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Form 990

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)

Department of the Treasury Internal Revenue Service

A For the 2009 cale

► 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

<u> </u>		2009 calendar year, or tax year beginning Mar U1, 2009, an				31,2010
В	Check of applicable	Please C Name of organization, number and street, city, town, state, and ZIP co	xde □	Employer id	lentificatio	on number
П	Address ch	luse IRS	1	72-	06051	.50
П	Name chan	ne print or CENT.A COMMINITY ACTION	ΙĒ	Telephone r		
H	Initial return	type				
-	Terminated	Specific 1335 INCLEON CURRENT	ا	Gross receipts	\$	
Н		Injande-	- ⊢			
Н	Amended r	1122241101111 1311 / 1301	_	H(a) Is this a	-	
L	pending	F Name and address of principal officer. CYNTHIA J COBB		for affilia	ates?	Yes 🔀 No
_		1335 JACKSON ALEXANDRIA LA 71301-		H(b) Are all affill If "No" att		
<u></u>	Tax-exer	npt status X 501(c)(3) ◀ (insert no) 4947(a)(1) or 527		(see instru		Yes No
J	Website:	• •		H(c) Group exe	mption numbe	er 🕨
K	Form of orga	anization X Corporation Trust Association Other ▶ L Year	of formal	фоп	M State of	legal domicile
	Part I	Summary			·	
_		riefly describe the organization's mission or most significant activities				
		O ALLEVIATE POVERTY IN THE DESIGNATED LOCAL	TTV	,		
9		C ABBEVIALE LOVERLY IN THE DESIGNATED BOCKE	1 1 1			
Ĕ	-					
Ē						
Š	2 C	heck this box (if the organization discontinued its operations or disposed of more				
জ	3 N	umber of voting members of the governing body (Part VI, line 1a)				15
Se	4 N	umber of independent voting members of the governing body (Part VI, line 1b) $\dots \dots$			4	15
Activities & Governance	5 T	otal number of employees (Part V, line 2a)	· • • • •		5	
ŧ	6 T	otal number of volunteers (estimate if necessary)			6	
⋖	7a T	otal gross unrelated business revenue from Part VIII, column (C), line 12			7a	
	b N	et unrelated business taxable income from Form 990-T, line 34			7b	
				Prior Year		Current Year
_	. l 8 c	ontributions and grants (Part VIII, line 1h)		883628		9601055.
SS Revenue	9 P	rogram service revenue (Part VIII, line 2g)				
@ §	10 In	ivestment income (Part VIII, column (A), lines 3, 4, and 7d)				
₹ ₹	11 0	other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)				
		otal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		883628	-	9601055.
SCANNEL!		irants and similar amounts paid (Part IX, column (A), lines 1-3)		003020		9601033.
箫	1					
الْسِينَ	1	enefits paid to or for members (Part IX, column (A), line 4)			_	6050045
Č ¼Vi Expenses	15 5	alaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		<u> 563032</u>	<u>' · </u>	6078945.
ا حرر	16a P	rofessional fundraising fees (Part IX, column (A), line 11e)	. _			
<u>₹2. 8</u>	- БТ	otal fundraising expenses, (Part IX, column (D), line 25) ▶	-			
₩ ш	1	ther expenses (Part IX, column (A), lines 11a-11d, 11f-24f).	·	306476	7.	3597926.
\mathfrak{F}	18 T	otal expenses - Add lines 13-17 (must equal Part X oblumn (A), line 25)		869509	4.	9676871.
2	19 R	evenue less expenses Subtract line 18 from line 12		14119	1.	-758 <u>16.</u>
	ဖွ	IN IAN TA 2011 (O)	Beg	ginning of Yea	ar	End of Year
els C	<u>ਛੋਂ</u> 20 T	otal assets (Part X, line 16) JAN 19 2011		215399	9.	2298698.
Assets	ሟ 21 T	otal liabilities (Part X, line 26)		80534	6.	1025865.
5 Z	를 22 N	et assets or fund balances Subfraut line 24 from line 20		134865		1272833.
	art II	Signature Block				
		Under penalties of perjury, I declare that I have examined this return including accompanying schedules and stateme	ents and	t to the best of my l	mowledge	
		and belief, it is true, correct and complete Declaration of preparer (other than officer) is based on all information of w		•	_	
			viller pro	poror rias arry reror	···ougu	
Si	ign	A A A A A A A A A A A A A A A A A A A		1 4	1121	111
	ere	Signature of officer			/ '' /	
, ,	CIC	1.	מ פו			
			E D	TRECTOR	·	
		Type or print name and title	т 🔐		Drongrore	identifying number
Pe	aid	Preparer's Date	self-	eck if	(see instru	ictions)
Pr	eparer's	signature \ \(\(\) \(emp	oloyed ► X	<u></u>	
	se Only	Firms name (or yours d self-employed). TERRIE JACKSON CPA		EIN •	• 	
-		eddress, and ZIP+4 BOX 31873 HOUSTON TX 77231-18	73	Phone no ▶		
M	ay the IRS	6 discuss this return with the preparer shown above? (See instructions)			<u></u>	
Fo	or Privacy	Act and Paperwork Reduction Act Notice, see the separate instructions.				Form 990 (2009)

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Rev 1

-orm	990 (2009) CENLA COMMUNITY ACTION	72-060515	0 Page 2
Par	t III Statement of Program Service Accomplishments		
1	Briefly describe the organization's mission		,
	TO ALLEVIATE POVERTY IN THE DESIGNATED LOCALITY		
			<u> </u>
2	Did the organization undertake any significant program services during the year which were not listed or	m _	r
	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 se	rvices?	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 service	es by expenses	
	Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the a	mount of grants and	
	allocations to others, the total expenses, and revenue, if any, for each program service reported		
4a	(Code) (Expenses \$ 6876621. including grants of \$) (Revenue \$;
	HEAD START AND EARLY HEAD START		
	TO PROVIDE EDUCATION, MEDICAL, DENTAL, AND PARENT	ACTIVITIES T	<u>'O</u>
	QUALIFIED APPLICANTS	110111111111111111111111111111111111111	
	COUNTILIED MILITIONALE		
4b	(Code) (Expenses \$ 616961. including grants of \$) (Revenue \$	
40	(Code)(Expenses # O 1 O 3 O 1 . Including grains of #) (110 TO 110 T	•
	CHILD AND ADULT CARE FOOD PROGRAM		
	TO PROVIDE FOOD SERVICES TO QUALIFIED CHILDREN AND	ADULTS	
	TO THOUSE TOOK BEING TO CONDITION ON THE SERVICE		
			· · · · · · · · · · · · · · · · · · ·
40	(Code) (Expenses \$ 804228 . including grants of \$) (Revenue \$	
4c	(Code) (Expenses # CO4220 : including grains or #	//	
	COMMUNITY SERVICES .		
	TO PROVIDE ADMINISTRATIVE AND OTHER SERVICES TO LO	WER	
	INCOME PROGRAM PARTICIPANTS		
	INCOME PROGRAM PARTICITATIO	**	
			 ····
		. ,	
		<u>``</u>	
			
	Other management (Passibe in Other title O.)	-	
4d	Other program services (Describe in Schedule O)		
	(Expenses \$ 1379061. including grants of \$)(Revenue \$)	
4e	Total program service expenses ▶ 9676871.		orm 990 (2009)
		Г	CALLED (2003)

Par	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	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			1
	candidates for public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C,			ĺ
	Part II	4		X
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and			
	reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5	<u></u>	
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to			ĺ
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete			ĺ
	Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,		. !	
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			İ
	complete Schedule D, Part III	8	<u> </u>	X
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part		. !	
	X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes,"		. !	l
	complete Schedule D, Part IV	8		X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments?			İ
	If "Yes," complete Schedule D, Part V	10		X
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI,		. !	
	VII, VIII, IX, or X as applicable	11	X	### Co. with
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete	1.		
	Schedule D, Part VI			
•	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more	111	44.5	Age - Age 2
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII		344	
•	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more			(# X
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	* * * * * *		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
•	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets	37.4	on the second	
_	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.	7.3	721.5 4	
•	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		PROFES	
12	Did the organization obtain a separate, independent audited financial statement for the tax year? If "Yes," complete			<u> </u>
	Schedule D, Parts XI, XII, and XIII	12	X (2002/2000)	<u> </u>
12A	Was the organization included in a consolidated, independent audited financial statement for the tax year? Yes No	Ŷŧ'n.	474	gradina. Baran
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional X) معاقباً المعالمة المعالمة المعالمة المعالمة المعالمة المعالمة المعالمة المعالمة المعالمة المعالمة المعالمة الم	~* . ~* .
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
ь	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising,		. !	
	business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b	 -	X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any		. !	
	organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance			
	to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16		X
17	Did the organization report more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), line 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
4.0	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	 	_X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	40		.,
20	If "Yes," complete Schedule G, Part III	19	 	X
20_	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20	rm 990	(2000
				. r zeniu

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Par	t IV Checklist of Required Schedules (continued)			
			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations		ļ	
	in the United States on Part IX, column (A), line 17 If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the			
	United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III			X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization			
	current and former officers, directors, trustees, key employees, and highest compensated employee's? If "Yes,		l	
	complete Schedule J	23	 	X
24a	·	}	1	
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines			
	24b through 24d and complete Schedule K If "No," go to question 25	24a	ļ <u>.</u>	X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	<u>24b</u>	 	X
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	ļ]	
	to defease any tax-exempt bonds?	24c		X
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		Х
25a	Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in an excess benefit transaction	- 1		,
	with a disqualified person during the year? If "Yes," complete Schedule L, Part !	25a		X
b	is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a			
	prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or			
	990EZ? If "Yes," complete Schedule L, Part I	25b		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee,	or		
	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Pai	tll 26	 	X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor, or a grant selection committee member, or to a person related to such an individual?			
	If "Yes," complete Schedule L, Part III		L	Х
28	Was the organization a party to a business transaction with one of the following parties, directly or indirectly	, ,	r rows	<i>?</i> * <i></i>
	(see Schedule L, Part IV instructions for definitions of "direct" and "indirect" and applicable filing thresholds,	,		រៀបក្រើ សមា
	conditions, and exceptions)	<u>**</u> *.		
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete	İ		
	Schedule L, Part IV	28b		X
C	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family			
	member) was an officer, director, trustee, or owner? If "Yes," complete Schedule L, Part IV	28c	<u> </u>	X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30	·	Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Pa	rt I 31		Х
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	1	х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301 7701-2 and 301 7701-37 If "Yes," complete Schedule R, Part I	33	1	X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II,			
	III, IV, and V, line 1			X
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete			
	Schedule R, Part V, line 2	35		Х
6	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-chantable related			
	organization? If "Yes," complete Schedule R, Part V, line 2	36		х
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		х
38	Did the organization complete Schedule O and provide explanations for Part VI, lines 11 and 19?			Х

1a Enter the number reported in Box 3 of Form 1086, Annual Summary and Transmittal of U.S. Information Relums Enter -0- if not applicable 1 to 1 to 1 to 1 to 2 lot the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gaming) information prize without 5 to 1 to 2 lot the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gaming) information prize without 5 to 1 to 2 lot the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gaming) information year ending with or within the year covered by this return 2 lot 1 least one is reported on line 2a, did the organization file all required federal employment tax returns? 2 lot 1 least one is reported on line 2a, did the organization file all required federal employment tax returns? 3 lot 1 least one is reported on line 2a, did the organization file all required federal employment tax returns? 3 lot 1 least one is reported on line 2a, did the organization file all required federal employment tax returns? 3 lot 1 least one is reported on line 2a, did the organization file all required federal employment tax returns? 3 lot 1 least one is reported on line 2a, did the organization file all required federal employment tax returns? 3 lot 1 least one is reported on line 2a, did the organization in Schedule 0 lot 1 least one is reported by this return? 4 least one is reported by this return? 5 lot 1 least one is reported by this return. 5 least one is reported by this return of the companization have an interest in, or a signature or or their authority over, a financial account or except organization country (such as a bank account, securities account, or other financial accountry over, a financial accountry over, a financial accountry over a financial accountry over a financial accountry over a financial accountry over a financial accountry over a financial accountry over a financial accountry over a financi	L C	Statements Regarding Other IRS Fillings and Tax Compliance	.	Yes	No
U.S. Information Returns Enter-O- If not applicable Enter the number of Forms W-25 included in line 1a Enter-O- If not applicable Old the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 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 2 If all less one is reported on line 2, did the organization file all required of effert inerployment tax returns? 2b X Notes if the sum of lines it is and 2a is greater than 250, you may be required to e-file this return (see instructions) 3 Did the organization have unrelated business gores is encore of \$1,000 or more during the year covered by this return? 3a X 1a Yes, has at filed a Form 990-T for this year? If "No," provide an explanation in Schedule O 3b If "Yes," has at filed a Form 990-T for this year? If "No," provide an explanation in Schedule O 3b If "Yes," enter the name of the foreign country 1b If "Yes," enter the name of the foreign country 1c If "Yes," enter the name of the foreign country 1c If "Yes," the country is the same and a substance of \$1,000 or more during the reputations for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts 3b Was the organization and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts 3c Was the organization and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts 3c Was the organization and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts 3c Was the organization and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts 3d Was the organization in a party to a prohibited tax sheller transaction? 5c Was	1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of	i wat	THE PERSON	
E Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to pizze winners? 2a Einter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the catendary year ending with or within the year covered by this return 2b If at least one is reported on line 2e, did the organization file all required federal employment tax returns? 2b If at least one is reported on line 2e, did the organization file all required federal employment tax returns? 2c X Notes (if the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions) 3b Old the organization have unrelated business gross income of \$1,000 or more dumpt by year covered by this return? 3c If Yes, 1s at filed a Form 990-1 for this year? If 'No,' provide an explanation in Schedule O 3b If Yes, 1sh as if filed a Form 990-1 for this year? If 'No,' provide an explanation in Schedule O 3b If Yes, 1sh as if filed a Form 990-1 for this year? If 'No,' provide an explanation in Schedule O 3b If Yes, 1sh as if filed a Form 990-1 for this year? If 'No,' provide an explanation in Schedule O 3b If Yes, 1sh as if filed a Form 990-1 for this year? If 'No,' provide an explanation in Schedule O 3b If Yes, 1sh as if filed a Form 990-1 for this year? If 'No,' provide an explanation in Schedule O 3b If Yes, 1sh and Island Accounts 3c Was the organization and Island in grequirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts 3c Was the organization approach and that was or as party to a prohibited tax sheller transaction? 3c If Yes, 1sh question flave a party for aprication that it was or as party to a prohibited tax sheller transaction? 4c If Yes, 1sh degression and party for prohibited tax sheller transaction? 4d If Yes, 1sh degression and year organization that it was or as party to a prohibited tax sheller transaction? 4d If Yes, 1sh degression and year organization in the stat			4		
gaming (gambling) winnings to prize winners? 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 2b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b If a least one is reported on line 2a, did the organization file all required federal employment tax returns? 2c V V V V V V V V V	b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable			
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 b if at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b X Note: If the sum of lines 1a and 2a is greater than 250, you may be required to s-file this return (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more dumpt the year covered by this return? 3a If Yes, the stilled a Form 990-T for this year? If 'No,' provide an explanation in Schedule O 3b If Yes, has at filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule O 3b If Yes, has at filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule O 3b If Yes, and the did a Form 990-T for this year? If 'No,' provide an explanation in Schedule O 3b If Yes, and the state of the organization has a bank account, account, or or their authority over, a financial account in a foreign country See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts 3c Was the organization a party to a prohibited tax sheller transaction at any time during the tax year? 5a Was the organization appropriation that it was or as a party to a prohibited tax sheller transaction? 5b X If 'Yes,' to question 5a or 5b, did the organization that it was or as a party to a prohibited tax sheller transaction? 5c If 'Yes,' to question 5a or 5b, did the organization that it was or as a party to a prohibited tax sheller transaction? 5c If 'Yes,' to diquestion 5a or 5b, did the organization that were not tax deductible? 5c If 'Yes,' to diquestion 5a or 5b, did the organization that were not tax deductible? 5c If 'Yes,' to diquestion 5a or 5b, did the organization that were not tax deductible? 5c If 'Yes,' and that may receive deductible contributions under section 170(c). 5c If 'Yes,' indicate the number	c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			
Statements, filed for the calendar year ending with or within the year covered by this return 2		gaming (gambling) winnings to prize winners?	1c	X	1.1
b If all least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1 a and 2a is greater than 250, you may be required to e-file this return (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? 3b If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O 3a I x If "Yes," the sit filed a Form 990-T for this year? If "No," provide an explanation in Schedule O 3b I at Alary 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 accountry) very a financial account in a foreign country (such as a bank account, securities account, or other financial accountry) very a financial account in a foreign country (such as a bank account, securities account, or other financial accountry) very been expressed and in a financial accountry or the interest in a financial accountry or which is a financial a	2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	\$ 150 m		· ·
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b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	2a	,	120	· · · · · · · · · · · · · · · · · · ·	"PAZ"
		120	FO	rm 990	(2009)

Fa	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 70 below, and		140	,
Section	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instruction A. Governing Body and Management		Yes	No
Secul	on A. Sevening Body and management	k Å(r.,	in it	
10	Enter the number of voting members of the governing body			
	Effect the frame of voting members of the governing body			
_	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	1	4.4	
2		2	5 1350KL JAR	X
_	any other officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under the direct	<u> </u>		
3		3		Х
	supervision of officers, directors or trustees, or key employees to a management company or other person?	4		X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	5		X
5	Did the organization become aware during the year of a material diversion of the organization's assets?	6		X
6	Does the organization have members or stockholders?	-		$\widehat{}$
7a	Does the organization have members, stockholders, or other persons who may elect one of more members	7a		Х
	of the governing body?	7b		X
_	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	N-2006		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during	1.4	Q.,45	
	the year by the following?	8a	X	` <u></u> -
	The governing body?	8b	X	
Ь	Each committee with authority to act on behalf of the governing body?	OD	<u> ^ </u>	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached		۱ ,, ا	
	at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	X	Ь
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)	-	V	
			Yes	No
	Does the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters,		İ	ĺ
	affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		
11	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations		l	ł
	must describe in Schedule O the process, if any, the organization uses to review the Form 990	11	X	
	Does the organization have a written conflict of interest policy? If "No", go to line 13	12a	X	<u> </u>
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give			
	nse to conflicts?	12b	X	<u> </u>
C	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe in Schedule O how this is done	12c	X	
	Does the organization have a written whistleblower policy?	13		X
	Does the organization have a written document retention and destruction policy?	. 14	X.	
15	Did the process for determining compensation of the following persons include a review and approval by		digar.	
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision	100.03	<u> </u>	(I., 1833)
а	The organization's CEO, Executive Director, or top management official?	15a	X	
b	Other officers or key employees of the organization?	15b	\ \{\bar{\bar{\bar{\bar{\bar{\bar{\ba	35" "55%
	Describe the process in Schedule O (see instructions)		No.	
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			9)E+1(E)
	with a taxable entity during the year?	. 16a	NEW	X
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate	脚里		
	its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard		. 3 8 64	ja . 21
	the organization's exempt status with respect to such arrangements?	16b	<u> </u>	X
Sect	ion C. Disclosure			
	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 Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only)			
	available for public inspection. Indicate how you make these available. Check all that apply			
	Own website Another's website Upon request			
19	Describe in Schedule O whether (and if so, how), the organization makes it governing documents, conflict of interest			
	policy, and financial statements available to the public.			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the			
	organization ▶JOAN LEE 1335 JACKS ALEXANDRIA LA 71301-			

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

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization'scurrent key employees. See instructions for definition of "key employee."
- List the organization's fivecurrent 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'sformer officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- . List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

hours per week read in the week read and in the week read area. The week read area area and in the week read area and in the week read area and in the week read area. The week read area area area and in the week read area and in the week read area. The week read area area area and in the week read area and in the week read area. The week read area area area area and in the week read area and in the week read area. The week read area area area area area and in the week read area area and in the week read area. The week read area area area area area area area	(A)	1 , , , , , , , , , , , , , , , , , , ,							(D)	(E)	(F)
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Part VII Section A. Officers, Directors,	Trustees,	Key E	mploy	00S,	and	l High	est		(
(A)	(B)			(C	•			(D)	(E)	(F)
Name and title	Average		on (ch	$\overline{}$		1	ply)	7	Reportable	Estimated
	hours per	Individual trustee or director	İnst	Officer	ě	Highest compensated employee	힣	compensation	compensation	amount of
	week	llec Vidt	Institutional trustee	ଜୁ	Key employee	o log	ormer	from the	from related organizations	other compensation
		to a	onal		믕	မ င္ရ		organization	(W-2/1099-MISC	i
	ļ	rust	a		èe	歳		(W-2/1099-MISC)	1000 11100	organization
		ee	ster	ļ		insa		(** 2 1000 111100)		and related
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Ab Total	l				L	<u></u>	<u> </u>	78250.	0	0
1b Total	of limited t				ove)) who		·		
from the organization ►			0 11010		0.0,	,			,000	
										Yes No
3 Did the organization list anyformer officer,									_	1
employee on line 1a? If "Yes," complete So 4 For any individual listed on line 1a, is the su								compensation from		3 X
the organization and related organizations									1	
ındıvıdual	- 									4 X
5 Did any person listed on line 1a receive or a	accrue cor	npensa	ation f	rom	any	unrela	ated	organization for		of the state of th
services rendered to the organization? If "Y	es," comp	lete So	hedu	e J f	or s	uch pe	erso	n <u> </u>	<u></u>	5 X
Section B. Independent Contractors										
 Complete this table for your five highest co- compensation from the organization 	mpensated	ındet	ende	nt cc	ntra	ctors	nat	received more than t	5100,000 Of	
(A)								(B)		(C)
Name and busines	s address							Description of s	services	Compensation
NONE										
2 Total number of independent contractors (ii	ooludina b	ut not !	ımıtar	i to t	hosa	a lieta-	1 2 5	mie) who received m	ore than 1.	(1,48.2)[[48.8883-888 (3.88.144-2)
2 Total number of independent contractors (iii \$100,000 in compensation from the organization)		ut 110t l	m mee	(iiost	. 11316[aul	ove) who received III	oremail	

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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		columns (B), (C) and	
	ot include amounts reported on lines 6b, lb, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
1	Grants and other assistance to governments and		expenses	general expenses	expenses
']			
2	Grants and other assistance to individuals in			laite il construit marcon	
2	the U.S See Part IV, line 22				
3	Grants and other assistance to governments,	·			
3	organizations, and individuals outside the	j		The water of the	
	U.S. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	 		· · · · · · · · · · · · · · · · · · ·	4.4% <u>\$1.4% (1.4% (1.4%)</u> .
J	trustees, and key employees	78250.	78250.]	
6	Compensation not included above, to disqualified	70230.	70230.		
Ü	persons (as defined under section 4958(f)(1)) and	ì			,
7	persons described in section 4958(c)(3)(B)		4540503		
7	Other salaries and wages	4548593.	4548593.		
8	Pension plan contributions (include section 401(k)			1	
9	and section 403(b) employer contributions) Other employee benefits		1452102.		
			1432102.		
10 11	Payroll taxes Fees for services (non-employees)	·		 	
		1		Ì	
a	Management			 	
ь	Legal			<u> </u>	
ا	Accounting				
d	Lobbying		12 m. 12 m. 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
e -	Professional fundraising services See Part IV line 17		(" , " A A () () , " () () () () () () () () () (
f	Investment management fees		0.61.64		
g 12	Other		96164.		
	Advertising and promotion		23274. 241545.	 	
13 14	Office expenses	'	241343.		
15	Information technology				
16	Royalties Occupancy		256743.	 	<u> </u>
17	Travel		101804.		
18	Payments of travel or entertainment expenses	101804.	101604.	<u> </u>	
10				\ 	
19	Conferences, conventions, and meetings				
20	Internal	67261	67361.		
21	Payments to affiliates	0/301.	0/301.		
22	Depreciation, depletion, and amortization	145038.	145038.	 	
23	Insurance	70423.	70423.		
24	Other expenses Itemize expenses not			K. M. S. S. S. S. S. S. S. S. S. S. S. S. S.	# marketing
	covered above (Expenses grouped together			THE PARTY OF SHAPE	
	and labeled miscellaneous may not exceed			ort arises as de	eff in the second
	5% of total expenses shown on line 25 below)	医抗动物物管			all controls
а	VEHICLE	169459.	169459.		ASSESSMENT AND ASSESSMENT AND A
b	MAINTENANCE	275577.	275577.		
c	FOOD COST	313970.	313970.		
ď	MISCELLANEOUS	401862.	401862.		
8	CLIENT ASSISTANCE	1434706.	1434706.		
f	All other expenses.			<u> </u>	
25	Total functional expenses. Add lines 1 through 24f	9676871.	9676871.		
26	Joint Costs Check here ▶ If following		20.00.11.		<u> </u>
	SOP 98-2 Complete this line only if the org				
	reported in column-(B) joint costs from a combined				
	educational campaign and fundraising solicitation	1			
BCA			ICODOCAD Day 1	L	Fam 990 (2009)

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_Par	t X	Balance Sheet		<u> </u>			
•					(A)	\Box	(B)
					Beginning of year		End of year
	1	Cash - non-interest-bearing			396169.	1	339191
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net		82596.	3	79253.	
	4	Accounts receivable, net			_	4	
	5	Receivables from current and former officers, dire	•				
		employees, and highest compensated employees		5			
	6	Receivables from other disqualified persons (as	* * * * * * * * * * * * * * * * * * * *	•	**		
		4958(f)(1)) and persons described in section 495	* **				
		Part II of Schedule L				6	
S.	7	Notes and loans receivable, net				7	
Assets	8					8	
Ϋ́	9					9	
	10a	Land, buildings, and equipment cost or other		[**	<u> </u>	,
		basis Complete Part VI of Schedule D	10a	4185212.	*		
	ь	Less accumulated depreciation	-	2304958.	the first contract the contract of the contrac	10c	1880254.
	11				1645667.	11	1000234.
	12	Investments - other securities See Part IV, line 1			100007.	12	
	13	Investments - program-related See Part IV, line				13	
	14	Intangible assets				14	
	15	Other assets See Part IV, line 11	29567.	15			
	16	Total assets Add lines 1 through 15 (must equal			2153999.	16	2200600
	17	Accounts payable and accrued expenses	144389.	17	2298698.		
	18	Grants payable	144309.	18	150826.		
	19	•				19	
ı	20						
	21			f Cahadula D		20	· · · · · · · · · · · · · · · · · · ·
98	22	Escrow or custodial account liability Complete Pr			, , , , , , , , , , , , , , , , , , , 	21	TO STONE OF THE
ij	22	Payables to current and former officers, directors			* * * * * * * * * * * * * * * * * * *		
Liabilities		employees, highest compensated employees, an	•	1		*	,
_	22					22_	
	23	Secured mortgages and notes payable to unrelat			660957.	23	875039.
	24	Unsecured notes and loans payable to unrelated				24	
	25	Other liabilities Complete Part X of Schedule D		T		25	
	26				805346.	26	1025865.
		Organizations that follow SFAS 117, check here		X and			
Se		complete lines 27 through 29, and lines 33 and		i			I
ances	27	Unrestricted net assets			532516.	27	159271.
38	28					28	10587.
Net Assets or Fund Bale	29	Permanently restricted net assets			816136.	29	1102976.
<u> </u>		Organizations that do not follow SFAS 117, che	ck her	e ▶ ∐ ;		1	
ğ		and complete lines 30 through 34.		- 1	THE PARTY OF THE P	<u>: [tr {}}</u>	
ets	30	Capital stock or trust principal, or current funds				30	
Ass	31	Paid-in or capital surplus, or land, building, or equ	-			31	
<u> </u>	32	Retained earnings, endowment, accumulated inc				32	
~	33	Total net assets or fund balances			1348652.	33	1272834.
. <u> </u>	34	Total liabilities and net assets/fund balances	<u></u>		2153998.	34	2298699.

Form **990** (2009)

Form 9	990 (2009) CENLA COMMUNITY ACTION 72-06051	50	Pag	e 12
Par	t XI Financial Statements and Reporting		,	
			Yes	No
1	Accounting method used to prepare the Form 990 Cash 🛛 Accrual Cother	1	1.12	
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		X
b	Were the organization's financial statements audited by an independent accountant?	2b	Х	
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the			
	audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	Х	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements of the year were			
	issued on a consolidated basis, separate basis, or both	2d		L
	🗓 separate basis 🗍 consolidated basis 🦷 both consolidated and separate basis			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in	{		
	the Single Audit Act and OMB Circular A-133?	3a	Х	
b	If "Yes " did the organization undergo the required audit or audits?	3ь	Х	

Form **990** (2009)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No 1545-0047 **2009**

Complete if the organization is a section 501(c)(3) organizations or a section

Department of the Treasury Internal Revenue Service 4947(a)(1) nonexempt charitable trusts.

► Attach to Form 990 or Form 990-EZ.

► See sepai

► See separate instructions.

Open to Public Inspection

CENLA COMMUNITY ACTION Part Reason for Public Charity Status (All organizations must complete the	Name of the organization Employer identification number						
Part I Reason for Public Charity Status (All organizations must complete it							
	ns part) See ins	tructions	=				
The organization is not a private foundation because it is: (For lines 1 through 11, check only one to	oox)						
1 A church, convention of churches, or association of churches described insection 170(b)(1))(A)(i).						
2 A school described in section 170(b)(1)(A)(ii). (Altach Schedule E)							
A hospital or a cooperative hospital service organization described insection 170(b)(1)(A)(ii	ii)						
4 A medical research organization operated in conjunction with a hospital described issection	n 170(b)(1)(A)(iii) Enter t	the hosp	ital's nan	ne,		
city, and state							
5 An organization operated for the benefit of a college or university owned or operated by a	govemmental ur	nt descri	bed issect	tion			
170(b)(1)(A)(iv). (Complete Part II)							
6 A federal, state, or local government or governmental unit described insection 170(b)(1)(A)	(v).						
7 🗵 An organization that normally receives a substantial part of its support from a governmenta	al unit or from the	e genera	l 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 contribu	tions, membersh	nip fees,	and gros	s			
receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than	33 1/3 %	6 of its				
support from gross investment income and unrelated business taxable income (less section	n 511 tax) from	business	es				
acquired by the organization after June 30, 1975 Seesection 509(a)(2) (Complete Part III)						
10 An organization organized and operated exclusively to test for public safety. Seesection 50	9(a)(4)						
11 An organization organized and operated exclusively for the benefit of, to perform the function	ons of, or to can	ry out the	9				
purposes of one or more publicly supported organizations described in section 509(a)(1) o	r section 509(a)	(2) Se s e	ection				
509(a)(3). Check the box that describes the type of supporting organization and complete I	ines 11e through	ղ 11հ					
a 📗 Type I b 📗 Type II c 📗 Type III - Functionally integra	ated d] Type∃	III - Othe	r			
e By checking this box, I certify that the organization is not controlled directly or indirectly by	one or more disc	qualified					
persons other than foundation managers and other than one or more publicly supported or	rganizations des	cribed 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 suppo	orting				_	
organization, check this box						L	
g Since August 17, 2006, has the organization accepted any gift or contribution from any of t	he following per	sons?					
 A person who directly or indirectly controls, either alone or together with persons described. 	nbed in (ii)				Yes	No	
and (iii) below, the governing body of the supported organization?	below, the governing body of the supported organization?			11g(i)			
(ii) A family member of a person described in (i) above?				11g(ii)			
(iii) A 35% controlled entity of a person described in (i) or (ii) above?				11g(iii)			
h Provide the following information about the supported organization(s)						· ·	
(i) Name of supported (ii) EIN (iii) Type of organization (iv) is the organization	(V) Did you	(vi) Is the		(viı) A	/moun	t of	
organization (described on lines 1-9 zation in col	notify the organiz		zation in	ation in support			
above or IRC section (i) listed in your	organization in	organization in col (i)					
(see instructions)) governing	col (1) of your	(i) of your organized					
document?	support? in the U.S.?		US?				
Yes No	Yes No	Yes	No				
		1	1	1			
		1					
		 					

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

Schedule A (Form 990 or 990-EZ) 2009

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I) Section A. Public Support (c) 2007 (d) 2008 (e) 2009 (f) Total (a) 2005 (b) 2006 Calendar year (or fiscal year beginning in) Giffs, grants, contributions, and membership fees received (Do not Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge 8836285.960105541198644. Total, Add lines 1 through 3 7465480.17399582.17896242. 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, 198644. Public support. Subtract line 5 from line 4 Section B. Total Support (a) 2005 (b) 2006 (c) 2007 (d),2008 (e) 2009 (f) Total Calendar year (or fiscal year beginning in) 7465480.7399582.7896242. 8836285.960105541198644. Amounts from line 4 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Net income from unrelated business activities, whether or not the business is regularly carned on 10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) 41198644. 11 Total support. Add lines 7 through 10 12 Gross receipts from related activities, etc (see instructions) First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box andstop here Section C. Computation of Public Support Percentage 14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f) 100.00 % 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 b 33 1/3% support test - 2008. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10% facts-and-circumstances test - 2009. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box andtop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization P 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 top here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization Private foundation. If the organization did not check a box in line 13, 16a, 16b, 17a, or 17b, check this box and see

Schedule A (Form 990 or 990-EZ) 2009 CENLA COMMUNITY ACTION	72-0605150	Page 4
Part IV Supplemental Information. Complete this part to provide the explanation required by F	Part II, line 10,	
Part II, line 17a or 17b; or Part III, line 12 Provide any other additional information (see instruct	ions)	
FORM 99, PART VI, SECTION B, LINE 11		
COPIES OF THE RETURN ARE PROVIDED TO ALL MEMBERS OF THE	BOARD OF	
DIRECTORS IN PDF FORMAT FOR THEIR REVIEW AND BEFORE SUBM	MISSION	
		
FORM 990 BART VI SECTION B IINE 12C		
FORM 990, PART VI, SECTION B, LINE 12C		
		
OFFICERS AND BOARD MEMBERS ARE REQUIRED TO REPORT ANY CO	ONFLICTS OF	
INTEREST WHICH MAY ARISE IN THE COURSE OF THEIR DUTIES I	OR THE HEALTH	<u> </u>
CENTER/ FAILURE TO COMPLY WILL BE APPROPRIATELY ADDRESSS	SED	
FORM 990, PART VI, SECTION B, LINE 15/ EXECUTIVE COMMITT	TEE TYPICALLY	
MEETS TO DISCUSS COMPENSATION AND THE DETAILS OF CONTRACT	CTS	
FORM 990, PART VI, SECTION C, LINE 18		
ANYONE INTERESTED IN LEARNING MORE ABOUT THE AGENCY IS E	ENCOURAGED TO	
CONTACT THE HEALTH CENTER DIRECTLY, WHERE ACCESS TO GOVE	ERNING DOCUMEN	ITS.
		·
POLICIES, AND FINANCIAL STATEMENTS CAN BE PROVIDED		
Tollow Part I in the control of the		
	 	
· · · · · · · · · · · · · · · · · · ·		

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.

OMB No 1545-0047

2009

Open to Public Inspection

Nam	e of the organization				Employer identification number
CI	ENLA COMMUNITY A	CTION			72-0605150
Pa	art Organizations Ma	intaining Donor Advi	sed Funds or Other Simi	lar Funds or	Accounts.
	Complete if the organize	zation answered "Yes" to F	form 990, Part IV, line 6		
			(a) Donor advised fund	ds	(b) Funds and other accounts
1	Total number at end of year				
2	Aggregate contributions to (du	ing year)			
3	Aggregate grants from (during	year)			
4	Aggregate value at end of year	·			
5	Did the organization inform all	donors and donor advisors	in writing that the assets held in	donor advised fu	ınds
	are the organization's property, subject to the organization's exclusive legal control?				
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only				
_			r or donor advisor or other impe		
Pa	art II Conservation Eas			" to Form 990, Pa	art IV, line 7
1	Purpose(s) of conservation eas				
		blic use (e g, recreation or	pleasure)		an historically important land area
	Protection of natural habits			Preservation of	certified historic structure
_	Preservation of open space				
2		anization held a qualified c	onservation contribution in the fo	orm of a conserva	ation easement on the last day of the
	tax year				
					Held at the End of the Year
	Total number of conservation e				2a
	Total acreage restricted by con				2b
	Number of conservation easen				2c
_	Number of conservation easen				[2d]
3		nents modified, transferred,	released, extinguished, or termi	nated by the org	anization during
	the taxable year ▶	.			
4	Number of states where proper				
5	=		periodic monitoring, inspection,		
e	and enforcement of the conser				
6		= :	g, and enforcing conservation e	_	· ———
7 8			nd enforcing conservation easen		
•			bove satisfy the requirements of		
9			/ation easements in its revenue		
•			zation's financial statements that		
	conservation easements	title toxitive to the organia	zation s invalicial statements that	describes are or	ganization s accounting for
Pa		intaining Collections	of Art, Historical Treasur	res or Other	Similar Assets
ı u		ration answered "Yes" to F		es, or other	Olithia Assets.
1 a	a If the organization elected, as p			ment and halanc	e sheet works of art historical
			, education, or research in furthe		·
	text of the footnote to its finance	· · · · · · · · · · · · · · · · · · ·			or vice, previde, arr die yar, are
ь	o If the organization elected, as p	permitted under SFAS 116.	to report in its revenue statemer	nt and balance st	neet works of art, historical trea-
					ice, provide the following amounts
	relating to these items	F	,	F	
		n 990, Part VIII. line 1			▶ \$
2					n, provide the following amounts
	required to be reported under S				
а					> \$
	Assets included in Form 990, F				
	· ·				

For Privacy Act and Paperwork Reduction Act Notice, see the instructions for Form 990.

Schedule D (Form 990) 2009

						0.005450
	dule D (Form 990) 2009	O CENLA COMMI ations Maintaining (UNITY ACTION	distorical Treas		? – 0 6 0 5 1 5 0 Page 2 lar Assets
ı aı	(continued		conections of Air, i	iistoricai freas	dies, or other onin	,
3			cords, check any of the fe	ollowing that are a	significant use of its collect	ction items (check all that
•	apply)	o doctorion and other to	oo, ao, anoon any or are .	•• 		· · · · · · · · · · · · · · · · · · ·
а	Public exhibition			d Loan or exc	hange programs	
b	Scholarly research	·		e Other	g. p	
c	Preservation for ful			- L		
4		of the organization's collec	tions and explain how th	ev further the organ	uzation's exempt purpose	e in Part XIV
5		e organization solicit or re				
J		an to be maintained as p				11. 11
Dαι		scrow and Custodia				to Form 990, Part IV, line 9,
r al			-	Complete II organ	ization allowered 105 t	.01 Offi 050, 1 art 14, inte 5,
		d an amount on Form 990 agent, trustee, custodian		contributions or oth	er essets not included	····
ıa						Yes No
						[] 103 [] 110
D	it "res," explain the an	rangement in Part XIV and	d complete the following	table	[Amount
	D. dans a balance				 	
	= =					1c 1d
	• • • • • • • • • • • • • • • • • • • •	аг				10
е	-	year				1f
f						
	~	clude an amount on Form	1 990, Part X, line 217	• • • • • • • • • • • • • • • • • • • •		📙 Yes 🛚 🗓 No
	If "Yes," explain the arr			1334 84 5	000 D-4 P (l 40	
ra	rt V Endown	nent Funds. Compl				
	_	(a) Current year	(b) Pnor year	(c) Two years ba	ck (d) Three years ba	ack (e) Four years back
1 a	Beginning of year		1			
_	balance					
	Contributions				- F. E. C. Committee S. C. C. C. C. C. C. C. C. C. C. C. C. C.	
С	Investment earnings	1				The second second
	or losses				34 to 34 days si	
	Grants or scholarships			<u> </u>		**************************************
0	Other expenditures			* * * **		
	for facilities and		4			
	programs			- 1 3		
f	Administrative					
	expenses		·		anta in	
g	End of year balance .				children (1964)	
2	Provide the estimated	percentage of the year er	nd balance held as			
а	Board designated or qu	uasi-endowment ▶	<u>0.00</u> %			
b	Permanent endowmen	t ▶ <u> 0.00</u> %				
C	Term endowment ▶_	0.00 %				
3a		funds not in the possession				
	(i) unrelated organiza	itions'				3a(ı)
	, .	ns				
b	If "Yes" to 3a(II), are th	e related organizations lis	sted as required on Sche	dule R?		3b
4		e intended uses of the or			· · · · · · · · · · · · · · · · · · ·	
Pai	t VI Investm	ents - Land, Buildin	gs, and Equipment	See Form 9	990, Part X, line 10	
	Description of	investment	(a) Cost or other	(b) Cost or other	er (c) Depreciation	n (d) Book value
	·····		basis (investment)	basis (other)		
1a	Land			45,225		45,225.
b	Buildings			1.843.975	5. 754.758	3. 1.089.217.

2,570. 31,570. 29,000. c Leasehold improvements 102,497. 1,027,394. d Equipment 924,897. 1,026,688. Other 1,237,048. 210,360. Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c)) 2,298,699.

Schedule D (Form 990) 2009

SCHEDULĘ O (Form 990)

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

Department of the Treasury Internal Revenue Service

Name of the organization

Employer identification number 72-0605150

CENLA COMMUNITY ACTION	72-0605150		
FORM 990, PART VI, SECTIONB, LINE 11 COPIES OF THE RETURN	N ARE		
PROVIDED TO ALL MEMBERS OF THE BOARD OF DIRECTORS IN PDF	FORMAT FOR		
THEIR REVIEW AND BEFORE SUBMISSION			
FORM990, PART VI, SECTION B, LINE 11			
COPIES OF THE RETURN ARE PROVIDED TO ALL MEMBERS OF THE	BOARD		
OF DIRECTORS IN PDF FORMAT FOR THEIR REVIEW AND BEFORE S	UBMISSION		
FORM 990, PART VI, SECTION B, LINE 12C			
OFFICERS AND BOARD MEMBERS ARE REQUIRED TO REPORT ANY CO	NFLICTS OF		
INTEREST WHICH MAY ARISE IN THE COURSE OF THEIR DUTIES FO	OR THE		
HEALTH CENTER/ FAILURE TO COMPLY WILL BE APPROPRIATELY A	DDRESSSED		
	<u> </u>		
FORM 990, PART VI, SECTION B LINE 15			
EXECUTIVE COMMITTEE TYPICALLY MEETS TO DISCUSS COMPENSAT	ION AND		
THE DETAILS OF CONTRACTS			
FORM 990, PART VI, SECTION C LINE 19/ ANYONE INTERESTED	IN LEARNING		
MORE ABOUT THE AGENCY IS ENCOURAGED TO CONTACT THE AGENC	Y DIRECTLY,		
WHERE ACCESS TO GOVERNING DOCUMENTS, POLICIES, AND FINAN	CIAL STATEMENTS		
CAN BE PROVIDED			

Rev 1