organization(s)	1g		X
h Exchange of assets	1h		X
i Lease of facilities, equipment, or other assets to other organization(s)	1i		X
j Lease of facilities, equipment, or other assets from other organization(s)	1j		X
k Performance of services or membership or fundraising solicitations for other organization(s)	1k		X
l Performance of services or membership or fundraising solicitations by other organization(s)	1l		X
m Sharing of facilities, equipment, mailing lists, or other assets	1m		X
n Sharing of paid employees	1n		X
o Reimbursement paid to other organization for expenses	1o		X
p Reimbursement paid by other organization for expenses	1p		X
q Other transfer of cash or property to other organization(s)	1q		X
r Other transfer of cash or property from other organization(s)	1r		X

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

	(a) Name of other organization(s)	(b) Transaction type (a-r)	(c) Amount involved
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			

Part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 37)

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Are all partners section 501(c)(3) organizations?		(e) Share of end-of-year assets	(f) Disproportionate allocations?		(g) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(h) General or managing partner?	
			Yes	No		Yes	No		Yes	No

Capital Area United Way

2009 BOARD OF DIRECTORS		
Board Chair Van R. Mayhall, Jr. Breazeale, Sachse & Wilson One American Place, 22nd Floor Baton Rouge, LA 70821-3197 Phone: 387-4000 Fax· 381-8009 vrm@bswllp.com	**Board Chair Elect** Jay O'Brien McGlinchey Stafford One American Place 14th Floor Baton Rouge, LA 70825 Phone: 382-3631 Fax: 755-3589 jobrien@mcglinchey.com	**Secretary** Keith Short Iberia Bank 3700 Essen Lane Baton Rouge, LA 70809 Phone· 923-4401 Fax: 923-4415 kshort@iberiabank.com
Treasurer/Finance Commt. Michelle A. Carriere Capital One Bank P O Box 3597 Baton Rouge, LA 70821 Phone: 381-2283 Fax: 381-2012 Michelle.Carriere@CapitalOneBank com	**Treasurer/Finance Vice Chair** Jim Epperson P & N Consulting 8550 United Plaza Blvd Suite 1001 Baton Rouge, LA 70809 Phone: 922-4600 Fax: 922-4611 jepperson@pncpa com	**Audit Commt. Chair** Keith Short Iberia Bank 3700 Essen Lane Baton Rouge, LA 70809 Phone: 923-4401 Fax: 923-4415 kshort@iberiabank.com
President/CEO Karen Profita Capital Area United Way 700 Laurel St. Baton Rouge, LA 70802 Phone: 382-3501 Fax: 383-9922 Karenp@cauw org	**Resource Development Chair** Tobie Craig Turner Industries P O Box 2750 Baton Rouge, LA 70821 Phone: 214-2472 Fax: 215-6174 tcraig@turner-industries.com	**Resource Development Chair Elect** Christy Reeves Blue Cross Blue Shield of LA 5525 Reitz Avenue Baton Rouge, LA 70809 Phone: 298-7051 Christy Reeves@bcbsla com
Relationship Development Chair Diane Allen Diane Allen and Associates 7612 Goodwood Blvd. Baton Rouge, LA 70806 Phone: 925-9788 Fax: 925-9808 diane@da-advertising.com	**Relationship Development Chair Elect** Gerald Garrison Garrison & Associates 8146 One Calais Avenue Baton Rouge, LA 70809 Phone: 761-1000 Fax: 761-9000 Gerald@garrisonadvertising.com	**Community Investment Chair** Les Gatz Hancock Bank 13380 Coursey Blvd. Baton Rouge, LA 70816 Phone: 248-7226 Fax: 751-1193 Les_gatz@hancockbank.com
Community Investment Chair Elect Bob Barton Taylor Porter Brooks Phillips P O Box 2471 Baton Rouge, LA 70821 Phone: 387-3221 Fax: 346-8049 Bob.barton@taylorporter.com	**Past Chair/Governance Committee** Phyllis Coleman Mouton Baton Rouge Community College 201 Community College Drive Baton Rouge, LA 70806 Phone: 216-8998 Fax: 216-6883 mouton@mybrcc edu	**Partner Agency Representative** Jane Shank Volunteers of America 3949 North Blvd. Baton Rouge, LA 70806 Phone: 387-0061 Fax: 381-7963 JShank@voagbr.org
Parish Council Chair Alden Andre Formosa Plastics Corporation USA P O Box 271 Baton Rouge, LA 70821 Phone: 356-8600 Fax: 356-8604 aandre@flbr.fpcusa.com	**Major Gifts/Planned Giving (TBC)** Bret Pinson Pinson & Associates 17929 Crossing Blvd. Baton Rouge, LA 70810 Phone: 933-0605 blpinson@cox.net	**Personnel Committee** Rose Hudson Louisiana Lottery P O Box 90008 Baton Rouge, LA 70879-0008 Phone: 297-2004 Fax: 297-2005 Rose.hudson@louisianalottery.com
Leadership Giving Chair		

Capital Area United Way

Glenn Bucholtz Ascension Parish Shell Chemical Company P O Box 500 Geismar, LA 70734 Phone: 201-6211 Fax: 201-6218 Glenn.bucholtz@shell.com		
Class of 2010		
Rose Hudson (First Term) Louisiana Lottery P O Box 90008 Baton Rouge, LA 70879-0008 Phone: 297-2004 Fax: 297-2005 Rose.hudson@louisianalottery.com	Astrid Merget (First Term) LSU, Office of Academic Affairs 146 Thomas Boyd Baton Rouge, LA 70803 Phone: 578-8863 Fax. 578-5980 merget@lsu.edu	Joanie Dubroc (First Term) Regions Bank 5111 Essen Lane Baton Rouge, LA 70809 Phone: 763-2411 Joanie.Dubroc@Regions.com
Dan Schuessler (First Term) ExxonMobil Chemical Plant P O Box 241 Baton Rouge, LA 70821 Phone: 977-4221 Fax· 977-7699 Daniel.l.schuessler@exxonmobil com	Dale Hymel (Second Term) St. James Parish President P O Box 106 Convent, LA 70723 Phone: 562-2260 Fax: 562-2279 president@stjamesla.com	Sharon Hornsby (First Term) St. Helena Parish Louisiana Technical College System P O Box 1300 Greensburg, LA 70441 Phone: 222-4251 x209 shornsby@ltc.edu
Glenn Bucholtz (First Term) Ascension Parish Shell Chemical Company P O Box 500 Geismar, LA 70734 Phone: 201-6211 Fax: 201-6218 Glenn.bucholtz@shell com	Eric Olson (First Term) Entergy Riverbend River Bend Station St. Francisville, LA 70775 Phone: 381-4200 eolson@entergy.com	Tara Wicker (First Term) City Council Representative 337 North 25th St. Baton Rouge, LA 70802 Phone: 317-1849 tarawicker@yahoo.com
Victor Gregoire (First Term) Kean, Miller, et al P O Box 3513 Baton Rouge, LA 70821-3513 Phone: 382-4695 Fax: 388-9133 Victor.gregoire@keanmiller.com	Verge Ausberry (First Term) LSU, Office of Athletic Director P O Box 25095 Baton Rouge, LA 70894 Phone: 578-6603 Fax: 578-2430 Vausbe1@lsu.edu	
Class of 2011		
Joey Hagmann, West Baton Rouge Parish (Second Term) Placid Refining Co., LLC 1940 LA Hwy. 1 N. Port Allen, LA 70767 Phone: 346-7461 Fax: 346-7410 Joey hagmann@placidrefining com	Rebecca Bernhard (First Term) The Shaw Group, Inc. 4171 Essen Lane Baton Rouge, LA 70809 Phone: 987-7229 Fax: 987-3665 Rebecca.bernhard@shawgrp.com	Cordell Haymon (Second Term) SGS Petroleum Corporation 725 Main Street Baton Rouge, LA 70802 Phone: 343-8262 Fax: 383-5431 Cordell.haymon@sgs.com

United Way

Capital Area United Way

Mike Albano (First Term) Dow Chemical P O Box 150, Bldg. 4109 Plaquemine, LA 70764 Phone: 353-4410 Fax: 353-1949 mdalbano@dow.com	Michael Anderson Merrill Lynch 445 North Blvd., 4th Floor Baton Rouge, LA 70802 Phone: 388-9296 Fax: 341-5330 Wmichael_anderson@ml com	Mary Beth Chevalier (First Term) 6955 Woodstock Baton Rouge, LA 70809 Phone: 767-1888 mbchevalier@cox.net
Fabian Blache (First Term) SIUTOPIA Special Investigations 8442 Thurman Drive Baton Rouge, LA 70806 Phone: 926-6922 Cell: 921-8703 Fblache2@gmail com	Greg Bowser (First Term) LA Chemical Association One American Place Suite 2040 Baton Rouge, LA 70825 Phone: 344-2609 Fax: 343-1007 greg@lca.org	W. Joe Kelly, E. Feliciana Parish (First Term) Farm Bureau Insurance Company 5564 Hwy. 19 Ethel, LA 70730 Cell: 719-0261 Jkelly@sfbcic.com
Michele Crosby, Livingston Parish (First Term) Jones Walker et al 8555 United Plaza Blvd. Suite 500 Baton Rouge, LA 70809 Phone: 248-2092 Fax: 248-3092 mcrosby@joneswalker.com		
Class of 2012		
Walter Monsour (Second Term) EBR Parish Redevelopment Authority 801 North Blvd. Suite 200 Baton Rouge, LA 70802 Phone: 387-5606 Fax: 387-0780 Wmonsour.ebrra@brgov.com	Whitney Vann (Second Term) WBRZ 1650 Highland Road Baton Rouge, LA 70802 Phone: 387-2222 Fax: 336-2246 whitney@wbrz.com	Alden Andre , Pointe Coupee Parish (Second Term) Formosa Plastics Corporation USA P O Box 271 Baton Rouge, LA 70821 Phone: 356-8600 Fax: 356-8604 aandre@flbr.fpcusa.com
Mark Suddaby (Second Term) Jacobs Engineering 4949 Essen Lane Baton Rouge, LA 70809 Phone: 768-5231 Fax: 768-5087 Mark.suddaby@jacobs.com	Ann Wilkinson (Second Term) Pennington Biomedical Research Foundation 6400 Perkins Road Baton Rouge, LA 70809 Phone: 763-2512 Fax: 763-3108 Ann.wilkinson@pbrc.edu	Scott Berg (First Term) Lee Michaels Fine Jewelry 7560 Corporate Blvd. Baton Rouge, LA 708 Phone: 926-4644 scottb@lmfj.com
Adam Knapp (First Term) Baton Rouge Area Chamber of Commerce P O Box 3217 Baton Rouge, LA 70821 Phone: 381-7125 Fax: 336-4306 knapp@brac.org	Dr. Ernie Hughes (First Term) Southern University Agriculture Center Ashford O. Williams Hall P O Box 10010 Baton Rouge, LA 70813 Phone: 771-2242 Ernie_hughes@subr.edu	Ryan Elliott Iberville Parish (First Term) Citizen's Bank & Trust 57910 Main St. Plaquemine, LA 70764 Phone: 225 685-3802 Relliott@cbtla.com
Conville Lemoine, W. Feliciana Parish (First Term)	A.Todd Caruso (First Term) Attorney at Law, LLC	

Capital Area United Way

Bank of St Francisville P O Box 818 St. Francisville, LA 70775 Phone: 784-3232 Cell: 721 -0835 conville@bsf.net	1810 Florida Avenue, SW Suite B Denham Springs, LA 70726 Phone: 271-4941 Fax: 271-4961 todd@carusolawllc.com	

CAPITAL AREA UNITED WAY

FORM 990 - ADJUSTMENTS FOR DESIGNATIONS

December 31, 2009

	Balance per Financial Statements	Debit		Credit	Balance per Form 990
Contributions - previous periods	0			317,882	(317,882)
Contributions - 2008 campaign	(5,907,592)	-		624,932	(6,532,524)
Contributions - 2009 campaign	(4,884,318)	-		316,833	(5,201,151)
Allocations	3,020,514	873,462		-	3,893,976
Due to designated agencies		386,185	@	-	386,185
		1,259,647		1,259,647	

To include designated amounts in contributions and allocations for 2008.

	Balance per Financial Statements	Debit		Credit	Balance per Form 990
Unrestricted net assets	651,088	-		-	651,088
Temp. rest. net assets	(6,148,682)			-	(6,148,682)
Due to designated agencies		602,380	b	-	602,380
		602,380		-	

To adjust the beginning balance of net assets to amounts reported on Form 990.

	Balance per Financial Statements	Debit		Credit	Balance per Form 990
Due to designated agencies	(988,565)	386,185	@	0	-
		602,380	b		

CAPITAL AREA UNITED WAY

For From 990 Presentation

	2009			2008		
	Financial Stmts	Adjustment	Form 990	Financial Stmts	Adjustment	Form 990
ASSETS						
Cash and cash equivalents	$ 4,493,116		$ 4,493,116	$ 3,103,952		$ 3,103,952
Certificates fo deposit	1,029,000		$ 1,029,000	-		$ -
Pledge contributions receivable	5,912,366		$ 5,912,366	5,928,392		$ 5,928,392
Building contribution receivable	1,170,119		$ 1,170,119	1,187,549		$ 1,187,549
(Less allowance for uncollectible / discount)	(1,280,430)		$ (1,280,430)	(1,345,224)		$ (1,345,224)
Other receivables	35,430		$ 35,430	36,459		$ 36,459
Other current assets	66,816		$ 66,816	57,478		$ 57,478
Long-term investments	234,236		$ 234,236	205,939		$ 205,939
Property and equipment, net of depreciation	287,752		$ 287,752	339,558		$ 339,558
Total assets	$ 11,948,405		$ 11,948,405	$ 9,514,103		$ 9,514,103
LIABILITIES						
Designations payable	$ 988,565	(988,565)	$ -	$ 602,380	(602,380)	$ -
Accounts and other payables	104,274		$ 104,274	91,622		$ 91,622
Allocations payable	-		$ -	2,881,737		$ 2,881,737
Deferred revenue	1,928		$ 1,928	1,928		$ 1,928
Accrued compensated absences	45,626		$ 45,626	30,270		$ 30,270
Accrued pension costs	70,689		$ 70,689	355,665		$ 355,665
Liability for deferred compensation	-		$ -	-	-	-
Total liabilities	1,211,082	(988,565)	222,517	3,963,602	(602,380)	3,361,222
NET ASSETS						
Unrestricted						
Unappropriated	3,496,363		3,496,363	(804,120)	-	(804,120)
Appropriated by Board of Directors	181,329		181,329	153,032		153,032
Temporarily restricted	7,006,724	988,565	7,995,289	6,148,682	602,380	6,751,062
Permanently restricted	52,907		52,907	52,907	-	52,907
Total net assets	10,737,323	988,565	11,725,888	5,550,501	602,380	6,152,881
Total liabilities and net assets	$ 11,948,405		$ 11,948,405	$ 9,514,103		$ 9,514,103

CAPITAL AREA UNITED WAY
For Form 990 Presentation
Year Ended December 31, 2009

	Unrestricted			Temporarily Restricted			Permanently	Financial Stmts Combined	Form 990 Combined
	Financial Stmts	Adjustment	Form 990	Financial Stmts	Adjustment	Form 990	Restricted	Total	Total
PUBLIC SUPPORT AND REVENUE									
Net contributions (cancellations) applicable to previous allocation periods	$ -	(317,882)	$ 317,882	$ -	-	$ -	$ -	$ -	317,882
2007 campaign/2008 campaign contributions applicable								-	
to current allocation period [a]								-	
Contributions - current year	6,541,676		6,541,676				-	6,541,676	6,541,676
Contributions - prior year (released from restrictions)	4,376,742		4,376,742	(4,376,742)		(4,376,742)	-	-	-
	10,918,418		11,236,300	(4,376,742)		(4,376,742)	-	6,541,676	6,541,676
Less net donor designations	(873,462)	873,462	-	248,530	(248,530)	-	-	(624,932)	-
Allowance for uncollectible contributions	(9,152)		(9,152)	-		-	-	(9,152)	(9,152)
	10,035,804		11,227,148	(4,128,212)		(4,376,742)	-	5,907,592	6,532,524
2008 campaign/2009 campaign contributions for								-	
next allocation period [b]	-		-	5,578,139		5,578,139	-	5,578,139	5,578,139
Less net donor designations	-		-	(316,833)	316,833	-	-	(316,833)	-
Allowance for uncollectible contributions	-		-	(376,988)		(376,988)	-	(376,988)	(376,988)
	-		-	4,884,318		5,201,151	-	4,884,318	5,201,151
Campaign contributions for future allocation period	-		-	15,281		15,281	-	15,281	15,281
Total contributions recognized	10,035,804		11,227,148	771,387		839,690	-	10,807,191	12,066,838
Special events	117,699		117,699	-		-	-	117,699	117,699
Other contributions	-		-	-		-	-	-	-
Change in value of building lease	-		-	86,655		86,655	-	86,655	86,655
Grants	-		-	-		-	-	-	-
Investment income	$ 291		$ 291	$ -		$ -	$ -	$ 291	$ 291
Realized / unrealized gains (losses)	23,822		$ 23,822	-		-	--	23,822	23,822
Other revenue	776		$ 776	-		-	-	776	776
Donated goods and services	697,318		$ 697,318	-		-	-	697,318	697,318
Total revenue and reclassifications	10,875,710		12,067,054	858,042		926,345	-	11,733,752	12,993,399

	Unrestricted			Temporarily Restricted			Permanently	Financial Stmts Combined	Form 990 Combined
	Financial Stmts	Adjustment	Form 990	Financial Stmts	Adjustment	Form 990	Restricted	Total	Total
EXPENSES								-	
Program Services								-	
Gross funds allocated / awarded	3,893,976		3,893,976	-		-	-	3,893,976	3,893,976
(Less donor designations)	(873,462)	873,462	-	-		-	-	(873,462)	-
Net funds allocated / awarded	3,020,514		3,893,976	-		-	-	3,020,514	3,893,976
Hurricane allocations / awards	-		-	-		-	-	-	-
Community Partnership (Allocation services)	360,738		360,738	-		-	-	360,738	360,738
Donated goods and services	27,893		27,893	-		-	-	27,893	27,893
Other programs	1,365		1,365	-		-	-	1,365	1,365
Total program services	3,410,510		4,283,972	-		-	-	3,410,510	4,283,972
Supporting Services								-	
Organizational administration	1,032,109		1,032,109	-		-	-	1,032,109	1,032,109
Fund raising	1,275,029		1,275,029	-		-	-	1,275,029	1,275,029
Donated goods and services	669,425		669,425					669,425	
United Way dues	109,663		109,663	-		-	-	109,663	109,663
Total support services	3,086,226		3,086,226	-		-	-	3,086,226	3,086,226
Total expenses	6,496,736		7,370,198	-		-	-	6,496,736	7,370,198
OTHER INCREASE / (REDUCTION) IN NET ASSETS									
Gain on pension plan curtailment	-		-	-		-	-	-	-
Pension liability adjustment	(50,194)		(50,194)	-		-	-	(50,194)	(50,194)
Total increase in net assets	(50,194)		(50,194)	-		-	-	(50,194)	(50,194)
								-	
CHANGE IN NET ASSETS	4,328,780		4,646,662	858,042		926,345	-	5,186,822	5,573,007
Net assets - beginning of year	(651,088)		(1,592,514)	6,148,682		7,692,488	52,907	5,550,501	6,152,881
Net assets - end of year	$ 3,677,692		$ 3,054,148	$ 7,006,724		$ 8,618,833	$ 52,907	$ 10,737,323	$ 11,725,888

6,496,736 7,370,198
50,194 50,194
6,546,930 7,420,392

CAPITAL AREA UNITED WAY
STATEMENT OF FUNCTIONAL EXPENSES
Year ended December 31, 2009
(With comparative totals for 2008)

	2009								2008
	PROGRAM SERVICES			SUPPORT SERVICES					
	Community Partnership	All Other Program(s)	Total	Organizational Administration	Fund Raising	UWA Dues	Total	Total	Total
EXPENSES									
Allocations / awards	$ 3,892,611	$ 1 365	$ 3,893,976	$ -	$ -	$ -	$ -	$ 3,893,976	$ 13,531,008
(Less donor designations)	(873,462)	-	$ (873,462)	-	-	-	-	(873,462)	(1,052,913)
Net allocations/ awards	3,019,149	1,365	3,020,514	-	-	-	-	3,020 514	12,478,095
Salaries	253,177		253,177	520 846	735,676	-	1,256,522	1,509,699	1,597,216
Payroll taxes	18,272		18,272	34 766	54,631	-	89,397	107,669	107,760
Employee benefits	31,644		31,644	139,853	137,229	-	277,082	308,726	272,635
	303,093	-	303,093	695,465	927,536	-	1,623,001	1,926,094	1,977,611
Occupancy	11,174		11,174	114,586	36,072	-	150,658	161,832	169,362
Operational supplies	5,076	1,215	6,291	10,558	12,780	-	23,338	29,629	36,008
Professional fees	14,909	150	15,059	27,701	3,368	-	31,069	46,128	108,935
Postage and shipping	704		704	3,528	5,729	-	9,257	9,961	9,340
Telephone and communications	7,729		7,729	14,519	37,271	-	51,790	59,519	51,830
Local transportation	5,359		5,359	1,062	24,212	-	25,274	30,633	34,568
Conferences and conventions	5,620		5,620	18,186	6,760	-	24,946	30,566	41,694
Dues and subscriptions	80		80	2,822	2 244	-	5,066	5,146	19,689
Campaign supplies and other campaign expenses	4,930		4,930	- 9,444	121,202		- 130,646	- 135,576	163,528
Sponsored advertising and events	-		-	-	93,180	-	93,180	93,180	31,321
Equipment rental and repairs	1,682		1,682	55,598	4,839	-	60,437	62,119	45,921
All other	382		382	6,818	(164)	-	6,654	7,036	83,697
Depreciation	-	-	-	71,822	-	-	71,822	71,822	68,041
	360,738	1,365	362,103	1,032,109	1,275,029	-	2 307,138	2,669,241	2,841,545
Pension Liability Adjustment	7,899		7,899	18,124	24,172	-	42 296	50,195	-
United Way of America/Louisiana United Way dues	-	-	- -	109,663	-	-	109,663	109,663	152,145
In kind expenses	27,893	-	27,893	48,812	620,613		669 425	697,318	
Total functional expenses	$ 4,289,141	$ 2,730	$ 4,291,871	$ 1,208,708	$ 1,919 814	$ -	$ 3 128 522	$ 7 420,393	$ 15,471 785

						10 2%	45 3%	44 5%	
	15 7%	36 1%	48 2%		50,194	$ 7 899	$ 18 124	$ 24,172	$ 50,194
50,194	$ 7,899	$ 18 124	$ 24,172		75,419	$ 7,726	$ 34 168	$ 33,526	$ 75,419
					125,613	$ 15,624	$ 52 292	$ 57 697	$ 125,613
		$ 50,194							

Employee benefits	31,644	139,853	137,229	308,726
	(7,726)	(34,168)	(33,526)	(75,419)
	23,918	105,685	103,703	233,307
Salaries	253,177	520,846	735,676	1,509,699
Key employee (Karen P)	(25,192)	(51,827)	(73,204)	(150,223)
	227,985	469,019	662,472	1,359,476
Professional fees	15 059	27,701	3,368	46,128
Professional fees-in kind	46	81	1,023	1,150
accting	(8,456)	(15,555)	(1,891)	(25,902)
other	(6,649)	(12,227)	(2,500)	(21,376)
	0	0	0	0
Sponsored advertising and events	0	0	93,180	93,180
Sponsored advertising and events-in kind	26,285	45,999	584,843	657,127
	26,285	45,999	678,023	750,307
Campaign supplies and expenses	4,930	9,444	121 202	135 576
Campaign supplies and expenses-in kind	1,562	2,733	34,746	39,041
	6 492	12,177	155,948	174,617

AR Trial Balance Report - 18

Schedule B 1/2

Account Name	Account#	Bill Sched	Start Date	Last Paid	Transaction Type	Pledge	Received	Adjusted	Balance
ExxonMobil Chemical Company	50070					0 00	0 00	0 00	0 00
+ ExxonMobil - Baton Rouge	968	Do Not Bill		12/16/2009	05Corp	701,000 00	701,000 00	0 00	0 00
***** GRAND TOTAL *****		*****			***********	**701,000.00**	**701,000.00**	**0.00**	**0.00**

Note . + indicates a child billing account

Note · + indicates a child billing account

22

ansaction Detail

Date	Year	Env#	Tran#	Envelope Type	Transaction Type	Pay Type	Plg	Pmt	Check Number	Org#	Organization	Campaign Name
12/16/2009	2009	9293	585493	Account Receivable Payments	Corporate	Check	$350,000 00	$350,000 00	2500454673	968	ExxonMobil - Baton Rouge	Local Campaign
Date	Year	Env#	Tran#	Envelope Type	Transaction Type	Pay Type	Plg	Pmt	Check Number	Org#	Organization	Campaign Name
4/27/2009	2008	7867	572016	Account Receivable Payments	Corporate	Check	$1,000 00	$1,000 00	2500415934	968	ExxonMobil - Baton Rouge	Local Campaign
1/23/2009	2008	7404	562902	Workplace	Corporate	Check	$350,000 00	$350,000 00	2500384720	968	ExxonMobil - Baton Rouge	Local Campaign

Schedule I

1/2

2009 Allocation Schedule		2008	
Member Agencies		Designation	Difference
Adult Literacy Advocates - GBR	43,072 32	3,020 00	40,052.32
Detoxification Center, Baton Rouge	30,564.66	4,280 00	26,284 66
LA. Capital Area Chapter, American Red Cross	476,787 48	21,650.00	455,137 48
American Diabetes Association	29,578 02	19,677 00	9,901 02
American Heart Association	12,366 48	0 00	12,366 48
ARC Ascension COEA	9,012 48	5,814.00	3,198.48
Arc Baton Rouge	148,025 94	7,275 00	140,750 94
Arthritis Association of LA	7,011 00	5,114 00	1,897 00
B R Crisis Intervention Center, Inc	147,160 38	2,687 00	144,473 38
Big Buddy Program	150,891 60	5,093.00	145,798 60
Istrouma Area Council Boy Scouts of Amer.	218,251 62	28,283 00	189,968 62
Boy Scouts of Amer , Southeast LA Council	6,155 76	197.00	5,958 76
Boys & Girls Club of Greater Baton Rouge	121,674 50	2,917.00	118,757 50
Baton Rouge CYO	50,921 94	1,980.00	48,941.94
BR Marine Institute	51,441 54	3,192 00	48,249.54
BR Speech and Hearing	204,789 36	7,368 00	197,421 36
Camp Fire*one month advance March*	40,440 18	4,819 00	35,621 18
Cancer Services of GBR	564,760 02	82,380.00	482,380 02
Capital Area Agency on Aging, Inc	137,245 98	3,577 00	133,668 98
Capital Area Family Violence Intervention Center, Inc.	193,136 94	7,234 00	185,902 94
Capital Area CASA Association	28,873 62	6,645.00	22,228 62
Catholic Community Services	198,876 24	35,546 00	163,330 24
Child Advocacy Services	16,003 74	6,571 00	9,432 74
Comm Assoc for Welfare of Sch - CAWSC	190,934 46	608.00	190,326 46
Comm Opportunities of East Ascension	19,232 34	0 00	19,232 34
Crippled Citizens, Ascension	1,228.50	0 00	1,228 50
McMains Childrens Developmental Center	404,465 28	14,332 00	390,133 28
Family Service of Greater Baton Rouge	288,873 24	2,251 00	286,622 24
United Methodist HOPE Ministries	42,863 52	3,502 00	39,361 52
Greater Baton Rouge Food Bank	177,961 62	18,821 00	159,140 62
Girl Scouts Concil of Southeast LA	189,105 12	4,799 00	184,306 12
Happi Llandiers	26,528 10	2,080 00	24,448 10
Louisiana Hemophilia Foundation	6,738.48	1,053 00	5,685.48
Hospice of Baton Rouge	70,642.50	56,389 00	14,253.50
Livingston Youth & Family Counseling, Inc	118,848 42	9,094.00	109,754 42
The Mental Health Association for GBR	104,046.78	2,294 00	101,752 78
O'Brien House	157,840 98	6,367 00	151,473 98
Port City Enterprises, Inc	8,373 60	2,664 00	5,709 60
Donaldsonville Area ARC	14,972 52	14,569 00	403 52
Retarded Citizens, Iberville	11,628 78	0 00	11,628 78
Retarded Citizens, Livingston	3,822 24	0 00	3,822 24
ARC Iberville	12,000.00	1,885.00	10,115 00
ARC Livingston	3,600.00	3,185 00	415 00
St James ARC	8,088 00	3,634 00	4,454 00
River Parishes Mental Health Clinic	6,840 00	1,389 00	5,451 00
Salvation Army, East Baton Rouge	144,390 48	4,955.00	139,435 48
St James Council on Aging	17,411.52	6,324 00	11,087 52
St Helena Headstart	5,764 74	2,407 00	3,357.74
Volunteer Baton Rouge!	46,062 48	4,139 00	41,923 48
Volunteers in Public Schools	15,815 10	945 00	14,870 10
Volunteers of America, Greater Baton Rouge	323,769 06	8,432 00	315,337.06
West Baton Rouge Helping Hand	12,985 20	2,258 00	10,727 20
YMCA of the Capital Area	121,651 74	4,093.00	117,558 74
YWCA - BR	111,476 46	659 00	110,817.46
Total Member Agencies	5,555,003 06	448,447 00	5,106,556 06
Contracted Allocations			
LA Assn UW's-211 - $236,202	245,601 00		
Community Health Charities of La - $104,965	78,969 48		
Catholic Community Services $49,298	16,432 68		
St James Council on Aging $9,761	4,880 52		
Total Contracted Allocations	345,883.68		
Total Allocations	5,900,886.74		

Schedule I

2/2

2009 allocations total	5,900,886 74		
Less allocations expense in 2008	(2,880,372 36)		
Add 2008 payable donor designations	873,462.00		
Total 2009 allocation expense	3,893,976.38		

Capital Area United Way
Form 990 Schedule O
In-Kind Donations & Sponsorships

Acadian Frame and Art	Crown Trophy-Store #59	Longhorn Steakhouse	Tsunami Sushi
The Advocate	Crowne Plaza	Louie's Cafe	USS KIDD Veterans Memorial
Allied Waste Services of Baton Rou	Demi Glace Philmin Gourmet	Louisiana Arts & Science Museum	Wal-Mart Parent Account Corp/Emp + Wal-Mart #1266
Ambient Light Expeditions	Digital FX, Inc.	Louisiana Business Inc	
The Around Town Show	Dixie Landin & Blue Bayou Water Park	Manda Fine Meats	
Associated Grocers, Inc	EBR City Parish Employees + Baton Rouge Metropolitan Airport + EBR Mayor Presidents Office + EBR Police Department **** Billing Account Total *	Mansur's on the Boulevard	
Audubon Nature Institute		Mello Joy Coffee	
AV Express		Milo's Tea Company	
Baton Rouge Area Convention	Enoteca Marcellos Wine Bar	Mockler Beverage	
Baton Rouge Coca-Cola Bottling Co	Face Place	The National World War II Museum	
Baton Rouge Parents Magazine	FASTSIGNS	Natural Health News & Directory	
Baton Rouge River Center	Fresh Market	Nolan Kimble Interiors	
Baton Rouge Zoo	Georgia Pacific Corporation	Object 9	
Belle of Baton Rouge	Guaranty Corporation/Broadcasting	Old Centenary Inn	
Benny's Car Wash	Harvie, Mr. Alexander	Pat's Restaurant and Pizzeria	
Big Wheel Novelties, Inc.	Health Care Journal of Baton Rouge	P F. Chang's	
Blue Cross Blue Shield of LA	Holiday Inn-Downtown Superdome	Prive' Lingerie	
Bourbon Vieux Room	J Alexander's	River Road Coffees	
The Bulldog	Juban's Restaurant, Inc.	The Roux House	
Cafe du Monde	Karen Paul, M.D.	Ruffino's	
Capitol City Produce	Krazy Kajun Cookware and Catering	Scardina Refrigeration Company	
Champps	Krispy Kreme Doughnuts	Silk Screen Shop	
City Social Magazine	LA State Museum Baton Rouge	Storyville	
Clear Channel Communications	Lamar Advertising Company + Lamar Advertising - Plant **** Billing Account Total *	Strother, Ms Amy A	
Community Coffee		Sullivan's Steakhouse	
Country Roads Magazine	Lee Michaels Fine Jewelry	TigerToons	
The Court of Two Sisters	Lokka	Tony's Seafood Ltd	

Jambalaya Jam sponsored by Dow
Thank You Event sponsored by ExxonMobil
Billboard sponsorship by Iberia Bank
Billboard sponsorship by ExxonMobil
Day of Caring sponsorship by Shell Chemical Company
Day of Caring sponsorship by Mosaic Fertilizer, LLC
Annual Meeting sponsored by ExxonMobil
Annual Meeting sponsored by EMCO Technologies
Annual Meeting sponsored by Baton Rouge Area Convention & Visitors Bureau
Mardi Gras Event sponsored Louisiana Lottery
Mardi Gras Event sponsored by Baton Rouge Area Chamber
Mardi Gras Event sponsored by La Capitol Federal Credit Union
iO training and performances sponsored by Turner Industries
iO training and performances sponsored by Blue Cross Blue Shield of Louisiana
iO training and performances sponsored by ExxonMobil
Mobile giving sponsored by anonymous donor
Mobile giving sponsored by Diane Allen & Associates and Advertising Inc

● If you are filing for an **Additional (Not Automatic) 3-Month Extension, complete only Part II** and check this box ▶ [X]

Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868

● If you are filing for an **Automatic 3-Month Extension, complete only Part I** (on page 1).

Part II **Additional (Not Automatic) 3-Month Extension of Time.** Only file the original (no copies needed)

Type or print File by the extended due date for filing the return See instructions	Name of Exempt Organization Capital Area United Way	Employer identification number 72-0447100
	Number, street, and room or suite no If a P.O. box, see instructions. 700 Laurel Street	For IRS use only
	City, town or post office, state, and ZIP code For a foreign address, see instructions Baton Rouge, LA 70802-5634	

Check type of return to be filed (File a separate application for each return)

[X] Form 990 [ ] Form 990-EZ [ ] Form 990-T (sec. 401(a) or 408(a) trust) [ ] Form 1041-A [ ] Form 5227 [ ] Form 8870

[ ] Form 990-BL [ ] Form 990-PF [ ] Form 990-T (trust other than above) [ ] Form 4720 [ ] Form 6069

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

● The books are in the care of ▶ The Organization 700 Laurel Street - Baton Rouge, LA 70802-5634

Telephone No. ▶ 225-383-2643 FAX No. ▶

● If the organization does not have an office or place of business in the United States, check this box ▶ [ ]

● If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) ______ . If this is for the whole group, check this box ▶ [ ] . If it is for part of the group, check this box ▶ [ ] and attach a list with the names and EINs of all members the extension is for

4 I request an additional 3-month extension of time until November 15, 2010

5 For calendar year 2009 , or other tax year beginning ______ , and ending ______

6 If this tax year is for less than 12 months, check reason: [ ] Initial return [ ] Final return [ ] Change in accounting period

7 State in detail why you need the extension

To obtain additional information from a third party for the completion of the 990 tax return.

8a	If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits See instructions.	8a	$
b	If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868	8b	$
c	**Balance Due.** Subtract line 8b from line 8a Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions	8c	$ N/A

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature ▶ Title ▶ President and CEO Date ▶

923832
05-26-09