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Form **990-EZ**

Department of the Treasury
Internal Revenue Service

Short Form
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)

▶ Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than $500,000 and total assets less than $1,250,000 at the end of the year may use this form.

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

OMB No. 1545-1150

2009

Open to Public Inspection

A For 2009 calendar year, or tax year beginning , 2009, and ending , 20

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: WISH I COULD OF NORTHEAST LA INC

Number & street (or P.O. box, if mail is not delivered to street addr) | Room/suite: 711 LOUISA STREET

City or town, state or country, and ZIP + 4: Rayville LA 71269

D Employer identification number: 72-1422050

E Telephone number: (318) 728-2300

F Group Exemption Number.... ▶

• **Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).**

G Accounting Method: ☒ Cash ☐ Accrual Other (specify) ▶

I **Website:** ▶N/A

H Check▶ ☐ if organization is **not** required to attach Sch B (Form 990, 990-EZ, or 990-PF)

J **Tax-exempt statue** (check only one)-- ☐ 501(c)( ) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

K Check▶ ☐ if the organization is not a section 509(a)(3) supporting organization **and** its gross receipts are normally **not** more than $25,000. A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if $500,000 or more, file Form 990 instead of Form 990-EZ ▶ $ 82,290

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.)

REVENUE	1	Contributions, gifts, grants, and similar amounts received		1	
	2	Program service revenue including government fees and contracts		2	
	3	Membership dues and assessments		3	420
	4	Investment income		4	
	5a	Gross amount from sale of assets other than inventory	5a		
	b	Less: cost or other basis and sales expenses	5b		
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)		5c	
	6	Special events and activities (complete applicable parts of Schedule G) If any amount is from **gaming**, check here▶ ☐			
	a	Gross revenue (not including $ _____ of contributions reported on line 1)	6a 81,870		
	b	Less direct expenses other than fundraising expenses	6b 14,440		
	c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)		6c	67,430
	7a	Gross sales of inventory, less returns and allowances	7a		
	b	Less cost of goods sold	7b		
	c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)		7c	
	8	Other revenue (describe ▶)		8	
	9	**Total revenue.** All lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 ▶		9	67,850
EXPENSES	10	Grants and similar amounts paid (attach schedule) #1		10	
	11	Benefits paid to or for members		11	
	12	Salaries, other compensation, and employee benefits		12	
	13	Professional fees and other payments to independent contractors		13	
	14	Occupancy, rent, utilities, and maintenance		14	
	15	Printing, publications, postage, and shipping		15	
	16	Other expenses (describe ▶ See attachment #2)		16	7,469
	17	**Total expenses.** Add lines 10 through 16 ▶		17	7,469
NET ASSETS	18	Excess or (deficit) for the year (Subtract line 17 from line 9)		18	60,381
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)		19	118,916
	20	Other changes in net assets or fund balances (attach explanation)		20	
	21	Net assets or fund balances at end of year. Combine lines 18 through 20 ▶		21	179,297

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Part II Balance Sheets. If Total assets on line 25, column (B) are $1,250,000 or more, file Form 990 instead of Form 990-EZ

(See the instructions for Part II)		(A) Beginning of year		(B) End of year
22	Cash, savings, and investments	112,550	22	158,991
23	Land and buildings		23	
24	Other assets (describe ▶ See attachment #3)	6,366	24	6,366
25	**Total assets**	118,916	25	165,357
26	**Total liabilities** (describe ▶)	0	26	0
27	**Net assets or fund balances** (line 27 of column (B) **must** agree with line 21)	118,916	27	165,357

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95 15

Part III Statement of Program Service Accomplishments (See the instructions for Part III.)

What is the organization's primary exempt purpose?

Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, & other relevant information for each program title.

Expenses (Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others.)

28 (Grants $) If this amount includes foreign grants, check here ▶ 28a

29 (Grants $) If this amount includes foreign grants, check here ▶ 29a

30 (Grants $) If this amount includes foreign grants, check here ▶ 30a

31 Other program services (attach schedule)
(Grants $) If this amount includes foreign grants, check here ▶ 31a

32 **Total program service expenses** (add lines 28a through 31a) ▶ 32 0

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated (See the instr. for Part IV.)

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-.)	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
See attachment #4				

Part V Other Information (Note the statement requirements in the instructions for Part V.)

			Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	33		X
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes	34		X
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but **not** reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T.			
a	Did the organization have unrelated business gross income of $1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?	35a		X
b	If "Yes," has it filed a tax return on **Form 990-T** for this year?	35b		X
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a			
b	Did the organization file **Form 1120-POL** for this year?	37b		X
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee **or** were any such loans made in a prior year and still outstanding at the end of the period covered by this return?	38a		X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b			
39	Section 501(c)(7) organizations Enter:			
a	Initiation fees and capital contributions included on line 9 39a			
b	Gross receipts, included on line 9, for public use of club facilities 39b			
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under section 4911 ▶ ; section 4912 ▶ ; section 4955 ▶			
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or is it 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	40b		X
c	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶			
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization ▶			
e	All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		X

41 List the states with which a copy of this return is filed ▶ NONE

42a The organization's books are in care of ▶ See attachment #5 Telephone no. ▶

Located at ▶ ZIP + 4 ▶

			Yes	No
b	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)?	42b		X
	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.**			
c	At any time during the calendar year, did the organization maintain an office outside of the U S ?	42c		X
	If "Yes," enter the name of the foreign country: ▶			

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of **Form 1041** -- Check here ▶ ☐ and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43

			Yes	No
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ	44		X
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ	45		X

Part VI **Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.** All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46-49b and complete the tables for lines 50 and 51.

			Yes	No
46	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	46		X
47	Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	47		X
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48		X
49a	Did the organization make any transfers to an exempt non-charitable related organization?	49a		X
b	If "Yes," was the related organization a section 527 organization?	49b		X

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than $100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each employee paid more than $100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
NONE				

f Total number of other employees paid over $100,000 . . . ▶

51 Complete this table for the organization's five highest compensated independent contractors who each received more than $100,000 of compensation from the organization If there is none, enter "None."

(a) Name and address of each independent contractor paid more than $100,000	(b) Type of service	(c) Compensation
NONE		

d Total number of other independent contractors each receiving over $100,000 . . . ▶

Sign Here

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.

JACK PARKS Jack Parks TREASURER
Signature of officer Date

X JACK PARKS - Treasurer 9 March 2010
Type or print name and title

Paid Preparer's Use Only

Preparer's signature Thea E. Carter Date 3-8-10 Check if self-employed ▶ ☐ Preparer's identifying no (See instr.)

Firm's name (or yours if self-employed), address, and ZIP + 4 H & R BLOCK Rayville, LA 712 EIN ▶ Phone no ▶ X

May the IRS discuss this return with the preparer shown above? See instructions . . . ▶ Yes ☐ No ☐

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
WISH I COULD OF NORTHEAST LA INC

Employer identification number
72-1422050

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

2a 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) thru 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		X
b	If "No," explain:			
10a	Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?	10a		X
b	If "Yes," explain			
11	Does the organization operate gaming activities with nonmembers?	11		X
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		X

				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			X
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			X
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 OF OTHER ASSETS

Attachment 3: page 1 - 990-EZ Page 1, Part I, Line 24

Open to Public Inspection

For calendar year 2009 or tax period beginning , and ending .

Name of Organization
WISH I COULD OF NORTHEAST LA INC

Employer Identification Number
72-1422050

Description of Other Assets	Beginning of Year	End of Year	EOY FMV (990-PF Only)
EQUIPMENT	6,366	6,366	
Totals	6,366	6,366	

SCHEDULE OF OTHER EXPENSES

Attachment 2: page 1 - 990-EZ Page 1, Part I, Line 16

Open to Public Inspection

For calendar year 2009 or tax period beginning , and ending .

Name of Organization	**Employer Identification Number**
WISH I COULD OF NORTHEAST LA INC	72-1422050

Description of Other Expenses	Amount
INSURANCE	2,966
UTILITIES	1,924
BULD REPAIR	1,086
OFFICE SUPPLIES	1,493
Total	7,469

SCHEDULE OF GRANTS AND SIMILAR AMOUNTS PAID

Attachment 1: page 1 - 990-EZ Page 1, Part I, Line 10 - Grants and Similar Amounts Paid

Open to Public Inspection	For Calendar year 2009, or tax year period beginning	and ending

Name of Organization	Employer Identification Number
WISH I COULD OF NORTHEAST LA INC	72-1422050

Class of Activity	Recipient's Name and Address	Amount (FMV)	Purpose of Payment to Affiliate
SMA2	DESTINY SANCHEZ 78 HWY 454, PINEVILLE, LA. , , ,	2,922	GRANTING WISH
HYPER BASIC THERAPY	LANDAN AND ALYSSA CROW 176 BLACKWELL ROAD, WEST MONROE, LA , , ,	12,000	GRANTING WISH
CEREBRAL PALSY	RODERICK HAYES 110 OAK DRIVE, WEST MONROE, LA. , , ,	3,013	GRANTING WISH
CEREBRAL PALSY	CHRISTOPHER WILSON PO BOX 142, ST JOSEPH,LA 71366 , , ,	3,300	GRANTING WISH
SPINA BIFIDA	SHELLY SIMS 104 CONTEMPO, WEST MONROE, LA , , ,	2,469	GRANTING WISH
		23,704	

Relationship	Description of Property	Book Value	How Book Value is Determined	How FMV is Determined	Date of Gift
NONE	COMPUTER- SHOPPING				
NONE	HOSPITAL TREATMENT				
NONE	DISNEY TRIP				
NONE	DISNEY TRIP				
NONE	DISNEY TRIP				
	Total				

SCHEDULE OF GRANTS AND SIMILAR AMOUNTS PAID

Attachment 1: page 2 - 990-EZ Page 1, Part I, Line 10 - Grants and Similar Amounts Paid

Open to Public Inspection | For Calendar year 2009, or tax year period beginning | and ending

Name of Organization
WISH I COULD OF NORTHEAST LA INC

Employer Identification Number
72-1422050

Class of Activity	Recipient's Name and Address	Amount (FMV)	Purpose of Payment to Affiliate
CEREBRAL PALSY	DE QUENTIN GREEN PO BOX 183, NEWELLTON, LA , , ,	2,375	GRANTING WISH
SPINA BIFITA	MICHAEL JOHNSON 104 CLARA DRIVE, MONROE, LA , , ,	3,683	GRANTING WISH
CEREBRAL PALSY	TYE JAYLAN WILLIAMS PO BOX 183, NEWELLTON, LA , , ,	1,438	GRANTING WISH
CEREBRAL PALSY	JONATHON WILLIAMS PO BOX 183, NEWELLTON, LA , , ,	1,437	GRANTING WISH
	GIVE KIDS THE WORLD		DONATION
		8,933	

Relationship	Description of Property	Book Value	How Book Value is Determined	How FMV is Determined	Date of Gift
NONE	SHOPPING TRIP				
NONE	DISNEY TRIP				
NONE	SHOPPING TRIP				
NONE	SHOPPING TRIP				
NONE	CASH				
	Total				

SCHEDULE OF GRANTS AND SIMILAR AMOUNTS PAID

Attachment 1: page 3 - 990-EZ Page 1, Part I, Line 10 - Grants and Similar Amounts Paid

Open to Public Inspection	For Calendar year 2009, or tax year period beginning	and ending

Name of Organization	Employer Identification Number
WISH I COULD OF NORTHEAST LA INC	72-1422050

Class of Activity	Recipient's Name and Address	Amount (FMV)	Purpose of Payment to Affiliate
	, , , KIDS CHRISTMAS PARTY	3,000	DONATION
	, , , SHRINER HOSPITAL	8,760	DONATION
	, , , MED CAMP OF LA	10,000	DONATION
	, , , ST JUDE HOSPITAL	5,000	DONATION
		26,760	

Relationship	Description of Property	Book Value	How Book Value is Determined	How FMV is Determined	Date of Gift
NONE	CASH				
NONE	CASH				
NONE	CASH				
NONE	CASH				
	Total				

SCHEDULE OF GRANTS AND SIMILAR AMOUNTS PAID

Attachment 1: page 4 - 990-EZ Page 1, Part I, Line 10 - Grants and Similar Amounts Paid

Open to Public Inspection

For Calendar year 2009, or tax year period beginning **and ending**

Name of Organization
WISH I COULD OF NORTHEAST LA INC

Employer Identification Number
72-1422050

Class of Activity	Recipient's Name and Address	Amount (FMV)	Purpose of Payment to Affiliate
	, , , MARCH OF DIMES	5,000	DONATION
	, , ,	3,000	
		8,000	

Relationship	Description of Property	Book Value	How Book Value is Determined	How FMV is Determined	Date of Gift
NONE	CASH				
	Total				

CURRENT OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

Attachment 4: page 1 - 990-EZ Page 2, Part IV

Open to Public Inspection | **For calendar year 2009 or tax period beginning , and ending .**

Name of Organization WISH I COULD OF NORTHEAST LA INC

Employer Identification Number 72-1422050

(A) Name and Address	(B) Title and Average Hrs. per Week	(C) Compensation (If not paid, enter 0)	(D) Cont. to Employee Ben. Plans & Def. Comp	(E) Expense Account & Other Allowances
DON OTOOLE 755 OLD HWY 15 West Monroe, LA 71291	PRESIDENT	0	0	0
WAYNE MOORE 466 JIM REEVES ROAD Columbia, LA 71418	VICE PRESIDENT	0	0	0
MYRT JOINER 352 VICTOR TRAVIS ROAD Delhi, LA 71232	SECRETARY	0	0	0
JACK PARKS 83 COTTON GIN LOOP Rayville, LA 71269	TREASURER	0	0	0

BOOKS ARE IN CARE OF

Attachment 5 - 990-EZ Page 3, Part V, Line 42a

Open to Public Inspection	For calendar year 2009 or tax period beginning , and ending .

Name of Organization	Employer Identification Number
WISH I COULD OF NORTHEAST LA INC	72-1422050

Part V - Line 42a

Individual Name

or

Business Name

WISH I COULD OF NORTEAST LA INC

Street Address 711 LOUISA STREET

U.S. Address

Zip code 71269 City Rayville State LA

or

Foreign Address

City

Province or State

Country

Postal code

Phone Number (318)728-2300

Fax Number