See a Social Security Number? Say Something!
Report Privacy Problems to https://public.resource.org/privacy
Or call the IRS Identity Theft Hotline at 1-800-908-4490

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
UNITED WAY OF CENTRAL LOUISIANA, INC.

Doing Business As

Number and street (or P.O. box if mail is not delivered to street address) Room/suite
P. O. BOX 749

City or town, state or country, and ZIP + 4
ALEXANDRIA, LA 71309

F Name and address of principal officer: DAVID BRITT
1101 FOURTH STREET, STE 202, ALEXANDRIA, LA

D Employer identification number
72-0462338

E Telephone number
(318) 443-7203

G Gross receipts $ 1,688,369.

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.UWCL.ORG

K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation: 1980 M State of legal domicile: LA

Part I Summary

1 Briefly describe the organization's mission or most significant activities: THE MISSION OF THE ORGANIZATION IS TO LINK PEOPLE AND RESOURCES FOR A STRONGER COMMUNITY IN CENTRAL

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	27
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	27
5	Total number of employees (Part V, line 2a)	5	10
6	Total number of volunteers (estimate if necessary)	6	400
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.

RECEIVED
E1-233 AUG 02 2010 IRS-OSC
OGDEN, UT

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	1,873,381.	2,036,926.
9	Program service revenue (Part VIII, line 2g)		
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	21,515.	14,665.
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<33,358.>	<363,222.>
12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,861,538.	1,688,369.
13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	923,476.	884,661.
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)	261,455.	268,897.
16a	Professional fundraising fees (Part IX, column (A), line 11e)		
b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 132,389.		
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	494,218.	446,744.
18	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	1,679,149.	1,600,302.
19	Revenue less expenses. Subtract line 18 from line 12	182,389.	88,067.

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	1,763,331.	1,849,278.
21	Total liabilities (Part X, line 26)	22,776.	20,657.
22	Net assets or fund balances Subtract line 21 from line 20	1,740,555.	1,828,621.

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: 7.21.2010

▶ DAVID BRITT, PRESIDENT
Type or print name and title

Paid Preparer's Use Only

Preparer's signature — Date 7/19/10 — Check if self-employed ▶ ☐ — Preparer's identifying number (see instructions)

Firm's name (or yours if self-employed), address, and ZIP + 4
PAYNE, MOORE & HERRINGTON, LLP
P.O. BOX 13200
ALEXANDRIA, LA 71315-3200

EIN ▶

Phone no. ▶ (318)443-1893

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

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

Part III Statement of Program Service Accomplishments

1 Briefly describe the organization's mission

UNITED WAY OF CENTRAL LOUISIANA, INC., IS A NON-PROFIT CORPORATION LOCATED IN ALEXANDRIA, LOUISIANA, AND ITS MISSION IS TO LINK PEOPLE AND RESOURCES FOR A STRONGER COMMUNITY IN CENTRAL LOUISIANA.

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 $ 875,093. including grants of $) (Revenue $)

GRANTS MADE DIRECTLY TO AGENCIES - SEE SCHEDULE 1

4b (Code) (Expenses $ 270,852. including grants of $) (Revenue $)

WELLNESS WORKS IN CENLA

4c (Code) (Expenses $ 163,113. including grants of $) (Revenue $)

COMMUNITY SERVICE

4d Other program services. (Describe in Schedule O)

(Expenses $ 54,002. including grants of $) (Revenue $)

4e Total program service expenses ▶ $ 1,363,060.

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? (Yes: , No: X) *If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional*	12A		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	3		
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	10		
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		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?		7h		
8	**Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		8		
9	***Sponsoring organizations maintaining donor advised funds.***				
a	Did the organization make any taxable distributions under section 4966?		9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?		9b		
10	**Section 501(c)(7) organizations.** Enter				
a	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	**Section 501(c)(12) organizations.** Enter:				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?		12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			

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

				Yes	No
1a	Enter the number of voting members of the governing body	1a	27		
b	Enter the number of voting members that are independent	1b	27		
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.)*

			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

[X] Own website [X] Another's website [X] 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. ▶

UNITED WAY OF CENTRAL LA., INC. - 318-443-7203
1101 FOURTH STREET, STE 202, ALEXANDRIA, LA 71309

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)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
SEE SCHEDULE 2 - BOARD O		X						0.	0.	0.

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

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

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 ▶ 0

		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	1a Federated campaigns	1a 401,329.				
	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 1,635,597.				
	g Noncash contributions included in lines 1a-1f $ 16,133.					
	h Total. Add lines 1a-1f	▶	2,036,926.			
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)	▶	14,665.	14,665.		
	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)	▶				
		(i) Securities / (ii) Other				
	7 a Gross amount from sales of assets other than inventory					
	b Less cost or other basis and sales expenses					
	c Gain or (loss)					
	d Net gain or (loss)	▶				
	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 UNREALIZED GAIN ON INV	900001	22,031.	22,031.		
	b ADMINISTRATIVE FEES	561000	8,500.	8,500.		
	c MISCELLANEOUS	900099	7,576.	7,576.		
	d All other revenue	900099	<401,329.>	<401,329.>		
	e Total. Add lines 11a-11d	▶	<363,222.>			
	12 Total revenue. See instructions.	▶	1,688,369.	<348,557.>	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	884,661.	884,661.		
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	73,125.	24,375.	24,375.	24,375.
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	126,387.	59,420.	29,493.	37,474.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9 Other employee benefits	54,358.	22,830.	14,677.	16,851.
10 Payroll taxes	15,027.	6,312.	4,057.	4,658.
11 Fees for services (non-employees)				
a Management				
b Legal				
c Accounting	25,205.	5,546.	3,565.	16,094.
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other				
12 Advertising and promotion	826.	347.	223.	256.
13 Office expenses	33,906.	14,242.	9,154.	10,510.
14 Information technology				
15 Royalties				
16 Occupancy				
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	3,872.	1,627.	1,045.	1,200.
20 Interest				
21 Payments to affiliates	14,002.	14,002.		
22 Depreciation, depletion, and amortization	2,348.	2,348.		
23 Insurance	5,027.	2,112.	1,357.	1,558.
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 WELLNESS WORKS IN CENLA	270,852.	270,852.		
b 211 SYSTEM CONTRIBUTION	20,000.	20,000.		
c EQUIPMENT RENTAL	14,023.	5,890.	3,786.	4,347.
d DUES & SUBSCRIPTIONS	12,722.	5,343.	3,435.	3,944.
e EARLY CHILDHOOD INITIAT	7,725.	7,725.		
f All other expenses	36,236.	15,428.	9,686.	11,122.
25 Total functional expenses. Add lines 1 through 24f	1,600,302.	1,363,060.	104,853.	132,389.
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		741,337.	1	721,053.
	2	Savings and temporary cash investments		200,000.	2	276,115.
	3	Pledges and grants receivable, net		698,061.	3	672,171.
	4	Accounts receivable, net			4	
	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		2,452.	8	2,452.
	9	Prepaid expenses and deferred charges			9	
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 71,072.			
	b	Less. accumulated depreciation	10b 68,379.	4,323.	10c	2,693.
	11	Investments - publicly traded securities			11	
	12	Investments - other securities. See Part IV, line 11			12	
	13	Investments - program-related. See Part IV, line 11		77,335.	13	128,855.
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11		39,823.	15	45,939.
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		1,763,331.	16	1,849,278.
Liabilities	17	Accounts payable and accrued expenses		21,698.	17	18,941.
	18	Grants payable			18	
	19	Deferred revenue			19	
	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		1,078.	25	1,716.
	26	**Total liabilities.** Add lines 17 through 25		22,776.	26	20,657.
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		1,540,324.	27	1,717,638.
	28	Temporarily restricted net assets		200,231.	28	110,983.
	29	Permanently restricted net assets			29	
		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		1,740,555.	33	1,828,621.
	34	Total liabilities and net assets/fund balances		1,763,331.	34	1,849,278.

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?	2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O			
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		

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	Employer identification number
UNITED WAY OF CENTRAL LOUISIANA, INC.	72-0462338

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

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

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

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

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

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

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

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

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

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

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

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

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

a ☐ Type I b ☐ Type II c ☐ Type III - Functionally integrated d ☐ Type III - 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 ")	1720727.	1674042.	1113685.	1873381.	2036926.	8418761.
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	1720727.	1674042.	1113685.	1873381.	2036926.	8418761.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 **Public support.** Subtract line 5 from line 4						8418761.

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	1720727.	1674042.	1113685.	1873381.	2036926.	8418761.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	17,208.	26,485.	31,705.	21,515.	14,665.	111,578.
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.)	20,918.	40,473.	34,252.	<33,358.	≪363,222.	≪300,937.>
11 **Total support.** Add lines 7 through 10						8229402.

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	102.30 %
15 Public support percentage from 2008 Schedule A, Part II, line 14 . .	15	97.35 %

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 .. . . . . ▶ ☒

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: UNITED WAY OF CENTRAL LOUISIANA, INC.

Employer identification number: 72-0462338

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

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

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

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

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

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

☐ Preservation of land for public use (e.g., recreation or 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				
d Equipment	71,072.		68,379.	2,693.
e Other				
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* ▶				2,693.

Schedule D (Form 990) 2009

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
BENEFICIAL INTEREST IN NET ASSETS OF CENTRAL LA COMMUNITY FOUNDATION	128,855.	COST
Total. (Col (b) must equal Form 990, Part X, col (B) line 13.) ▶	128,855.	

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	
DEPOSITS HELD ON BEHALF OF OTHERS	1,716.
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25)* ▶	1,716.

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	1,688,369.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	1,600,302.
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	88,067.
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	0.
10	Excess or (deficit) for the year per audited financial statements Combine lines 3 and 9	10	88,067.

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	1,688,369.
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	0.
3	Subtract line 2e from line 1			3	1,688,369.
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	0.
5	Total revenue Add lines 3 and 4c. *(This must equal Form 990, Part I, line 12.)*			5	1,688,369.

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

1	Total expenses and losses per audited financial statements			1	1,600,302.
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	0.
3	Subtract line 2e from line 1			3	1,600,302.
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	0.
5	Total expenses. Add lines 3 and 4c. *(This must equal Form 990, Part I, line 18.)*			5	1,600,302.

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

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

▶ Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than $15,000 on Form 990-EZ, line 6a.
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047

2009

Open To Public Inspection

Name of the organization

UNITED WAY OF CENTRAL LOUISIANA, INC.

Employer identification number

72-0462338

Part I **Fundraising Activities.** Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

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

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

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

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

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

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

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than $15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than $5,000.

		(a) Event #1 (event type)	(b) Event #2 (event type)	(c) Other events (total number)	(d) Total events (add col (a) through col (c))
Revenue	1 Gross receipts				
	2 Less: Charitable contributions				
	3 Gross income (line 1 minus line 2)				
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses				
	10 Direct expense summary. Add lines 4 through 9 in column (d) ▶				( )
	11 Net income summary. Combine line 3, column (d), and line 10 ▶				

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

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

			Yes	No
9	Enter the state(s) in which the organization operates gaming activities:			
a	Is the organization licensed to operate gaming activities in each of these states?	9a		
b	If "No," explain:			
10a	Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?	10a		
b	If "Yes," explain			
11	Does the organization operate gaming activities with nonmembers?	11		
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?	12		

			Yes	No
13 Indicate the percentage of gaming activity operated in:				
a The organization's facility	13a	%		
b An outside facility	13b	%		
14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:				
Name ▶				
Address ▶				
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?		15a		
b If "Yes," enter the amount of gaming revenue received by the organization ▶ $ _____ and the amount of gaming revenue retained by the third party ▶ $ _____ .				
c If "Yes," enter name and address of the third party:				
Name ▶				
Address ▶				
16 Gaming manager information:				
Name ▶				
Gaming manager compensation ▶ $ _____				
Description of services provided ▶				
☐ Director/officer ☐ Employee ☐ Independent contractor				
17 Mandatory distributions:				
a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?		17a		
b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ $				

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

UNITED WAY OF CENTRAL LOUISIANA, INC.

Employer identification number

72-0462338

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
AMERICAN RED CROSS 1104 BILLY MITCHELL DRIVE ALEXANDRIA, LA 71303	72-0423602	501C3	95,395.	235.	FAIR MARKET VALUE	OFFICE SUPPLIES	CRISIS RESOLUTION - EMERGENCY SERVICES
AVOYELLES SOCIETY FOR THE DEVELOPMENTALLY DISABLED - P.O. BOX 854 - MARKSVILLE, LA 71351	72-0679452	501C3	11,948.	235.	FAIR MARKET VALUE	OFFICE SUPPLIES	STRONG FAMILIES - DAY HABILITATION
BOY SCOUTS, LOUISIANA PURCHASE COUNCIL - 2405 OLIVER ROAD - MONROE, LA 71201	72-0423632	501C3	66,941.	235.	FAIR MARKET VALUE	OFFICE SUPPLIES	SUCCESSFUL CHILDREN - CUB & BOY SCOUTING/LEARNING FOR LIFE
BOYS & GIRLS CLUB P.O. BOX 5247 ALEXANDRIA, LA 71307	72-0845372	501C3	23,458.	236.	FAIR MARKET VALUE	OFFICE SUPPLIES	SUCCESSFUL CHILDREN - YOUTH DEVELOPMENT
FAMILY COUNSELING AGENCY 1404 MURRAY STREET ALEXANDRIA, LA 71301	72-0677893	501C3	111,644.	2,472.	FAIR MARKET VALUE	OFFICE SUPPLIES AND CLOTHING	STRONG FAMILIES/CRISIS RESOLUTION - GENERAL COUNSELING/BATTERED WOMEN'S SHELTER/SEXUAL
GIRL SCOUTS OF LA-PINES TO THE GULF - 1720 KALISTE SALOOM RD, STE. C-1 - LAFAYETTE, LA 70508	72-0488660	501C3	67,073.	236.	FAIR MARKET VALUE	OFFICE SUPPLIES	SUCCESSFUL CHILDREN - YOUTH

2 Enter total number of section 501(c)(3) and government organizations ▶ 14.

3 Enter total number of other organizations ▶ 0.

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

Schedule I (Form 990) 2009

SEE PART IV FOR COLUMN (H) DESCRIPTIONS

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.

SCHEDULE I, PART I, LINE 2: THE UNITED WAY OF CENTRAL LOUISIANA, INC. MONITORS THE USE OF GRANT FUNDS THROUGH AN ORGANIZED PROCESS INVOLVING BOTH PROFESSIONAL STAFF AND UNPAID VOLUNTEERS. STAFF MAINTAIN ONGOING RELATIONSHIPS WITH FUNDED AGENCIES THAT INCLUDE ONSITE VISITS. TEAMS OF VOLUNTEERS, CALLED "GOAL AREA TEAMS," ALSO VISIT THE AGENCIES AT LEAST ANNUALLY AS GROUPS AND THEN FOLLOW UP AS INDIVIDUAL TEAM MEMBERS. AGENCIES SUBMIT COMPLETED FORMS EACH YEAR REPORTING THEIR USE OF OUR FUNDS AND THEIR NEED FOR FUNDS IN THE COMING YEAR. AT ANY POINT, IF STAFF OR VOLUNTEERS NOTE ISSUES THAT NEED TO BE ADDRESSED, APPROPRIATE ACTION IS TAKEN TO

SCHEDULE I-1
(Form 990)
Department of the Treasury
Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)
▶ Attach to Form 990 to list additional information for Schedule I (Form 990), Part II or Part III.

OMB No 1545-0047
2009
Open to Public Inspection

Name of the organization
UNITED WAY OF CENTRAL LOUISIANA, INC.

Employer identification number
72-0462338

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

(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
HOPE HOUSE P.O. BOX 7477 ALEXANDRIA, LA 71306	72-1479693	501C3	82,568.	236.	FAIR MARKET VALUE	OFFICE SUPPLIES	CRISIS RESOLUTION - TRANSITIONAL HOUSING
RAPIDES CHILDREN'S ADVOCACY CENTER P.O. BOX 228 ALEXANDRIA, LA 71309	72-1299269	501C3	40,080.	236.	FAIR MARKET VALUE	OFFICE SUPPLIES	SUCCESSFUL CHILDREN - CHILDREN'S ADVOCACY CENTER/CASA
CENLA PARTNERS IN LITERACY 817 16TH STREET ALEXANDRIA, LA 71301	72-1144052	501C3	29,122.	236.	FAIR MARKET VALUE	OFFICE SUPPLIES	STRONG FAMILIES - ADULTS
READING ED. FOR ADULT DEVELOPMENT P.O. BOX 246 OAKDALE, LA 71463	72-1419007	501C3	13,207.	236.	FAIR MARKET VALUE	OFFICE SUPPLIES	STRONG FAMILIES - GOALS FOR GROWTH
THE SALVATION ARMY P.O. BOX 829 ALEXANDRIA, LA 71309	63-0288866	501C3	132,378.	236.	FAIR MARKET VALUE	OFFICE SUPPLIES	CRISIS RESOULTION - EMERGENCY SERVICES/DAY SHELTER
VOLUNTEERS OF AMERICA 3900 LEE STREET ALEXANDRIA, LA 71302	72-0506820	501C3	46,994.	236.	FAIR MARKET VALUE	OFFICE SUPPLIES	STRONG FAMILIES - PREGNANCY & ADOPTION SERVICES/HOUSING FOR MENTALLY ILL
YMCA 724 SCOTT STREET ALEXANDRIA, LA 71301	72-0408980	501C3	66,825.	236.	FAIR MARKET VALUE	OFFICE SUPPLIES	SUCCESSFUL CHILDREN/STRONG FAMILIES - DRIVERS ED, YOUTH SPORTS, AQUATICS
YWCA 5912 JAMES STREET ALEXANDRIA, LA 71303	72-6001514	501C3	87,460.	236.	FAIR MARKET VALUE	OFFICE SUPPLIES	SUCCESSFUL CHILDREN - YOUTH DEVELOPMENT

Part IV Supplemental Information

SAFEGUARD THE COMMUNITY'S DONATIONS.

PART II, LINE 1, COLUMN (H):

NAME OF ORGANIZATION OR GOVERNMENT: FAMILY COUNSELING AGENCY

(H) PURPOSE OF GRANT OR ASSISTANCE: STRONG FAMILIES/CRISIS RESOLUTION - GENERAL COUNSELING/BATTERED WOMEN'S SHELTER/SEXUAL ASSAULT

NAME OF ORGANIZATION OR GOVERNMENT: YMCA

(H) PURPOSE OF GRANT OR ASSISTANCE: SUCCESSFUL CHILDREN/STRONG FAMILIES - DRIVERS ED, YOUTH SPORTS, AQUATICS ETC./MEMBERSHIP SUBSIDIES

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

UNITED WAY OF CENTRAL LOUISIANA, INC.

Employer identification number

72-0462338

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

LOUISIANA.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

MISCELLANEOUS ALLOCATIONS & EXPENSES

EXPENSES $ 54002. INCLUDING GRANTS OF $ 0. REVENUE $ 0.

FORM 990, PART VI, SECTION B, LINE 11: FORM 990 IS PREPARED FROM AUDITED FINANCIAL STATEMENTS PREVIOUSLY PRESENTED TO AND ACCEPTED BY THE GOVERNING BODY. FORM 990 IS REVIEWED AND APPROVED BY THE OPERATIONAL EXCELLENCE COMMITTEE, AND SUBMITTED TO THE FULL BOARD OF DIRECTORS FOR REVIEW AND COMMENT PRIOR TO ITS SUBMISSION.

FORM 990, PART VI, SECTION B, LINE 12C: THE ORGANIZATION MONITORS AND ENFORCES COMPLIANCE WITH ITS CONFLICT OF INTEREST POLICY BY, FIRST, MAKING IT AVAILABLE AT THE BEGINNING OF THE YEAR FOR ITS VOLUNTEER TEAMS. BOARD MEMBERS ARE ASKED TO COMPLETE THE FORM, LISTING ANY POSSIBLE CONFLICTS, SIGN IT, AND TURN IT IN AT THE FIRST BOARD MEETING OF THE YEAR. THE STATEMENTS ARE KEPT ON FILE AS LONG AS THE PERSON SERVES ON THE BOARD. THE STATEMENTS ARE ALSO SIGNED AND COLLECTED FOR ALL GOAL AREA VOLUNTEERS, WHO MAKE FUNDING RECOMMENDATIONS EACH YEAR. THOUGH THE POTENTIAL FOR CONFLICT IS SIGNIFICANTLY LESS IN OTHER ROLES, THE ORGANIZATION SHARES THE POLICY WITH OTHER VOLUNTEERS AND DOES NOT COLLECT SIGNED COPIES OF THE POLICY FROM THEM.

FORM 990, PART VI, SECTION B, LINE 15: THE ORGANIZATION, THROUGH ITS

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

UNITED WAY OF CENTRAL LOUISIANA, INC.

Employer identification number

72-0462338

OPERATION EXCELLENCE COMMITTEE, REVIEWS AND APPROVES THE COMPENSATION OF ALL OF ITS OFFICERS AND EMPLOYEES. THIS PROCESS IS DOCUMENTED IN THE MINUTES OF THE COMMITTEE, AS WELL AS THE MINUTES OF THE ENTIRE BOARD, WHICH ALSO APPROVES THE COMPENSATION PACKAGES.

FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION'S FINANCIAL STATEMENTS ARE AVAILABLE ON THE ORGANIZATION'S WEBSITE, UPON REQUEST, AND PUBLISHED IN ITS ANNUAL REPORT.

THE ORGANIZATION'S GOVERNING DOCUMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST AND AS PUBLISHED ON STATE WEBSITES.

THE ORGANIZATION'S CONFLICT OF INTEREST POLICIES ARE AVAILABLE ON THE ORGAINZATION'S WEBSITE, AVAILABLE TO THE PUBLIC UPON REQUEST, PROVIDED TO MEMBER AGENCIES, AND PROVIDED IN PUBLIC WORKSHOPS ADMINISTERED BY THE ORGANIZATION AND ITS DIRECTOR.

THE OPERATIONAL EXCELLENCE COMMITTEE IS RESPONSIBLE FOR OVERSIGHT OF FINANCIAL STATEMENT AND AUDIT MATTERS.

United Way of Central Louisiana, Inc.
Allocations and Designations to Member Agencies
Year Ended December 31, 2009

Schedule 1

	Basic Allocations	Donor Designations	Total
American Red Cross	$ 90,000	$ 5,395	$ 95,395
Boy Scouts - Louisiana Purchase Council	45,800	21,141	66,941
Avoyelles Society for the Developmentally Disabled	11,700	248	11,948
Boys and Girls Club	19,400	4,058	23,458
Central Louisiana Partners in Literacy	25,700	3,422	29,122
Girl Scouts - Pines to the Gulf Council	55,000	12,073	67,073
Family Counseling Agency	95,700	15,944	111,644
Hope House	66,000	16,568	82,568
R E A.D.	12,700	507	13,207
Rapides Children's Advocacy Center	27,000	13,080	40,080
Salvation Army	110,100	22,278	132,378
Volunteers of America	44,400	2,594	46,994
Y.M.C.A	31,700	35,125	66,825
Y.W C.A	68,000	19,460	87,460
Total Agency Allocations	$ 703,200	$ 171,893	$ 875,093

See independent auditor's report

Schedule 2 2009 Board of Directors 2200-70

Roster: 2009 United Way of Central LA Board of Directors PBC (Debbie D.)

1/11/10

			WORK PHONE	FAX
√	Antoon Ms. Misty		442-6388	
	TITLE:	Community Volunteer		
	ORGANIZATION	Antoon Enterprises		
	ADDRESS:	342 West Shore Drive		
		Alexandria LA 71303		
	EMAIL:	misty.antoon@antoonenterprises.com		
	BOARD POSITION:	Board Member		
√	Arceneaux Mr. Terry	J	441-2262	441-2298
	TITLE.	Vice President - Operations		
	ORGANIZATION:	Acadian Ambulance Service		
	ADDRESS:	702 Monroe St		
		Alexandria LA 71301		
	EMAIL:	tarceneaux@acadian.com		
	BOARD POSITION:	Board Chair 2009		
√	Baker Ms. Connie	D.	379-2855 x 3601	379-2861
	TITLE:	Director of Human Resources		
	ORGANIZATION:	RoyOMartin - Plywood		
	ADDRESS:	1695 Hwy 490		
		Chopin LA 71447		
	EMAIL:	connie.baker@royomartin.com		
	BOARD POSITION:	Board Member		
√	Carroll Mrs. Mary	L.	487-1450	445-1184
	TITLE	CPA		
	ORGANIZATION:	Lester, Miller & Wells		
	ADDRESS:	PO Box 8758		
		Alexandria LA 71306-1758		
	EMAIL:	mcarroll@lmw-cpa.com		
	BOARD POSITION	Sec'y-Treasurer		
√	Crowell Mr. Michael	D	748-8141	748-8190
	TITLE:			
	ORGANIZATION:	Crowell Lumber Industries		
	ADDRESS:	11789 Hwy 165 South		
		Longleaf LA 71409		
	EMAIL:	mdcrowell@crowelllumber.com		
	BOARD POSITION:	RDC Chair		
√	Draughon Mr. Jeff		442-4944	442-4401
	TITLE:	Financial Consultant		
	ORGANIZATION.	Upton Draughon Bollinger, LLC		
	ADDRESS:	4601 Windermere Blvd.		
		Alexandria LA 71303		
	EMAIL:	jeff.draughon@lpl.com		
	BOARD POSITION:	Board Member		

	WORK PHONE	FAX
Franks Mrs. Sissy M.	446-3107	

TITLE: Senior Consultant
ORGANIZATION: SSA Consultants
ADDRESS: 200 Morris Sasser Road
Deville LA 71328-9322
EMAIL: sfranks@consultssa com
BOARD POSITION: Chair 2008

Gaspard Mr. H. J.	318-648-3007	318-648-2035

TITLE: CEO
ORGANIZATION: Winn Parish Medical Center
ADDRESS: 310 West Boundary St.
Winnfield LA 71483
EMAIL:
BOARD POSITION: Board Member

Harris Mr. Brooks T.	442-8808	442-8665

TITLE:
ORGANIZATION: Brooks Harris Wealth Management
ADDRESS: 1234 Texas Avenue
Alexandria LA 71301
EMAIL: brooks.harris@lpl.com
BOARD POSITION: Board Member

Hassel Mr. Wyatt A.	640-7672

TITLE:
ORGANIZATION: Procter and Gamble
ADDRESS: 3701 Monroe Hwy
Pineville LA 71360
EMAIL: hassel.wa@pg.com
BOARD POSITION. Board Member

Herzog Bishop Ronald P.	445-2401 x 203	567-1230

TITLE: Bishop
ORGANIZATION: Catholic Diocese of Alexandria
ADDRESS: 4400 Coliseum Blvd.
Alexandria LA 71303
EMAIL: rherzog@diocesealex.org
BOARD POSITION: Board Member

Holloway Mr. Timothy A.	445-1857

TITLE:
ORGANIZATION: Edward Jones Investments
ADDRESS: 4508 Coliseum Blvd, Ste J
Alexandna LA 71303
EMAIL: tim.holloway@edwardjones.com
BOARD POSITION: Board Builders

	WORK PHONE	FAX
Johnson Mrs. Chaquetta T.	487-5282 x 213	487-5338

TITLE: Regional Nurse Manager
ORGANIZATION: DHH/Office of Public Health
ADDRESS: 5604 - B Coliseum Blvd.
Alexandria LA 71303
EMAIL: cmthomas@dhh.la.gov
BOARD POSITION: Board Member

Joiner Dr. Haywood	473-6466	473-6588

TITLE: Chair, Dept Allied Health
ORGANIZATION: LSUA
ADDRESS: 8100 Hwy 71 South
Alexandria LA 71302
EMAIL: hjoiner@lsua.edu
BOARD POSITION: Board Builders Mentor

Kent Mr. Eric	445-9328	443-7691

TITLE: Financial Consultant
ORGANIZATION: Wachovia Securities
ADDRESS: 1528 Dorchester
Alexandria LA 71301
EMAIL: eric.kent@wachoviasec.com
BOARD POSITION: Board Vice Chair 2009

Mathews Ms. Donna	484-2136	487-5230

TITLE: Community Specialist
ORGANIZATION: Office of Family Support
ADDRESS: 5419 B. Jackson St. Ext.
Alexandria LA 71303
EMAIL: dmathews@dss.state.la.us
BOARD POSITION: CIC Chair

Morris Mr. Warren R.	561-5901	561-4887

TITLE:
ORGANIZATION: Red River Investments Group
ADDRESS: 1412 Centre Court Drive, Suite 501
Alexandria LA 71301
EMAIL: wmorris@redriverbank.net
BOARD POSITION. Board Member

Murphy Ms. Leann	442-6621 x216	487-8936

TITLE: Executive Director
ORGANIZATION: American Red Cross
ADDRESS: 1104 Billy Mitchell Drive
Alexandria LA 71303
EMAIL: lmurphy@cenlaredcross.org
BOARD POSITION: Agency Representative

	WORK PHONE	FAX
Poole Ms. Heather	484-2184	

TITLE:
ORGANIZATION: Board of Regents
ADDRESS: 1410 Neel Kirby Blvd
Alexandria LA 71303
EMAIL:
BOARD POSITION: Board Member

Ray Ms. Sandy	487-2061	449-3950

TITLE: Executive Director
ORGANIZATION: Hope House
ADDRESS: P.O. Box 7477
Alexandria LA 71306
EMAIL: sandygray@bellsouth.net
BOARD POSITION: Agency Representative

Samil Ms. Dilek	484-7642	484-7777

TITLE: President
ORGANIZATION: Cleco Power
ADDRESS: 2030 Donahue Ferry Road
Pineville LA 71360
EMAIL: dilek.samil@cleco.com
BOARD POSITION: Board Member

Scott Mr. Thomas E.	473-0621	473-9366

TITLE. Operation Supervisor
ORGANIZATION: Atmos Energy Louisiana
ADDRESS: 1905 Military Highway
Pineville LA 71360
EMAIL: Thomas.Scott@atmosenergy.com
BOARD POSITION: Goal Area Chair

Tanner Dr. Annelle	487-1850	487-2940

TITLE: Consultant
ORGANIZATION: Office of Public Health
ADDRESS: 2710 Marye Street
Alexandria LA 71301-4924
EMAIL: annelletanner@suddenlink.net
BOARD POSITION: Early Childhood

Taylor Mr. Robert	443-6321	

TITLE:
ORGANIZATION. ACA Corporation
ADDRESS: 3616 Lee Street
Alexandria LA 71302
EMAIL:
BOARD POSITION: Board Member

	WORK PHONE	FAX
Wallace Mr. William S.	448-0221	866-721-8681

TITLE: Practice Administration & CEO
ORGANIZATION: Wallace Eye Surgery
ADDRESS: 4110 Parliament Drive
Alexandria LA 71303
EMAIL wswallace@wallceeyesurgery.com
BOARD POSITION: Board Member

Wiggins Mr. Randy	445-6566	445-1030

TITLE: Owner
ORGANIZATION: State Farm Insurance
ADDRESS: 2146 North Mall Drive
Alexandria LA 71301
EMAIL: randy@randywiggins.com
BOARD POSITION: Board Member

√ Williams, David
Organization: Rapides Regional Medical center
Address: 211 Fourth St.
Alexandria, LA 71301