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

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493314023330

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 07-01-2009 and ending 06-30-2010

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
THE UNITED WAY OF NORTHEAST LOUISIANA INC

Doing Business As

Number and street (or P O box if mail is not delivered to street address) | Room/suite
1201 HUDSON LANE

City or town, state or country, and ZIP + 4
MONROE, LA 71201

D Employer identification number
72-0498515

E Telephone number
(318) 325-3869

G Gross receipts $ 2,971,528

F Name and address of principal officer
JANET S DURDEN
1201 HUDSON LANE
MONROE,LA 71201

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 uwnela org

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶ | **L** Year of formation 1956 | **M** State of legal domicile LA

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities
TO HELP PEOPLE AND IMPROVE COMMUNITIES

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	36
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	36
5	Total number of employees (Part V, line 2a)	5	33
6	Total number of volunteers (estimate if necessary)	6	475
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)	3,061,290	2,880,499
9	Program service revenue (Part VIII, line 2g)	4,959	4,110
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	5,470	21,932
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	226	22,480
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	3,071,945	2,929,021
Expenses 13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	1,808,555	1,806,234
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)	796,290	780,912
16a	Professional fundraising fees (Part IX, column (A), line 11e)		0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶294,592		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	430,608	376,907
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	3,035,453	2,964,053
19	Revenue less expenses Subtract line 18 from line 12	36,492	-35,032

		Beginning of Current Year	End of Year
Net Assets or Fund Balances 20	Total assets (Part X, line 16)	3,206,269	3,281,381
21	Total liabilities (Part X, line 26)	1,724,409	1,827,196
22	Net assets or fund balances Subtract line 21 from line 20	1,481,860	1,454,185

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

****** | 2010-11-10
Signature of officer | Date

JANET S DURDEN PRESIDENT
Type or print name and title

Paid Preparer's Use Only

Preparer's signature	Date	Check if self-empolyed ☐	Preparer's identifying number (see instructions)
Esther Reeks Atteberry			

Firm's name (or yours if self-employed), address, and ZIP + 4: Luffey Huffman Ragsdale & Soignier APAC, 1100 N 18TH ST, Monroe, LA 71201

EIN ▶

Phone no ▶ (318) 387-2672

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

THE UNITED WAY IS FOCUSED ON CREATING LASTING CHANGE IN COMMUNITY CONDITIONS TO IMPROVE PEOPLE'S LIVES THROUGH COMMUNITY INITIATIVES

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 $ 1,488,531 including grants of $ 1,488,531) (Revenue $)

AGENCY SERVICES - THE PURPOSE OF UNITED WAY OF NORTHEAST LOUISIANA IS HELPING PEOPLE AND IMPROVING COMMUNITY UNITED WAY HELPS PEOPLE BY SUPPORTING NUMEROUS AGENCY PROGRAMS THAT EFFECTIVELY WORK TOGETHER TO ACHIEVE COMMUNITY GOALS AND INITIATIVES UNITED WAY IS STRENGTHENING FAMILIES BY FOCUSING ON PROVIDING SUPPORT FOR SENIORS AND PEOPLE WITH SPECIAL NEEDS TO MAINTAIN QUALITY OF LIFE AND INDEPENDENCE, PEOPLE HAVING SKILLS FOR SUCCESSFUL EMPLOYMENT AND FINANCIAL INDEPENDENCE, AND FAMILY MEMBERS TO HAVE HEALTHY, NURTURING RELATIONSHIPS UNITED WAY IS CREATING BRIGHT FUTURES FOR CHILDREN BY HELPING CHILDREN BE SUCCESSFUL THROUGH PROGRAMS THAT SUPPORT AND INSPIRE THEM TO REACH THEIR FULL POTENTIAL AND ASSIST THOSE YOUTH WHO ARE AT HIGHER RISK OR VICTIMIZED TO REGAIN THEIR STABILITY UNITED WAY IS RESPONDING TO CRISIS AND ACHIEVING STABILITY BY HELPING PROVIDE FOR PEOPLE'S BASIC NEEDS, ENSURING THAT FAMILIES LIVE FREE OF VIOLENCE, ASSISTING PEOPLE IN OVERCOMING CRISIS TO GAIN STABILITY AND BY PREVENTING, PREPARING FOR AND RESPONDING TO EMERGENCIES UNITED WAY IS IMPROVING HEALTH AND WELLNESS BY HELPING PEOPLE BREAK ALCOHOL, DRUG AND TOBACCO DEPENDENCIES, HELPING TEENS MAKE POSITIVE CHOICES TO ABSTAIN FROM PREMATURE SEXUAL ACTIVITIES, ENSURING THAT CHILDREN WITH SPECIAL NEEDS HAVE ACCESS TO ALL OPPORTUNITIES, HELPING PEOPLE WITH MENTAL OR CHRONIC ILLNESSES MAINTAIN OPTIMUM HEALTH AND COMMUNITY LIVING, AND HELPING PEOPLE WITH ACCESS TO PREVENTATIVE AND MAINTENANCE HEALTHCARE LINCOLN PARISH RESIDENTS RECEIVE HELP THROUGH PROGRAMS THAT PROVIDE IMPORTANT SERVICES TO MANY PEOPLE IN THIS PARISH THESE SERVICES HELP CHILDREN AND FAMILIES TO BE SUCCESSFUL OR OVERCOME CRISIS SITUATIONS

4b (Code) (Expenses $ 316,948 including grants of $ 316,948) (Revenue $)

DONOR DESIGNATIONS - DISTRIBUTION OF GIFTS DESIGNATED BY DONORS TO OTHER 501 (C) (3) AGENCIES OTHER AGENCY PAYMENTS ARE MADE AT THE DIRECTION OF THE DONOR

4c (Code) (Expenses $ 330,350 including grants of $) (Revenue $ 2,992)

UNITED WAY 2-1-1 - PROVIDES EASY ACCESS TO CRITICAL INFORMATION AND REFERRAL SERVICES FOR PEOPLE IN CRISIS OR NEEDING ASSISTANCE AND FOR THOSE WHO WOULD LIKE TO VOLUNTEER TO HELP

4d Other program services (Describe in Schedule O) **See also Additional Data for Description**

(Expenses $ 238,322 including grants of $) (Revenue $ 1,118)

4e **Total program service expenses** ▶ $ 2,374,151

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	Yes	
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		No
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	Yes	
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**	Yes	
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	2		
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	33		
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			No
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the organization make any taxable distributions under section 4966?	9a			No
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b			No
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	36		
b	Enter the number of voting members that are independent	1b	36		
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	Yes	
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	Yes	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		7a	Yes	
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		7b	Yes	
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	Yes	

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 ▶

JANET S DURDEN
1201 HUDSON LANE
MONROE,LA 71201
(318) 325-3869

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 . . . . . ▶	146,812	0	31,800

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

			Yes	No
3	Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*	**3**		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 11,719				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations	1d				
	e	Government grants (contributions)	1e 44,300				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f 2,824,480				
	g	Noncash contributions included in lines 1a-1f $ 39,474					
	h	**Total.** Add lines 1a-1f		2,880,499			
Program Service Revenue			Business Code				
	2a	MISCELLANEOUS REIMBURS	900,099	4,110	4,110		
	b						
	c						
	d						
	e						
	f	All other program service revenue					
	g	**Total.** Add lines 2a–2f		4,110			
	3	Investment income (including dividends, interest and other similar amounts)		21,189			21,189
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties		73			73
			(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	39,376				
	b	Less cost or other basis and sales expenses	38,633				
	c	Gain or (loss)	743				
	d	Net gain or (loss)		743			743
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 26,281				
	b	Less direct expenses	b 3,874				
	c	Net income or (loss) from gaming activities		22,407			22,407
	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						
	b						
	c						
	d	All other revenue					
	e	**Total.** Add lines 11a–11d					
	12	**Total revenue.** See Instructions		2,929,021	4,110	0	44,412

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	1,805,479	1,805,479		
2 Grants and other assistance to individuals in the U S See Part IV, line 22	755	755		
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	178,855	44,630	108,093	26,132
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	445,916	252,126	66,587	127,203
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	21,232	12,793	4,114	4,325
9 Other employee benefits	83,881	46,304	16,880	20,697
10 Payroll taxes	51,028	24,370	13,230	13,428
11 Fees for services (non-employees)				
a Management				
b Legal				
c Accounting	20,812		20,812	
d Lobbying				
e Professional fundraising *See Part IV, line 17*				
f Investment management fees	2,612		1,200	1,412
g Other	27,188	23,053	1,618	2,517
12 Advertising and promotion	53,988	25,921	4,292	23,775
13 Office expenses	67,086	37,563	12,769	16,754
14 Information technology				
15 Royalties				
16 Occupancy	29,058	15,898	6,110	7,050
17 Travel	24,696	8,548	4,837	11,311
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	6,482	1,179	4,232	1,071
20 Interest				
21 Payments to affiliates	31,284	14,694	7,846	8,744
22 Depreciation, depletion, and amortization	61,928	34,419	15,898	11,611
23 Insurance	6,073	1,807	3,656	610
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 DUES AND SUBSCRIPTIONS	27,410	24,612	2,421	377
b LEADERSHIP GIVING RECOG	10,451			10,451
c CAMPAIGN EVENTS AND SUP	4,035			4,035
d AWARDS RECOGNITION	3,654		565	3,089
e SPECIFIC ASSISTANCE TO	150		150	
f All other expenses				
25 **Total functional expenses.** Add lines 1 through 24f	2,964,053	2,374,151	295,310	294,592
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		250	1	250
	2	Savings and temporary cash investments		483,280	2	588,264
	3	Pledges and grants receivable, net		1,262,001	3	1,221,128
	4	Accounts receivable, net		32,454	4	12,815
	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		2,302	9	14,815
	10a	Land, buildings, and equipment cost or other basis *Complete Part VI of Schedule D*	10a 1,048,862			
	b	Less accumulated depreciation	10b 403,611	633,010	10c	645,251
	11	Investments—publicly traded securities		792,972	11	798,858
	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			15	
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		3,206,269	16	3,281,381
Liabilities	17	Accounts payable and accrued expenses		82,856	17	93,586
	18	Grants payable		1,630,361	18	1,721,608
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability *Complete Part IV of Schedule D*		11,192	21	12,002
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons *Complete Part II of Schedule L*			22	
	23	Secured mortgages and notes payable to unrelated third parties			23	
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities Complete Part X of Schedule D			25	
	26	**Total liabilities.** Add lines 17 through 25		1,724,409	26	1,827,196
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		248,482	27	226,783
	28	Temporarily restricted net assets		1,233,378	28	1,227,402
	29	Permanently restricted net assets			29	
		Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		1,481,860	33	1,454,185
	34	Total liabilities and net assets/fund balances		3,206,269	34	3,281,381

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		

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493314023330

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
THE UNITED WAY OF NORTHEAST LOUISIANA INC

Employer identification number
72-0498515

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 331/3% 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 331/3% 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 ")	3,997,348	3,391,854	3,333,834	3,061,290	2,880,499	16,664,825
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	3,997,348	3,391,854	3,333,834	3,061,290	2,880,499	16,664,825
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)						195,499
6 **Public Support.** Subtract line 5 from line 4						16,469,326

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	3,997,348	42,623	3,333,834	3,061,290	2,880,499	16,664,825
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	41,964	42,623	45,981	33,408	21,262	185,238
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 **Total support** (Add lines 7 through 10)						16,850,063

12	Gross receipts from related activities, etc (See instructions)	12	46,894

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	97 740 %
15	Public Support Percentage for 2008 Schedule A, Part II, line 14	15	97 190 %

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

Additional Data

Software ID:
Software Version:
EIN: 72-0498515
Name: THE UNITED WAY OF NORTHEAST LOUISIANA INC

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

4d. Other program services

(Code) (Expenses $ 155,169 including grants of $) (Revenue $)

COMMUNITY IMPACT - A PROGRAM THAT IS WORKING TO CREATE LASTING CHANGES BY FOCUSING ON EDUCATION, INCOME, HEALTH AND BASIC AND/OR EMERGENCY NEEDS EDUCATION - THE FOCUS IS ON HELPING CHILDREN AND YOUTH ACHIEVE THEIR POTENTIAL THE TARGET ISSUE IS TO INCREASE GRADUATION RATES INCOME- THE FOCUS IS ON HELPING HARDWORKING INDIVIDUALS AND FAMILIES BECOME MORE FINANCIALLY STABLE THE TARGET ISSUES ARE INCREASING INCOME, BUILDING SAVINGS, AND GAINING AND SUSTAINING ASSETS HEALTH - THE FOCUS IS ON IMPROVING PEOPLE'S HEALTH THE TARGET ISSUES ARE INCREASING ACCESS TO CARE AND PREVENTATIVE HEALTH AND NUTRITIONAL SERVICES FOR INDIVIDUALS AND FAMILIES BASIC AND/OR EMERGENCY NEEDS - ALTHOUGH COMMITTED TO MAKING LASTING CHANGES IN THE COMMUNITY, THE AGENCY IS FIRMLY COMMITTED TO SUPPORTING A FOUNDATION OF SERVICES THAT RESPONDS TO BASIC AND/OR EMERGENCY NEEDS SUCH AS FOOD, SHELTER, MEDICINE, AND DISASTER RELIEF

(Code) (Expenses $ 83,153 including grants of $) (Revenue $ 1,118)

COMMUNITY INVESTMENT - A PROGRAM OF VOLUNTEERS AND STAFF OF UNITED WAY WHO WORK WITH THE PARTNER AGENCIES TO ENSURE THAT UNITED WAY DOLLARS ARE INVESTED TO PRODUCE THE MOST EFFECTIVE RESULTS THEY MAKE SITE VISITS, GATHER INFORMATION AND EVALUATE PROGRAMS YEAR ROUND

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			
JULIAN GRAY DIRECTOR		X						0	0	0
YVONNE BOUDREAU DIRECTOR		X						0	0	0
BETH BOSTWICK DIRECTOR		X						0	0	0
JOHN AVANT DIRECTOR		X						0	0	0
WADE BISHOP DIRECTOR		X						0	0	0
JIMMIE BRYANT DIRECTOR		X						0	0	0
TOM DEAL DIRECTOR		X						0	0	0
KEVIN DWYER DIRECTOR		X						0	0	0
AYRES BRADFORD DIRECTOR		X						0	0	0
CHRISTOPHER L ELG DIRECTOR		X						0	0	0
LINDA HOLYFIELD DIRECTOR		X						0	0	0
BILL HOGAN DIRECTOR		X						0	0	0
ERNEST GREEN DIRECTOR		X						0	0	0
KEVIN KOH DIRECTOR		X						0	0	0
BILLY HADDAD DIRECTOR		X						0	0	0
ANNE LOCKHART DIRECTOR		X						0	0	0
ANN HAYWARD DIRECTOR		X						0	0	0
TOM NICHOLSON DIRECTOR		X						0	0	0
PAT MOORE DIRECTOR		X						0	0	0
RYAN KILPATRICK DIRECTOR		X						0	0	0
GLORIA MONROE DIRECTOR		X						0	0	0
ELLEN NOGUERA-HILL DIRECTOR		X						0	0	0
KELLY SHAMBRO DIRECTOR		X						0	0	0
DAVID PETTY DIRECTOR		X						0	0	0
ANNMARIE SARTOR DIRECTOR		X						0	0	0

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			
MICHELE THAXTON DIRECTOR		X						0	0	0
CORRE A STEGALL DIRECTOR		X						0	0	0
ROYCE TONEY DIRECTOR		X						0	0	0
ISAAC WHITE DIRECTOR		X						0	0	0
EVA DYANN WILSON DIRECTOR		X						0	0	0
ELIZABETH PIERRE DIRECTOR		X						0	0	0
W BROOKS WATSON DIRECTOR		X						0	0	0
CALEB SENEY DIRECTOR		X						0	0	0
ANGEL SHEPPARD DIRECTOR		X						0	0	0
PATTI WILHITE DIRECTOR		X						0	0	0
CLYDE WHITE DIRECTOR		X						0	0	0
JANET S DURDEN PRESIDENT	40 00			X				93,074	0	18,133
LINDA FREEMAN FINANCE DIRECTOR	40 00			X				53,738	0	13,667

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
DUES AND SUBSCRIPTIONS	27,410	24,612	2,421	377
LEADERSHIP GIVING RECOG	10,451			10,451
CAMPAIGN EVENTS AND SUP	4,035			4,035
AWARDS RECOGNITION	3,654		565	3,089
SPECIFIC ASSISTANCE TO	150		150	

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493314023330

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
THE UNITED WAY OF NORTHEAST LOUISIANA INC

Employer identification number
72-0498515

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

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	2	
2	Aggregate contributions to (during year)	0	
3	Aggregate grants from (during year)	17,500	
4	Aggregate value at end of year	89,852	

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	
d Additions during the year	1d	
e Distributions during the year	1e	
f Ending balance	1f	

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

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

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

	(a) Current Year	(b) Prior Year	(c) Two Years Back	(d) Three Years Back	(e) Four Years Back
1a Beginning of year balance					
b Contributions					
c Investment earnings or losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

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

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

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

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

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

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

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		100,000		100,000
b Buildings		500,000	184,722	315,278
c Leasehold improvements		79,509	42,520	36,989
d Equipment		321,070	162,923	158,147
e Other		48,283	13,446	34,837
Total. Add lines 1a-1e *(Column (d) should equal Form 990, Part X, column (B), line 10(c).)* ▶				645,251

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
Total. *(Column (b) should equal Form 990, Part X, col.(B) line 15.)* . . . . . ▶	

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

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

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

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

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	2,929,021
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	2,964,053
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	-35,032
4	Net unrealized gains (losses) on investments	4	7,357
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	7,357
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	-27,675

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	2,667,339
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains on investments	2a	7,357		
b	Donated services and use of facilities	2b	44,035		
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV)	2d	3,874		
e	Add lines **2a** through **2d**			2e	55,266
3	Subtract line **2e** from line **1**			3	2,612,073
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	316,948		
c	Add lines **4a** and **4b**			4c	316,948
5	Total Revenue Add lines **3** and **4c.** (This should equal Form 990, Part I, line 12)			5	2,929,021

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

1	Total expenses and losses per audited financial statements			1	2,695,014
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
a	Donated services and use of facilities	2a	44,035		
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIV)	2d	3,874		
e	Add lines **2a** through **2d**			2e	47,909
3	Subtract line **2e** from line **1**			3	2,647,105
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	316,948		
c	Add lines **4a** and **4b**			4c	316,948
5	Total expenses Add lines **3** and **4c.** (This should equal Form 990, Part I, line 18)			5	2,964,053

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 2b		OUR HOUSE, A 501(C)(3) ORGANIZATION, OPENED A $10,000 AGENCY ENDOWMENT FUND IN A PRIOR YEAR WITH THE LEGACY FOUNDATION, A DIVISION OF THE UNITED WAY OF NORTHEAST LOUISIANA THE AGENCY ENDOWMENT FUND IS A VEHICLE FOR ANY COMMUNITY 501(C)(3)ORGANIZATION TO DEVELOP A PLANNED GIVING PROGRAM TO BENEFIT THEIR AGENCY THE UNITED WAY CHARGES THE AGENCY FUND A 1% ANNUAL MANAGEMENT FEE TO ADMINISTER THE FUND
Part XII, Line 2d - Other Adjustments		EXPENSES RAFFLE
Part XII, Line 4b - Other Adjustments		DONOR DESIGNATIONS
Part XIII, Line 2d - Other Adjustments		EXPENSES RAFFLE
Part XIII, Line 4b - Other Adjustments		DONOR DESIGNATIONS

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493314023330

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
THE UNITED WAY OF NORTHEAST LOUISIANA INC

Employer identification number
72-0498515

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 e-mail 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 activities? ☐ **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 Form 990-EZ filers are not required to complete this table

(i) Name of individual or entity (fundraiser)	**(ii)** Activity	**(iii)** Did fundraiser have custody or control of contributions? Yes	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 Non-cash 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 lines 3, column d, and line 10 ▶				

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

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col (a) through col (c))
Revenue	1 Gross revenue			26,281	26,281
Direct Expenses	2 Cash prizes				
	3 Non-cash prizes			2,000	2,000
	4 Rent/facility costs				
	5 Other direct expenses			1,874	1,874
	6 Volunteer labor	☐ Yes ____ % ☐ No	☐ Yes ____ % ☐ No	☑ Yes 100 000 % ☐ No	
	7 Direct expense summary Add lines 2 through 5 in column (d) ▶				3,874
	8 Net gaming income summary Combine lines 1, column d, and line 7 ▶				22,407

			Yes	No
9	Enter the state(s) in which the organization operates gaming activities LA			
a	Is the organization licensed to operate gaming activities in each of these states?	9a	Yes	
b	If "No," Explain			
10a	Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?	10a		No
b	If "Yes," Explain			
11	Does the organization operate gaming activities with nonmembers?	11		No
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		No

			Yes	No
13	Indicate the percentage of gaming activity operated in			
a	The organization's facility	**13a** 100 000 %		
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 ▶ LINDA FREEMAN			
	Address ▶ 1201 HUDSON LANE MONROE,LA 71201			
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	**15a**		No
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			
	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**	Yes	
b	Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ $ 22,407			

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493314023330

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
THE UNITED WAY OF NORTHEAST LOUISIANA INC

Employer identification number
72-0498515

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 . . . ▶ 31

3 Enter total number of other organizations . . . ▶

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 UNITED WAY'S COMMUNITY INVESTMENT OPERATION EVALUATORS IS A TEAM OF VOLUNTEERS WITH ACCOUNTING/FINANCE BACKGROUND WHO REVIEW EACH AGENCY THE EVALUATORS MAKE VISITS TO THE AGENCIES THEY REVIEW FINANCIAL STATEMENTS, BOARD OF DIRECTOR MINUTES, CANCELED CHECKS, BANK ACCOUNTS, PAYROLL TAX DEPOSITS CONFIRMATIONS, 941 FORMS, STATE UNEMPLOYMENT TAX RETURNS AND STATE WITHHOLDING INCOME TAX RETURNS THE COMMUNITY INVESTMENT COMMITTEE REVIEW PROGRAM AND OUTCOME MEASUREMENT INFO AND ANY COLLABORATIVE EFFORTS BETWEEN THE AGENCY'S PROGRAM AND THE OTHER ORGANIZATIONS WHICH ASSIST THE AGENCY IN ACHIEVING ITS PROGRAM OUTCOMES

Additional Data Return to Form

Software ID:
Software Version:
EIN: 72-0498515
Name: THE UNITED WAY OF NORTHEAST LOUISIANA INC

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 CROSS414 BREARD STREET MONROE,LA 712016802	72-0501457	501(C)(3)	135,567				TO SUPPORT AGENCY PROGRAMS
ARCO901 NORTH 4TH STREET MONROE,LA 71201	72-0568009	501(C)(3)	149,898				TO SUPPORT AGENCY PROGRAMS
BOY SCOUTS LOUISIANA PURCHASE COUNCIL2405 OLIVER ROAD MONROE,LA 71201	72-0423632	501(C)(3)	91,798				TO SUPPORT AGENCY PROGRAMS
BOYS & GIRLS CLUB OF NORTHEAST LOUISIANA PO BOX 1769 WEST MONROE,LA 71294	72-0550496	501(C)(3)	114,263				TO SUPPORT AGENCY PROGRAMS
DART108 WEST ALABAMA RUSTON,LA 71270	72-1273159	501(C)(3)	47,623				TO SUPPORT AGENCY PROGRAMS
FOODBANK OF NORTHEAST LOUISIANA PO BOX 5048 MONROE,LA 71211	72-1333809	501(C)(3)	78,602				TO SUPPORT AGENCY PROGRAMS
GIRL SCOUTS OF LOUISIANA-PINES TO THE GULF102 ARKANSAS AVENUE MONROE,LA 71201	72-0488660	501(C)(3)	69,760				TO SUPPORT AGENCY PROGRAMS
LINCOLN COUNCIL ON AGINGPO BOX 1058 RUSTON,LA 71273	72-0749959	501(C)(3)	25,000				TO SUPPORT AGENCY PROGRAMS
LOUISIANA UNITED METHODIST CHILDREN AND FAMILY SERVICES INC901 SOUTH VIENNA RUSTON,LA 71270	72-0435081	501(C)(3)	14,180				TO SUPPORT AGENCY PROGRAMS
MED-CAMPS OF LOUISIANA INC102 THOMAS ROAD STE 615 WEST MONROE,LA 71294	72-1320517	501(C)(3)	45,351				TO SUPPORT AGENCY PROGRAMS

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
MONROE AREA GUIDANCE CENTER1900 GARRETT ROAD MONROE,LA 71202	72-0898662	501(C)(3)	45,551				TO SUPPORT AGENCY PROGRAMS
NORTHEAST LOUISIANA SICKLE CELL ANEMIAPO BOX 1165 MONROE,LA 71210	72-0911627	501(C)(3)	41,232				TO SUPPORT AGENCY PROGRAMS
OPPORTUNITIES INDUSTRIAL CENTER OF OUACHITA INCPO BOX 4255 MONROE,LA 712114255	72-0801911	501(C)(3)	19,298				TO SUPPORT AGENCY PROGRAMS
OUACHITA COUNCIL ON AGINGPO BOX 7418 MONROE,LA 712117418	72-0650389	501(C)(3)	121,788				TO SUPPORT AGENCY PROGRAMS
OUR HOUSE INCPO BOX 7496 MONROE,LA 71211	72-1165751	501(C)(3)	45,801				TO SUPPORT AGENCY PROGRAMS
RAYS OF SONSHINEPO BOX 7299 MONROE,LA 71211	72-1455295	501(C)(3)	20,324				TO SUPPORT AGENCY PROGRAMS
SALVATION ARMY105 HART STREET MONROE,LA 71201	63-0288866	501(C)(3)	146,306				TO SUPPORT AGENCY PROGRAMS
ST VINCENT DE PAUL COMMUNITY PHARMACY 502 GRAMMONT STREET MONROE,LA 71201	90-0014479	501(C)(3)	26,161				TO SUPPORT AGENCY PROGRAMS
THE WELLSPRING ALLIANCE FOR FAMILIES INC1515 JACKSON STREET MONROE,LA 71202	72-0442226	501(C)(3)	191,193				TO SUPPORT AGENCY PROGRAMS
TWIN CITY ATHLETIC ASSOCIATIONPO BOX 192 MONROE,LA 71202	23-7154571	501(C)(3)	10,880				TO SUPPORT AGENCY PROGRAMS

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
VOLUNTEERS OF AMERICA 1808 ROSELAWN MONROE,LA 71201	72-0506820	501(C)(3)	31,653				TO SUPPORT AGENCY PROGRAMS
WEST OUACHITA SENIOR CENTER1800 NORTH 7TH STREET WEST MONROE,LA 71291	72-0992952	501(C)(3)	93,585				TO SUPPORT AGENCY PROGRAMS
YMCA OF NORTHEAST LOUISIANA1505 STUBBS AVENUE MONROE,LA 71201	72-0464886	501(C)(3)	28,431				TO SUPPORT AGENCY PROGRAMS
YOUTH SERVICES OF NORTHEAST LOUISIANA PO BOX 999 MONROE,LA 71201	72-1076726	501(C)(3)	12,208				TO SUPPORT AGENCY PROGRAMS
THE CHILDREN'S COALITION FOR NE LA INC 1363 LOUISVILLE AVENUE MONROE,LA 71201	72-1502186	501(C)(3)	5,017				TO SUPPORT AGENCY PROGRAMS
HUMANE SOCIETY ADOPTION CENTER OF MONROEPO BOX 15311 MONROE,LA 71207	72-0741061	501(C)(3)	6,356				TO SUPPORT AGENCY PROGRAMS
JAKE OWEN RABORN FOUNDATIONPO BOX 3097 WEST MONROE,LA 71294	20-8477543	501(C)(3)	8,422				TO SUPPORT AGENCY PROGRAMS
ST JUDE CHILDREN'S RESEARCH HOSPITAL501 ST JUDE PLACE MEMPHIS,TN 38105	35-1044585	501(C)(3)	13,656				TO SUPPORT AGENCY PROGRAMS
UNION PARISH COUNCIL ON AGING606 E BOUNDARY STREET FARMERVILLE,LA 71241	72-0651270	501(C)(3)	10,303				TO SUPPORT AGENCY PROGRAMS
COMMUNITY HEALTH CHARITIESPO BOX 75153 BALTIMORE,MD 212755153	13-6167225	501(C)(3)	8,776				TO SUPPORT AGENCY PROGRAMS

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
							TO SUPPORT AGENCY PROGRAMS
NORTH LOUISIANA ECONOMIC DEVELOPMENT CORPORATION1900 N 18TH ST STE 501 MONROE,LA 71201	72-1145633	501(C)(3)	5,000				TO SUPPORT AGENCY PROGRAMS

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493314023330

SCHEDULE M (Form 990)

Department of the Treasury
Internal Revenue Service

NonCash Contributions

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

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
THE UNITED WAY OF NORTHEAST LOUISIANA INC

Employer identification number
72-0498515

Part I Types of Property

		(a) Check if applicable	(b) Number of Contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d) Method of determining revenues
1	Art—Works of art				
2	Art—Historical treasures				
3	Art—Fractional interests				
4	Books and publications				
5	Clothing and household goods				
6	Cars and other vehicles				
7	Boats and planes				
8	Intellectual property				
9	Securities—Publicly traded	X	7	39,474	FMV AT DATE OF DONATION
10	Securities—Closely held stock				
11	Securities—Partnership, LLC, or trust interests				
12	Securities—Miscellaneous				
13	Qualified conservation contribution—Historic structures				
14	Qualified conservation contribution—Other				
15	Real estate—Residential				
16	Real estate—Commercial				
17	Real estate—Other				
18	Collectibles				
19	Food inventory				
20	Drugs and medical supplies				
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other ▶ (_____)				
26	Other ▶ (_____)				
27	Other ▶ (_____)				
28	Other ▶ (_____)				

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

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

Part II

Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

Identifier	Return Reference	Explanation

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493314023330

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
THE UNITED WAY OF NORTHEAST LOUISIANA INC

Employer identification number
72-0498515

Identifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 2		BUSINESS RELATIONSHIP - RYAN KILPATRICK AND CALEB SENEY ARE BOTH ON UNITED WAY OF NORTHEAST LOUISIANA BOARD RYAN KILPATRICK ALSO IS ON THE BOARD OF DIRECTORS FOR MEDCAMPS AND CALEB SENEY IS EMPLOYED AS THE EXECUTIVE DIRECTOR OF MEDCAMPS
Form 990, Part VI, Section A, line 6		ARTICLE 4 OF THE BYLAWS "MEMBERS OF THE CORPORATION SHALL BE ANYONE WHO MAKES A CONTRIBUTION DURING THE FISCAL YEAR"
Form 990, Part VI, Section A, line 7a		ARTICLE 6, SECTION 2 OF THE BYLAWS "THE MEMBERS SHALL ELECT THE (BOARD OF) DIRECTORS"
Form 990, Part VI, Section A, line 7b		ARTICLE VII OF THE ARTICLES OF INCORPORATION STATE, "THIS CHARTER MAY BE AMENDED OR ALTERED BY A TWO-THIRDS VOTE OF THE MEMBERS PRESENT AT THE ANNUAL MEETING OR A SPECIAL MEETING OF THE MEMBERS CALLED FOR THAT PURPOSE"
Form 990, Part VI, Section B, line 11		THE TREASURER WILL REVIEW THE 990 WITH THE AUDIT COMMITTEE AND WILL EMAIL TO OTHER BOARD MEMBERS PRIOR TO RETURN BEING FILED THE 990 WILL SUBSEQUENTLY BE RATIFIED AT THE FOLLOWING BOARD MEETING
Form 990, Part VI, Section B, line 12c		UNITED WAY ASKS ALL VOLUNTEERS INCLUDING THE BOARD OF DIRECTORS TO COMPLETE AND SIGN A CONFLICT OF INTEREST STATEMENT DISCLOSING ANY RELATIONSHIPS THEY HAVE WITH BUSINESSES DOING ANY BUSINESS WITH THE UNITED WAY IF A VOTING MATTER ARISES CONCERNING PARTIES IN WHICH A CONFLICT OF INTEREST EXISTS THAT BOARD MEMBER ABSTAINS FROM THE VOTE
Form 990, Part VI, Section B, line 15		DURING THE BUDGET PROCESS, STAFF SALARIES ARE COMPARED TO UNITED WAY OF AMERICA STAFF SALARY SURVEYS FOR SALARIES FOR THE POSITIONS IN UNITED WAY'S ACROSS THE COUNTRY THESE SURVEYS GIVE EACH POSITION AND ARE BROKEN DOWN INTO REGIONS OF THE COUNTRY AND BY UNITED WAY SIZE BASED ON THE SALARIES IN THE SURVEY, UNITED WAY WILL THEN PROPOSE SALARIES TO THE COMPENSATION COMMITTEE, THEN THE FINANCE COMMITTEE, AND FINALLY THE BOARD
Form 990, Part VI, Section C, line 19		ALL DOCUMENTS ARE AVAILABLE UPON REQUEST WHEN REQUESTED FROM THE PUBLIC

Identifier	Return Reference	Explanation
Form 990, Part VII	Contact Addresses for Officers, Directors, Etc	JANET S DURDEN - 1201 HUDSON LANE, monroe, LA 71201 LINDA FREEMAN - 1201 HUDSON LANE, Monroe, LA 71201 JULIAN GRAY - 2704 MAGELLAN DRIVE, Monroe, LA 71201 YVONNE BOUDREAU - 309 JACKSON STREET, Monroe, LA 71201 BETH BOSTWICK - 1201 HUDSON LANE, Monroe, LA 71201 JOHN AVANT - 500 PINE STREET, WEST Monroe, LA 71291 WADE BISHOP - P O BOX 1461, WEST Monroe, LA 71294 JIMMIE BRYANT - 1810 MARTIN LUTHER KING BLVD, Monroe, LA 71202 TOM DEAL - 1201 HUDSON LANE, Monroe, LA 71201 KEVIN DWYER - P O BOX 2186, Monroe, LA 71207 AYRES BRADFORD - P O BOX 400, RUSTON, LA 71273 CHRISTOPHER L ELG - 1201 HUDSON LANE, Monroe, LA 71201 LINDA HOLYFIELD - 312 GRAMMONT STREET, Monroe, LA 71201 BILL HOGAN - 1201 HUDSON LANE, Monroe, LA 71201 ERNEST GREEN - P O BOX 1325, STERLINGTON, LA 71280 KEVIN KOH - P O BOX 14100, Monroe, LA 71207 BILLY HADDAD - 1201 HUDSON LANE, Monroe, LA 71201 ANNE LOCKHART - 700 UNIVERSITY AVENUE, Monroe, LA 71209 ANN HAYWARD - 800 DELTA DRIVE, Monroe, LA 71203 TOM NICHOLSON - P O BOX 6058, Monroe, LA 71211 PAT MOORE - 2306 TICHELI ROAD, Monroe, LA 71202 RYAN KILPATRICK - 1201 HUDSON LANE, Monroe, LA 71201 GLORIA MONROE - 19 OAKWOOD DRIVE, Monroe, LA 71203 ELLEN NOGUERA-HILL - 609 VOCATIONAL PARKWAY, WEST Monroe, LA 71292 KELLY SHAMBRO - 1411 NORTH 19TH STREET, Monroe, LA 71201 DAVID PETTY - 411 NORTH 4TH STREET, Monroe, LA 71201 ANNMARIE SARTOR - 100 CENTURYTEL DRIVE, Monroe, LA 71203 MICHELE THAXTON - 1411 NORTH 19TH STREET, Monroe, LA 71201 CORREA STEGALL - P O BOX 3138, RUSTON, LA 71272 ROYCE TONEY - P O BOX 1803, Monroe, LA 71210 ISAAC WHITE - 201 MORRIS AVENUE, Monroe, LA 71202 EVA DYANN WILSON - 6424 MOSSWOOD DRIVE, Monroe, LA 71203 ELIZABETH PIERRE - 1201 HUDSON LANE, Monroe, LA 71201 W BROOKS WATSON - 1201 HUDSON LANE, Monroe, LA 71201 CALEB SENEY - 1201 HUDSON LANE, Monroe, LA 71201 ANGEL SHEPPARD - 1201 HUDSON LANE, Monroe, LA 71201 PATTI WILHITE - 1201 HUDSON LANE, Monroe, LA 71201 CLYDE WHITE - 909 NORTH 18TH STREET, MONroe, LA 71201

FORM 990, PART XI, LINE 2C EXPLANATION IF PROCESS HAS CHANGED FROM PRIOR YEAR UNITED WAY HAS AN AUDIT COMMITTEE THAT ASSUMES RESPONSIBILITY FOR OVERSIGHT OF THE AUDIT AND THE SELECTION OF AN INDEPENDENT ACCOUNTANT THIS PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR FORM 990, SCHEDULE G, PART III, PAGE 2 EXPLANATION OF OTHER GAMING UNITED WAY PURCHASED TWO BLUE DOG PRINTS AND SOLD RAFFLE TICKETS FOR $10 EACH ON A CHANCE TO WIN THE PRINTS VOLUNTEERS, STAFF AND COMPANIES TOOK TICKETS AND SOLD THEM SOME TICKETS WERE PUT IN LOCAL BUSINESSES AND OFFICES FOR SALE TO CUSTOMERS AND STAFF UNITED WAY THEN HAD A DRAWING AND GAVE THE TWO PRINTS AWAY TO THE WINNERS OF THE DRAWING FORM 990 COMPUTATION OF OVERHEAD PERCENTAGE COMPUTATION OF OVERHEAD PERCENTAGE 2009 COMPUTATION OF OVERHEAD PERCENTAGE MANAGEMENT AND GENERAL EXPENSE (FORM 990,PAGE 10,LINE 25) $295,310 FUNDRAISING EXPENSE (FORM 990,PAGE 10,LINE 25) $294,592 TOTAL $589,902 TOTAL REVENUE (FORM 990, PAGE 1, LINE 12) $2,929,021 TOTAL M&G AND FUNDRAISING EXPENSES / REVENUE = OVERHEAD % 20 14%