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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 01-01-2009 and ending 12-31-2009

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 NORTHWEST LOUISIANA

Doing Business As

Number and street (or P O box if mail is not delivered to street address) | Room/suite
402 EDWARDS STREET

City or town, state or country, and ZIP + 4
SHREVEPORT, LA 71101

D Employer identification number
72-0503930

E Telephone number
(318) 677-2504

G Gross receipts $ 2,778,220

F Name and address of principal officer
BRUCE WILLSON JR
402 EDWARDS STREET
SHREVEPORT, LA 71101

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 UNITEDWAYNWLA ORG

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶ | **L** Year of formation 1923 | **M** State of legal domicile LA

Part I Summary

1 Briefly describe the organization's mission or most significant activities
UWNWLA EXISTS TO MAXIMIZE ITS DONOR'S INVESTMENTS BY CLARIFYING THE HUMAN SERVICE NEEDS OF NORTHWEST LOUISIANA AND PROVIDING SOLUTIONS TO THOSE 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**	25
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	24
5	Total number of employees (Part V, line 2a)	**5**	11
6	Total number of volunteers (estimate if necessary)	**6**	1,800
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)	2,904,827	2,718,153
9	Program service revenue (Part VIII, line 2g)		0
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	-63,238	51,302
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	11,927	8,765
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,853,516	2,778,220
Expenses			
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	2,426,157	2,038,183
14	Benefits paid to or for members (Part IX, column (A), line 4)		0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	470,803	459,106
16a	Professional fundraising fees (Part IX, column (A), line 11e)		0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 348,810		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	402,503	339,629
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	3,299,463	2,836,918
19	Revenue less expenses Subtract line 18 from line 12	-445,947	-58,698

		Beginning of Current Year	End of Year
Net Assets or Fund Balances			
20	Total assets (Part X, line 16)	3,132,445	2,978,175
21	Total liabilities (Part X, line 26)	581,662	486,090
22	Net assets or fund balances Subtract line 21 from line 20	2,550,783	2,492,085

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

****** | 2010-11-01
Signature of officer | Date

BRUCE WILLSON JR EXECUTIVE DIRECTOR
Type or print name and title

Paid Preparer's Use Only

Preparer's signature ▶ Spencer Bernard	Date	Check if self-empolyed ▶ ☐	Preparer's identifying number (see instructions)
Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ HEARD MCELROY & VESTAL LLP 333 TEXAS STREET SHREVEPORT, LA 71101			EIN ▶ Phone no ▶ (318) 429-1525

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

Part III Statement of Program Service Accomplishments

1 Briefly describe the organization's mission

TO MAXIMIZE OUR DONOR'S INVESTMENTS BY WORKING ON PRIORITY ISSUES IN ORDER TO CREATE MEASURABLE IMPACT, THEREBY IMPROVING LIVES IN OUR REGION

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 $ 2,126,853 including grants of $ 2,013,183) (Revenue $)

THE UNITED WAY OF NORTHWEST LOUISIANA PROVIDES THE FOLLOWING SERVICES A) ANNUAL, CENTRALIZED CAMPAIGN FOR FUNDS FOR THE BENEFIT OF AFFILIATED HEALTH AND WELFARE ORGANIZATIONS IN NORTHWEST LOUISIANA B) REVIEW OF REQUESTS OF AFFILIATES OR OTHER ORGANIZATIONS SEEKING FUNDING C) DISTRIBUTION OF FUNDS TO AFFILIATED ORGANIZATIONS ON THE BASIS OF PARTICIPATION AGREEMENTS AND APPROVED BUDGETS

4b (Code) (Expenses $ 25,000 including grants of $ 25,000) (Revenue $)

THE VOLUNTEER CENTER OF NORTHWEST LOUISIANA THIS PROGRAM BUILDS CAPACITY FOR VOLUNTEERISM THROUGHOUT OUR 10 PARISH REGION WE WORK WITH NONPROFITS, GOVERNMENT ENTITIES, AND HIGHER EDUCATION TO IDENTIFY UNMET VOLUNTEER NEEDS, OFFER VOLUNTEER MANAGEMENT BEST PRACTICES AND THEN RECRUIT, MOBILIZE, AND RECOGNIZE VOLUNTEERS FOR THOSE POSITIONS

4c (Code) (Expenses $ 40,300 including grants of $) (Revenue $)

OTHER SIGNIFICANT PROGRAMS INCLUDE DAYS OF SERVICE, INDIVIDUAL VOLUNTEER AND AGENCY MATCHING, RECRUIT, TRAIN, RETAIN, AND ACKNOWLEDGMENT OF VOLUNTEERS

4d Other program services (Describe in Schedule O)

(Expenses $ including grants of $) (Revenue $)

4e **Total program service expenses** ▶ $ 2,192,153

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	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Yes	
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		No
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities? *If "Yes," complete Schedule C, Part II*	4		No
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	Yes	
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		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		No
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		No
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	Yes	
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	Yes	
	• Did the organization report an amount for land, buildings, and equipment in Part X, line10? *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	Yes	
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? **Yes** **No**			
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional **12A** No			
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
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		No
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 U S ? *If "Yes," complete Schedule F, Part II*	15		No
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 U S ? *If "Yes," complete Schedule F, Part III*	16		No
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		No
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		No
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		No
20	Did the organization operate one or more hospitals? *If "Yes," complete Schedule H*	20		No

Part IV Checklist of Required Schedules *(continued)*

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**	Yes	
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**		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 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**		No
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 questions 24b–24d and complete Schedule K. If "No," go to line 25*	**24a**		No
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**		No
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**		No
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**		No
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**		No
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**		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28b**		No
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 owner? *If "Yes," complete Schedule L, Part IV*	**28c**		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
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**		No
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**		No
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**		No
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**		No
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**		No
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**		No
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**	Yes	

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	1		
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		Yes	
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	11		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note:** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)	2b		Yes	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year covered by this return?	3a			No
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			No
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			No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b			No
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			No
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			No
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			No
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			No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . .	7f			No
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 lines 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 25		
b	Enter the number of voting members that are independent . .	1b 24		
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		No
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		No
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a material diversion of the organization's assets? . .	5		No
6	Does the organization have members or stockholders?	6		No
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a		No
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons? . .	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
a	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
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		No

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		No
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	Yes	
11A	Describe in Schedule O the process, if any, used by the organization to review the Form 990			
12a	Does the organization have a written conflict of interest policy? *If "No," go to line 13*	12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
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	Yes	
13	Does the organization have a written whistleblower policy?	13	Yes	
14	Does the organization have a written document retention and destruction policy?	14	Yes	
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	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line a or b, 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		No
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 ▶

18 Section 6104 requires an organization to make its Form 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 See Additional Data Table

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

UNITED WAY OF NORTHWEST LOUISIANA
402 EDWARDS STREET
SHREVEPORT, LA 71101
(318) 677-2504

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, and **current** key employees 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, or 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 or former officer, director, trustee or key employee

(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 add'l data										

1b Total . . . . . ▶	113,282	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 ▶ 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**		No
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**		No
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**		No

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

(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				
	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 2,718,153				
	g	Noncash contributions included in lines 1a-1f $				
	h	**Total.** Add lines 1a-1f . . . . . ▶	2,718,153			
Program Service Revenue		Business Code				
	2a					
	b					
	c					
	d					
	e					
	f	All other program service revenue				
	g	**Total.** Add lines 2a–2f . . . . . ▶				
	3	Investment income (including dividends, interest and other similar amounts) . . . . . ▶	51,302			51,302
	4	Income from investment of tax-exempt bond proceeds . . ▶				
	5	Royalties . . . . . ▶				
		(i) Real / (ii) Personal				
	6a	Gross Rents				
	b	Less rental expenses				
	c	Rental income or (loss)				
	d	Net rental income or (loss) . . . . . ▶				
		(i) Securities / (ii) Other				
	7a	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) . . . . . ▶				
Other Revenue	8a	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 . . ▶				
	9a	Gross income from gaming activities See Part IV, line 19 . . . a				
	b	Less direct expenses . . . b				
	c	Net income or (loss) from gaming activities . . ▶				
	10a	Gross sales of inventory, less returns and allowances . a				
	b	Less cost of goods sold . . b				
	c	Net income or (loss) from sales of inventory . . ▶				
		Miscellaneous Revenue / Business Code				
	11a	miscellaneous 900,099	8,765	8,765		
	b					
	c					
	d	All other revenue				
	e	**Total.** Add lines 11a–11d . . . . . ▶	8,765			
	12	**Total revenue.** See Instructions . . . ▶	2,778,220	8,765	0	51,302

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	2,038,183	2,038,183		
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	113,282	26,055	33,985	53,242
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	234,650	54,638	70,041	109,971
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	30,116	6,285	10,306	13,525
9 Other employee benefits	51,273	10,221	15,780	25,272
10 Payroll taxes	29,785	7,108	9,280	13,397
11 Fees for services (non-employees)				
a Management				
b Legal				
c Accounting	20,176	3,319	13,538	3,319
d Lobbying				
e Professional fundraising *See Part IV, line 17*				
f Investment management fees				
g Other				
12 Advertising and promotion	37,060	63	509	36,488
13 Office expenses	9,346	2,091	4,564	2,691
14 Information technology				
15 Royalties				
16 Occupancy	30,960	6,450	18,060	6,450
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	16,232	3,427	8,498	4,307
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	5,556	1,387	2,780	1,389
23 Insurance	5,724	1,431	2,862	1,431
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 PRINTING	44,073	407	8,220	35,446
b SPECIAL EVENTS	43,709	9,426	22,021	12,262
c DUES	39,113	7,397	24,244	7,472
d EQUIPMENT RENT & MAINTE	31,961	9,026	13,938	8,997
e OTHER	13,215		13,215	
f All other expenses	42,504	5,239	24,114	13,151
25 **Total functional expenses.** Add lines 1 through 24f	2,836,918	2,192,153	295,955	348,810
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		532,689	1	543,131
	2	Savings and temporary cash investments		423,477	2	417,500
	3	Pledges and grants receivable, net		1,976,033	3	1,775,739
	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			8	
	9	Prepaid expenses and deferred charges		9,468	9	9,589
	10a	Land, buildings, and equipment cost or other basis *Complete Part VI of Schedule D*	10a 80,192			
	b	Less accumulated depreciation	10b 66,372	15,620	10c	13,820
	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			13	
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11		175,158	15	218,396
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		3,132,445	16	2,978,175
Liabilities	17	Accounts payable and accrued expenses		22,544	17	11,843
	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		559,118	25	474,247
	26	**Total liabilities.** Add lines 17 through 25		581,662	26	486,090
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		337,854	27	871,826
	28	Temporarily restricted net assets		2,212,929	28	1,620,259
	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		2,550,783	33	2,492,085
	34	Total liabilities and net assets/fund balances		3,132,445	34	2,978,175

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		No
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
c	If "Yes," to 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	Yes	
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 separated 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		No
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		

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SCHEDULE A (Form 990 or 990EZ)

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
UNITED WAY OF NORTHWEST LOUISIANA

Employer identification number
72-0503930

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 **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 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									

Part II **Support Schedule for Organizations Described in IRC 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 ")	3,300,908	2,930,482	3,070,467	2,904,900	2,718,153	14,924,910
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	3,300,908	2,930,482	3,070,467	2,904,900	2,718,153	14,924,910
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						14,924,910

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	3,300,908	47,771	3,070,467	2,904,900	2,718,153	14,924,910
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	32,374	47,771	54,362	23,046	51,302	208,855
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income (Explain in Part IV) Do not include gain or loss from the sale of capital assets	11,654	19,225	11,496	11,937	8,765	63,077
11 **Total support** (Add lines 7 through 10)						15,196,842

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 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**	98 210 %
15	Public Support Percentage for 2008 Schedule A, Part II, line 14	**15**	97 880 %

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 the 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 IRC 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 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 ▶

Part IV **Supplemental Information.** Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. See instructions

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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 NORTHWEST LOUISIANA

Employer identification number
72-0503930

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	3	
2	Aggregate contributions to (during year)	567,502	
3	Aggregate grants from (during year)	497,497	
4	Aggregate value at end of year	672,263	

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 may be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit ☑ 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)
☐ Preservation of an historically importantly land area
☐ Protection of natural habitat
☐ Preservation of a certified historic structure
☐ Preservation of open space

2 Complete lines 2a–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 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 taxable 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 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 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 the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

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

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

		Amount
c Beginning balance	1c	425,683
d Additions during the year	1d	394,852
e Distributions during the year	1e	416,506
f Ending balance	1f	404,029

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	175,158	271,460			
b Contributions	10,391	500			
c Investment earnings or losses	34,973	-84,616			
d Grants or scholarships		9,935			
e Other expenditures for facilities and programs					
f Administrative expenses	2,126	2,251			
g End of year balance	218,396	175,158			

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

- a Board designated or quasi-endowment ▶ %
- b Permanent endowment ▶ 100 000 % %
- 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)	Yes	
(ii) related organizations	3a(ii)	Yes	
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		80,192	66,372	13,820
e Other				
Total. Add lines 1a-1e *(Column (d) should equal Form 990, Part X, column (B), line 10(c).)* ▶				13,820

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. *(Column (b) should 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. *(Column (b) should 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
BENEFICIAL INTEREST IN ASSETS OF FOUNDATION	218,396
Total. *(Column (b) should equal Form 990, Part X, col.(B) line 15.)* . . . . . ▶	218,396

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

1 (a) Description of Liability	(b) Amount
Federal Income Taxes	
ALLOCATIONS PAYABLE	474,247
Total. *(Column (b) should equal Form 990, Part X, col (B) line 25)* ▶	474,247

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 Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	2,778,220
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	2,836,918
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	-58,698
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 - 8	9	0
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	-58,698

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	2,283,783
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	2,283,783
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	494,437		
c	Add lines **4a** and **4b**			4c	494,437
5	Total Revenue Add lines **3** and **4c.** (This should equal Form 990, Part I, line 12)			5	2,778,220

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

1	Total expenses and losses per audited financial statements			1	2,310,039
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	2,310,039
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	526,879		
c	Add lines **4a** and **4b**			4c	526,879
5	Total expenses Add lines **3** and **4c.** (This should equal Form 990, Part I, line 18)			5	2,836,918

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, 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

Identifier	Return Reference	Explanation
Part IV, Line 1b		UNITED WAY OF NORTHWEST LOUISIANA HOLDS CERTAIN CONTRIBUTIONS MADE DURING THE FALL CAMPAIGN THAT ARE DESIGNATED BY THE DONOR FOR SPECIFIC UNITED WAY AGENCIES IN ADDITION, UNITED WAY CONDUCTS THE AREA'S ANNUAL COMBINED FEDERAL CAMPAIGN, WHICH IS THE CHARITABLE FUNDRAISING PROGRAM OF EMPLOYEES IN THE FEDERAL WORKPLACE PLEDGES RAISED THROUGH THIS CAMPAIGN ARE ALSO DESIGNATED BY DONOR ACCORDINGLY, AS UNITED WAY HAS NO DISCRETIONARY AUTHORITY OVER THESE DESIGNATED PLEDGES, SUCH AMOUNTS ARE HELD IN AN AGENCY RELATIONSHIP BY UNITED WAY, AND ACCOUNTED FOR AS OFFSETTING ASSETS AND LIABILITIES UNTIL DISBURSED TO THE SPECIFIC BENEFICIARIES
Part IV, Line 2b		PLEASE SEE EXPLANATION FOR LINE 1B
Part V, Line 4	Description of Intended Use of Endowment Funds	THE ENDOWMENT WAS ESTABLISHED IN 1998, THE INCOME OF WHICH WAS INITIALLY INTENDED TO HELP FUND THE COST OF AN ADDITIONAL STAFF MEMBER AT uNITED wAY, AND TO EVENTUALLY EXPAND INTO AN OVERALL OPERATIONS ENDOWMENT BY FUNDING MOST OR ALL OF THE ANNUAL COST OF ADMINISTERING UNITED WAY
Part XII, Line 4b - Other Adjustments		NET INCOME FROM FEDERAL CAMPAIGN & DESIGNATED CONTRIBUTIONS 494437
Part XIII, Line 4b - Other Adjustments		ALLOCATIONS TO AGENCIES FROM FEDERAL CAMPAIGN AND DESIGNATED CONTRIBUTIONS 526879

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Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

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

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

▶ **Attach to Form 990**

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
UNITED WAY OF NORTHWEST LOUISIANA

Employer identification number
72-0503930

Part I General Information on Grants and Assistance

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

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

Part II Grants and Other Assistance to Governments and Organizations in the United States.

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 for any recipient that received more than $5,000. 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 . . . ▶ ☐

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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 Additional Data Table							

2 Enter total number of section 501(c)(3) and government organizations . . . ▶ 29

3 Enter total number of other organizations . . . ▶ 0

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 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.

Identifier	Return Reference	Explanation
Procedure for Monitoring Grants in the U S	Part I, Line 2	Schedule I, Part I, Line 2 THE IMPACT COUNCIL MEETS DURING THE APPLICATION PROCESS AND GOES THROUGH EACH PROGRAM FOR EACH CHARITY TO DECIDE THE ELIGIBILITY AND AMOUNTS BASED ON A SCORING SYSTEM EACH APPLICATION MUST EXPLAIN "OUTCOMES" FOR THEIR PROGRAMS FROM THE YEAR BEFORE, NOTING STATISTICS ON HOW THEIR PROGRAMS PERFORMED ALSO, MEMBERS OF THE IMPACT COUNCIL DO A SURPRISE VISIT TO EACH PROGRAM DURING THE YEAR

Additional Data Return to Form

Software ID:
Software Version:
EIN: 72-0503930
Name: UNITED WAY OF NORTHWEST LOUISIANA

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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 4221 LINWOOD AVENUE SHREVEPORT,LA 71108	53-0196605	501(C)(3)	198,000				UNITED WAY FUNDS ASSIST WITH DISASTER SERVICES TO PROVIDE EMERGENCY AID SUCH AS FOOD, SHELTER, CLOTHING, AND MEDICAL ATTENTION RED CROSS EDUCATES PEOPLE ON HOW TO AVOID, PREPARE, AND COPE WITH DISASTERS THEY ALSO PROVIDE SERVICE TO MILITARY FAMILIES THROUGH AN EMERGENCY COMMUNICATION NETWORK AND ASSIST VETERANS IN CLAIMING BENEFITS WHICH ARE RIGHTFULLY THEIRS
BIENVILLE COUNCIL ON AGING600 FACTORY OUTLET DR SUITE 15 ARCADIA,LA 71001	72-0803349	501(C)(3)	12,000				UNITED WAY FUNDS ASSIST BY PROVIDING TRANSPORTATION TO LOW INCOME PEOPLE IN A VERY RURAL PARISH THIS CLIENT BASE IS MADE UP OF INDIVIDUALS WHO MAY BE ELDERLY, HANDICAPPED OR ECONOMICALLY DISADVANTAGED THIS SERVICE PROVIDES A SENSE OF INDEPENDENCE FOR CLIENTS SO THEY CAN ATTEND DOCTOR VISITS, PURCHASE PRESCRIPTIONS AND BUY GROCERIES
BOSSIER COUNCIL ON AGING706 BEARKAT BOSSIER CITY,LA 71111	72-0822231	501(C)(3)	15,500				UNITED WAY FUNDS HELP PROVIDE HOT, NUTRITIOUS MEALS TO HOMEBOUND ELDERLY PEOPLE IN BOSSIER PARISH THESE MEALS ARE VITAL TO THE HEALTH AND WELL BEING OF SENIORS WHILE HELPING THEM TO REMAIN INDEPENDENT IN THEIR HOMES FUNDS ALSO PROVIDE TRANSPORTATION AT NO CHARGE TO AND FROM DOCTOR'S APPOINTMENTS, GROCERY STORES AND AGENCY SITES THAT OFFER GAMES, EXERCISE AND HEALTH CLASSES, AS WELL AS HEALTH SCREENINGS
THE ARC OF CADDO-BOSSIER351 JORDAN STREET SHREVEPORT,LA 71101	72-0482891	501(C)(3)	75,175				UNITED WAY FUNDS ASSISTED WITH A QUALITY CHILD CARE FOR ALL PROGRAM THE PROGRAM PROVIDES QUALITY CHILDCARE FOR CHILDREN WHO HAVE SPECIAL NEEDS, OR ARE AT RISK FOR DEVELOPMENTAL DELAYS TRAINING WAS ALSO PROVIDED TO COMMUNITY-BASED CHILD CARE WORKERS THAT WORK WITH CHILDREN WITH SPECIAL NEEDS
COUNCIL ON ALCOHOL & DRUG ABUSE2000 FAIRFIELD AVENUE SHREVEPORT,LA 71101	72-0544581	501(C)(3)	25,000				UNITED WAY DOLLARS ASSIST THE COUNCIL IN PARTIALLY FUNDING S T E P S, THE ONLY SOCIAL, NON-MEDICAL DETOXIFICATION FACILITY IN NORTHWEST LOUISIANA THE COUNCIL ALSO PROVIDES A COMPLETE ARRAY OF ADDICTION SERVICES RANGING FROM PREVENTION, INFORMATION, EDUCATION, ASSESSMENT AND RERERRAL THROUGH TREATMENT AND RELAPSE PREVENTION
CADDO COUNCIL ON AGING4015 GREENWOOD RD SHREVEPORT,LA 71109	72-0715821	501(C)(3)	8,000				UNITED WAY FUNDS ASSIST WITH PROVIDING A HOT, NUTRITIOUS MEAL TO HOMEBOUND ELDERLY OR HANDICAPPED PERSONS, MONDAY THROUGH FRIDAY THIS PROGRAM HELPS OLDER PERSONS REMAIN IN THEIR HOMES FOR AS LONG AS POSSIBLE
GOODWILL INDUSTRIES 800 WEST 70TH STREET SHREVEPORT,LA 71106	72-0460816	501(C)(3)	82,104				UNITED WAY FUNDS SUPPORT GOODWILL IN PROVIDING JOB TRAINING PROGRAMS AND COMMUNITY JOB PLACEMENT ASSISTANCE FOR PEOPLE THROUGHOUT NORTHWEST LOUISIANA WITH DISABILITIES AND OTHER BARRIERS TO EMPLOYMENT SUCH AS PREVIOUS INCARCERATION GOODWILL TEACHES PEOPLE TO WORK AND HELPS THEM FIND JOBS UNITED WAY ALSO SUPPORTS THE TRANSPORTATION PROGRAM WHICH PROVIDES FUNDS FOR TRANSPORTATION TO AND FROM WORK ONCE EMPLOYMENT IS SECURED
HAP HOUSE244 TURNER AVENUE BAFB,LA 71110	72-0953817	501(C)(3)	54,985				UNITED WAY FUNDS ASSIST TO PROVIDE WORK AND JOB TRAINING FOR SEVERELY DISABLED ADULTS SOME WILL SECURE EMPLOYMENT AND BECOME PRODUCTIVE, SELF-RELIANT INDIVIDUALS WHILE OTHERS WILL REMAIN AT HAP HOUSE REFINING AND MAINTAINING THEIR EXISTING SKILLS HAP HOUSE PROVIDES RESPITE CARE ALLOWING INDIVIDUALS TO USE THE SERVICES AT LEAST 30 HOURS OR MORE PER WEEK
MENTAL HEALTH SOLUTIONS2924 KNIGHT STREET SUITE 434 SHREVEPORT,LA 71105	72-0904707	501(C)(3)	17,000				UNITED WAY FUNDS ASSIST IN PROVIDING AN OUTPATIENT TREATMENT FACILITY FOR EMOTIONALLY DISTURBED ADOLESCENTS AGES 12 TO 18 WHO ARE IN THE CUSTODY OF THE STATE OF LOUISIANA SERVICES INCLUDE SOCIAL, PSYCHOLOGICAL, MEDICAL, BEHAVIORAL, SPECIAL EDUCATION ASSESSMENTS, INDIVIDUAL, GROUP AND FAMILY THERAPY, SPECIALIZED BEHAVIORAL INTERVENTION, NURSING AND MEDICAL CARE, SPECIAL AND REGULAR EDUCATION, VOCATIONAL TRAINING, SUPERVISED RECREATION/FITNESS PROGRAMS AND NUTRITION PROGRAMS
NORWELA COUNCIL BOY SCOUTSPO BOX 4341 SHREVEPORT,LA 71134	72-0423629	501(C)(3)	97,600				UNITED WAY FUNDS ASSIST IN A WORKING PARTNERSHIP WITH COMMUNITY ORGANIZATIONS AND THE NORWELA COUNCIL TO PROVIDE SCOUTING TO OVER 14,000 YOUTH IN NWLA THE PROGRAM IS DESIGNED TO ENCOURAGE THEM TO BE FAITHFUL IN THEIR RELIGIOUS DUTIES, BUILD DESIRABLE QUALITIES OF CHARACTER, REINFORCE CITIZENSHIP RESPONSIBILITIES, AND DEVELOP PERSONAL FITNESS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
PROVIDENCE HOUSE814 COTTON STREET SHREVEPORT,LA 71101	72-1205164	501(C)(3)	108,000				UNITED WAY FUNDS ASSIST IN PROVIDING COMPREHENSIVE SUPPORT SERVICES FOR IMPROVING THE FAMILY STRUCTURE OF HOMELESS PEOPLE,MOVING THEM INTO INDEPENDENT LIVING, AND HELPING FAMILIES LEAD A PRODUCTIVE AND STABLE LIFE IN THE COMMUNITY THOSE SERVICES INCLUDE ASSESSMENT OF NEEDS FROM AN EMOTIONAL, MEDICAL, EDUCATIONAL, AND EMPLOYMENT STANDPOINT PROGRAMS ARE THEN DEVELOPED FOR THE INDIVIDUAL FAMILIES SERVICES PROVIDED DURING THEIR STAY IN THE TRANSITIONAL HOUSING FACILITY INCLUDE FREE SHELTER, CHILD CARE, 3 MEALS A DAY, CASE MANAGEMENT, GROUP COUNSELING, EMPLOYMENT, AND BUDGET PLANNING ASSISTANCE
SALVATION ARMY200 EAST STONER AVENUE SHREVEPORT,LA 71101	63-0288866	501(C)(3)	111,000				UNITED WAY FUNDS ASSIST WITH SOCIAL WELFARE SERVICES SUCH AS FOOD, CLOTHING, PAYMENT OF RENTS, UTILITIES, AND TRAVEL ASSISTANCE TO THE STRANDED FAMILY AND/OR INDIVIDUAL THE BOYS AND GIRLS CLUB PROVIDES CHARACTER BUILDING PROGRAMS WHICH INCLUDE SUPERVISED RECREATION, EDUCATION, AND ATHLETICS FOR CHILDREN AGES 6-18 A CORPS COMMUNITY CENTER PROVIDES A "SAINTS ALIVE" PROGRAM FOR SENIOR CITIZENS AND "LATCH-KEY" TUTORING PROGRAM FOR CHILDREN AGES 6-18 THE "SHELTER OF HOPE" PROVIDES EMERGENCY SHELTER AND MEALS TO STRANDED INDIVIDUALS AS WELL AS COMPREHENSIVE SUPPORT SERVICES FOR CLIENTS SEEKING TO MOVE TO INDEPENDENT LIVING, INCLUDING COUNSELING AND JOB-READINESS TRAINING
THE CENTER FOR FAMILIES864 OLIVE STREET SHREVEPORT,LA 71104	72-0443101	501(C)(3)	50,000				UNITED WAY FUNDS ASSIST IN PROVIDING INDIVIDUALS AND FAMILIES WITH FAMILY DEVELOPMENT PROGRAMS, AND FAMILY, GROUP, AND INDIVIDUAL COUNSELING INDIVIDUALS WITH CHEMICAL DEPENDENCY AND ADDICTIVE DISORDERS ARE ALSO SERVICED THE CENTER SERVES THE NEEDS OF DISINTEGRATED FAMILIES AND RESPONDS TO THOSE IN DISTRESS THE CENTER PROVIDES LICENSED PROFESSIONALS TO ADMINISTER A COMPREHENSIVE PROGRAM OF EDUCATION, PREVENTION, AND TREATMENT FOR THE PEOPLE OF NORTHWEST LOUISIANA
VOLUNTEERS OF AMERICA 360 JORDAN STREET SHREVEPORT,LA 71101	72-0506820	501(C)(3)	167,480				UNITED WAY FUNDS SUPPORT LIGHTHOUSE EDUCATIONAL AND LEADERSHIP PROGRAMS FOR CHILDREN AND FAMILIES UNITED WAY FUNDS SUPPORT COUNSELING AND ADOPTION SERVICES COUNSELING SERVICES ARE PROVIDED TO BIRTHPARENTS AND THEIR FAMILIES AND COUPLES WHO ARE RECRUITED TO CONSIDER ADOPTING OLDER FOSTER CARE CHILDREN
YMCA400 MCNEIL STREET SHREVEPORT,LA 71101	72-0408997	501(C)(3)	27,670				UNITED WAY FUNDS ASSIST IN PROVIDING YOUTH SERVICES SUCH AS SUMMER ACADEMICS, DAY CAMPING, TUTORING PROGRAMS, AND SPORTS YMCA ALSO OFFERS A SENIOR CITIZEN PROGRAM AND HANDICAPPED SERVICES
NORTHWEST LOUISIANA FOOD BANK2307 TEXAS AVENUE SHREVEPORT,LA 71103	72-1328890	501(C)(3)	48,000				THE FOOD BANK SUPPLIES FOOD AND HOME ITEMS TO INDIVIDUALS, FOOD PANTRIES, ORPHANAGES, AND OTHER SOCIAL SERVICES ORGANIZATIONS IN NORTHWEST LOUISIANA UNITED WAY FUNDS ALSO SUPPORT THE KID'S CAFE' AND BACKPACK PROGRAMS WHICH PROVIDE FULL MEALS TO DISADVANTAGED KIDS IN AFTERSCHOOL PROGRAMS AND BACKPACKS OF NUTRITIOUS FOOD TO TAKE HOME DURING WEEKENDS AND HOLIDAYS
WEBSTER COUNCIL ON AGINGPO BOX 913 MINDEN,LA 71058	72-0686969	501(C)(3)	10,000				THE HOME DELIVERED MEALS PROGRAM PROVIDES A HOT MEAL 5 DAYS A WEEK TO HOMEBOUND ELDERLY IN WEBSTER PARISH
CENTERPOINT 2-1-12121 FAIRFIELD AVENUE SUITE 130 SHREVEPORT,LA 71104	58-1773021	501(C)(3)	76,000				UNITED WAY FUNDS ASSIST IN PROVIDING INDIVIDUALS AND FAMILIES WITH FAMILY DEVELOPMENT PROGRAMS, AND FAMILY, GROUP, AND INDIVIDUAL COUNSELING INDIVIDUALS WITH CHEMICAL DEPENDENCY AND ADDICTIVE DISORDERS ARE ALSO SERVED THE CENTER SERVES THE NEEDS OF DISINTEGRATED FAMILIES AND RESPONDS TO THOSE IN DISTRESS THE CENTER PROVIDES LICENSED PROFESSIONALS TO ADMINISTER A COMPREHENSIVE PROGRAM OF EDUCATION, PREVENTION, AND TREATMENT FOR THE PEOPLE OF NORTHWEST LOUISIANA
SHREVEPORT-BOSSIER RESCUE MISSION901 MCNEIL STREET SHREVEPORT,LA 71101	23-7050551	501(C)(3)	38,000				UNITED WAY FUNDS SUPPORT THE DOMESTIC ABUSE AND VIOLENCE AWARENESS PROGRAM FOR THE CLIENTS OF THE RESCUE MISSION UNITED WAY DOLLARS HELP TO PROVIDE MILK TO WOMEN AND CHILDREN AT THE RESCUE MISSION AS WELL AS ENABLE THE MISSION TO OFFER MEDICAL AND DENTAL SERVICES TO THEIR CLIENTS UNITED WAY ALSO SUPPORTS THE ROLLIN' TOWARDS SUCCESS PROGRAM WHICH HELPS WITH TRANSPORTATION COSTS INCURRED BY THEIR CLIENTS WHILE SEEKING EMPLOYMENT. THE PROGRAM ALSO PROVIDES FUNDS FOR TRANSPORTATION TO WORK UNTIL THE FIRST PAYCHECK ARRIVES
DAVID RAINES COMMUNITY HEALTH CENTER1625 DAVID RAINES ROAD SHREVEPORT,LA 71107	58-2000630	501(C)(3)	15,000				UNITED WAY FUNDS ASSIST IN PROVIDING WELLNESS PROGRAMS- COUNSELING, HEALTH AND NUTRITION EDUCATION TO CHILDREN WITHOUT ANY OUT OF POCKET EXPENSE TO THE PARENTS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
LITERACY VOLUNTEERS OF AMERICA- CENTENARY COLLEGEPO BOX 41188 SHREVEPORT,LA 71134	72-1124343	501(C)(3)	164,000				UNITED WAY FUNDS ASSIST IN ADULT LITERACY TRAINING THIS PROGRAM PROVIDES TRAINING TO ENABLE INDIVIDUALS TO OBTAIN LITERACY SKILLS NEEDED TO GAIN AND MAINTAIN EMPLOYMENT, DECREASE DEPENDENCE ON WELFARE, INCREASE THEIR CONFIDENCE AND SOCIAL SKILLS WHICH WILL IMPROVE THEIR OVERALL QUALITY OF LIFE
NORTHWEST LOUISIANA INTERFAITH PHARMACY 1725 ELIZABETH AVENUE SHREVEPORT,LA 71101	72-1479289	501(C)(3)	20,500				UNITED WAY FUNDS ASSIST THE PHARMACY IN PROVIDING FREE PRESCRIPTIONS TO INDIVIDUALS WHO ARE UNINSURED OR UNDERINSURED SO THEY MAY STABILIZE AND MAINTAIN THEIR HEALTH
MLK HEALTH CENTER1233 SPRAGUE STREET SHREVEPORT,LA 71101	72-1079721	501(C)(3)	70,000				UNITED WAY FUNDS HELP SUPPORT THE MEDICAL CLINIC WHICH PROVIDES EFFECTIVE AND EFFICIENT CARE DESIGNED TO IMPROVE PATIENT OUTCOMES WITH A PROACTIVE APPROACH FOR CLIENTS WHO HAVE DIFFICULTY NAVIGATING MULTIPLE SERVICE SYSTEMS
NATCHITOCHES BOYS & GIRLS CLUBPO BOX 2063 NATCHITOCHES,LA 71457	72-1166548	501(C)(3)	33,500				UNITED WAY FUNDS SUPPORT POWER HOUR, A COMPREHENSIVE HOMEWORK ASSISTANCE PROGRAM WHERE YOUTH WORK IN SMALL GROUPS OR ONE ON ONE WITH TRAINED YOUTH DEVELOPMENT PROFESSIONALS, ADULT VOLUNTEERS AND PEER VOLUNTEERS TO COMPLETE THEIR HOMEWORK DAILY ALSO FUNDED IS SMART MOVES (SKILLS MASTERY AND RETENTION TRAINING) WHICH IS A SERIES OF FOUR 10-12 WEEK PROGRAMS DEVELOPED TO COMBAT TEEN PREGNANCY AND THE USE OF ALCOHOL, TOBACCO, AND ILLICIT DRUGS IN AT-RISK YOUTH THE TRIPLE PLAY PROGRAM IS DESIGNED TO PROMOTE HEALTH AND WELLNESS IN AREA YOUTH
POOL OF SILOAM MEDICAL MINISTRY4140 GREENWOOD ROAD SHREVEPORT,LA 71109	20-0171332	501(C)(3)	25,000				UNITED WAY DOLLARS ASSIST THIS FREE CLINIC IN PROVIDING HEALTH EDUCATION, SCREENING, MEDICAL CARE, MEDICATIONS AND REFERRALS TO LOW INCOME AND UNDERSERVED MEMBERS OF THE COMMUNITY
FORENSIC NURSE EXAMINERS OF LOUISIANA INC249 ATKINS AVENUE SHREVEPORT,LA 71104	35-2262163	501(C)(3)	29,500				UNITED WAY FUNDS ASSIST IN PAYING EXPENSES RELATED TO COLLECTION OF FORENSIC EVIDENCE OF SEXUAL ASSAULTS AND OTHER EVIDENCE ENABLING LAW ENFORCEMENT TO INVESTIGATE AND PROSECUTE CRIMES
GINGERBREAD HOUSE BOSSIER-CADDO CHILDREN'S ADVOCACY CENTER1700 BUCKNER SQUARE STE 101 SHREVEPORT,LA 71101	72-1390471	501(C)(3)	15,000				UNITED WAY FUNDS ASSIST IN THE INVESTIGATION, PROSECUTION, AND TREATMENT OF CHILD SEXUAL ABUSE AND SEVERE PHYSICAL ABUSE CASES
GIRL SCOUTS OF LOUISIANA-PINES TO THE GULF3921 SOUTHERN AVENUE SHREVEPORT,LA 71106	72-0488660	501(C)(3)	46,075				UNITED WAY FUNDS ASSIST IN PROVIDING FUN AND EDUCATIONAL PROGRAMS THAT ARE AGE APPROPRIATE TO HELP GIRLS GROW INTO HAPPY, HEALTHY, PRODUCTIVE PEOPLE
COMMUNITY RENEWAL INTERNATIONAL2760 FAIRFIELD AVE SHREVEPORT,LA 71104	72-1213057	501(C)(3)	51,011				UNITED WAY FUNDS ASSIST WITH THE INTERNAL CARE UNIT FRIENDSHIP HOUSES PROGRAM AND THE ADULT RENEWAL EDUCATION PROGRAM

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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 NORTHWEST LOUISIANA

Employer identification number
72-0503930

Identifier	Return Reference	Explanation
Form 990, Part III, line 2	New Program Services	uNITED WAY OF NORTHWEST LOUISIANA Launched a NEW program DURING 2009 called The Volunteer Center of Northwest Louisiana It builds capacity for volunteerism throughout our 10 parish region and is an affiliate member of the Hands On Network, a member of the Louisiana Association of Volunteer Centers, and the Louisiana Serve Commission We work with nonprofits, government entities, and higher education to identify unmet volunteer needs, offer volunteer management best practices and then recruit, mobilize, and recognize volunteers for those positions In accordance with the affiliate requirements of the Hands On Network we sponsor two National Days of Service (Make a Difference Day and Martin Luther King Day) and maintain an online database of volunteer opportunities
Form 990, Part VI, Section B, line 11		THE FINANCE COMMITTEE REVIEWS THE FORM 990 THEN THE FORM 990 IS PRESENTED TO THE REST OF THE BOARD MEMBERS BY THE AUDITORS PRIOR TO FILING WITH THE IRS
Form 990, Part VI, Section B, line 12c		A CONFLICT OF INTEREST STATEMENT MUST BE SIGNED ANNUALLY BY BOARD MEMBERS AND STAFF AND EACH PERSON IS REQUIRED TO DISCLOSE ANY POTENTIAL CONFLICT OF INTEREST SUCH AS FINANCIAL RELATIONSHIP, AGENCY BOARD MEMBER, ETC
Form 990, Part VI, Section B, line 15		THE PROCESS FOR DETERMINING COMPENSATION OF THE ORGANIZATION'S KEY EMPLOYEES INCLUDES A REVIEW AND APPROVAL BY THE BOARD OF DIRECTORS, COMPARABILITY DATA, AND CONTEMPORANEOUS SUBSTANTIATION OF THE DELIBERATION AND DECISION
Form 990, Part VI, Section C, line 18		THE ORGANIZATION MAKES ITS FORM 1023 AND FORM 990 AVAILABLE FOR PUBLIC INSPECTION UPON REQUEST
Form 990, Part VI, Section C, line 19		THE GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS ARE KEPT ON FILE IN OUR OFFICE AND ARE AVAILABLE FOR ANYONE TO VIEW THEM UPON REQUEST

Additional Data

Software ID:
Software Version:
EIN: 72-0503930
Name: UNITED WAY OF NORTHWEST LOUISIANA

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(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			
BRUCE WILLSON PRESIDENT AND CEO	40 00	X		X	X			113,282	0	0
BONNIE BOLTON BOARD CHAIRMAN	2 00	X		X				0	0	0
PETE ZANMILLER CHAIR-ELECT	1 00	X		X				0	0	0
JUDE MELVILLE VICE PRESIDENT-FINANCE	1 00	X		X				0	0	0
JOHN HUBBARD VICE PRESIDENT-RESOURCE	1 00	X		X				0	0	0
DON WILCOX VICE PRESIDENT-COMMUNITY	1 00	X		X				0	0	0
DAVID AUBREY DIRECTOR	50	X						0	0	0
CHRIS KINSEY DIRECTOR	50	X						0	0	0
LINDORA BAKER DIRECTOR	50	X						0	0	0
LARRY BRANDON JR DIRECTOR	50	X						0	0	0
BECKY COOKSEY DIRECTOR	50	X						0	0	0
CONNIE DELANEY DIRECTOR	50	X						0	0	0
GREG LOTT DIRECTOR	50	X						0	0	0
SHANTE' WELLS DIRECTOR	50	X						0	0	0
TOMMY WILLIAMS DIRECTOR	50	X						0	0	0
KEITH CRISSMAN DIRECTOR	50	X						0	0	0
GAYLE FLOWERS DIRECTOR	50	X						0	0	0
JOE KANE DIRECTOR	50	X						0	0	0
RICHARD LEGER DIRECTOR	50	X						0	0	0
BONNIE MOORE DIRECTOR	50	X						0	0	0
STEVE WHITELAW DIRECTOR	50	X						0	0	0
SUZETTE WHITEMAINE DIRECTOR	50	X						0	0	0
KAREN BARNES DIRECTOR	50	X						0	0	0
JOHN RANKIN DIRECTOR	50	X						0	0	0
CANDACE SIMMONS DIRECTOR	50	X						0	0	0

Form 990, Part IX - Statement of Functional Expenses - 24a - 24e Other Expenses

Do not include amounts reported on line 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
PRINTING	44,073	407	8,220	35,446
SPECIAL EVENTS	43,709	9,426	22,021	12,262
DUES	39,113	7,397	24,244	7,472
EQUIPMENT RENT & MAINTE	31,961	9,026	13,938	8,997
OTHER	13,215		13,215	