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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

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

OMB No 1545-0047

2010

Open to Public Inspection

A For the 2010 calendar year, or tax year beginning 07/01/10 , and ending 06/30/11

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization **UNITED WAY OF NORTHEAST LOUISIANA, INC.**

Doing Business As

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

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 $ **3,352,554**

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)

I Tax-exempt status ☒ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ **WWW.UWNELA.ORG**

H(c) Group exemption number ▶

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

L Year of formation **1956**

M State of legal domicile **LA**

Part I Summary

1 Briefly describe the organization's mission or most significant activities

TO HELP PEOPLE AND IMPROVE COMMUNITIES - THE UNITED WAY IS FOCUSED ON CREATING LASTING CHANGE IN COMMUNITY CONDITIONS TO IMPROVE PEOPLE'S LIVES THROUGH COMMUNITY INITITATIVES.

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OGDEN, UT

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)	37
4	Number of independent voting members of the governing body (Part VI, line 1b)	37
5	Total number of individuals employed in calendar year 2010 (Part V, line 2a)	31
6	Total number of volunteers (estimate if necessary)	479
7a	Total unrelated business revenue from Part VIII, column (C), line 12	
b	Net unrelated business taxable income from Form 990-T, line 34	0

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	2,880,499	3,278,633
9	Program service revenue (Part VIII, line 2g)	4,110	2,682
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	21,932	16,075
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	22,480	81
12	Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,929,021	3,297,471
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	1,806,234	1,966,425
14	Benefits paid to or for members (Part IX, column (A), line 4)		
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	780,912	826,420
16a	Professional fundraising fees (Part IX, column (A), line 11e)		
b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 307,416		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	376,907	409,210
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	2,964,053	3,202,055
19	Revenue less expenses Subtract line 18 from line 12	-35,032	95,416

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	3,281,381	3,505,900
21	Total liabilities (Part X, line 26)	1,827,196	1,943,620
22	Net assets or fund balances Subtract line 21 from line 20	1,454,185	1,562,280

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

Sign Here

Signature of officer Janet S. Durden Date 2/9/12

JANET S DURDEN PRESIDENT

Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
FRANCIS I. HUFFMAN	Francis I. Huffman CPA	01/30/12		P01404670

Firm's name ▶ LUFFEY, HUFFMAN, RAGSDALE & SOLOMIER (APAC) Firm's EIN ▶ 72-1403835

Firm's address ▶ 1100 N 18TH ST MONROE, LA 71201-5712 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

Check if Schedule O contains a response to any question in this Part III [X]

1 Briefly describe the organization's mission

TO HELP PEOPLE AND IMPROVE COMMUNITIES - THE UNITED WAY IS FOCUSED ON CREATING LASTING CHANGE IN COMMUNITY CONDITIONS TO IMPROVE PEOPLE'S LIVES THROUGH COMMUNITY INITITATIVES.

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 [X] 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 [X] 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 $ 1,646,645 including grants of $ 1,646,645) (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, NUTURING RELATIONSHIPS.

4b (Code) (Expenses $ 319,532 including grants of $ 319,532) (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 $ 334,877 including grants of $ 90) (Revenue $ 2,600)

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)
(Expenses $ 278,278 including grants of $ 158) (Revenue $ 82)

4e Total program service expenses ▶ 2,579,332

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? (see instructions)	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		X
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6	X	
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9	X	
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	X	
b	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	11b		X
c	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	11c		X
d	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	11d		X
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	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 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Parts I and IV	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, Parts II and IV	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, Parts III and IV	16		X
17	Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		X
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach its audited financial statements to this return? **Note.** Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20b		

Part IV Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than $5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	
22	Did the organization report more than $5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K If "No," go to line 25	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	**Section 501(c)(3) and 501(c)(4) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than $25,000 in non-cash contributions? If "Yes," complete Schedule M	29	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		X
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35		X
a	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 ☐ Yes ☒ 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		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? **Note.** All Form 990 filers are required to complete Schedule O	38	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response to any question in this Part V ☐

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	1a	4		
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	X	
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	31		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)				
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?		3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		4a		X
b	If "Yes," enter the name of the foreign country ▶ See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5b		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5c		
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible?		6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		6b		
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?		7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		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		X
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the organization make any taxable distributions under section 4966?		9a		X
b	Did the organization make a distribution to a donor, donor advisor, or related person?		9b		X
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			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state?		13a		
	Note. See the instructions for additional information the organization must report on Schedule O				
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?		14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		14b		

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Check if Schedule O contains a response to any question in this Part VI [X]

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	37		
b	Enter the number of voting members included in line 1a, above, who are independent	1b	37		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		5		X
6	Does the organization have members or stockholders?		6	X	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		7a	X	
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		7b	X	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following				
a	The governing body?		8a	X	
b	Each committee with authority to act on behalf of the governing body?		8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		9		X

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	X	
13	Does the organization have a written whistleblower policy?	13	X	
14	Does the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		X
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ▶ NONE

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection Indicate how you make these available Check all that apply

[X] Own website [ ] Another's website [X] Upon request

19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public

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

Check if Schedule O contains a response to any question in this Part VII ☐

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's **current** key employees, if any See instructions for definition of "key employee "
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than $100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

☐ Check this box if neither the organization nor any related organizations compensated any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(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			
(1) DAVID PETTY CHAIR	0.00	X		X				0	0	0
(2) ANNE LOCKHART CHAIR ELECT	0.00	X		X				0	0	0
(3) ISAAC WHITE SECRETARY	0.00	X		X				0	0	0
(4) MICHELE THAXTON TREASURER	0.00	X		X				0	0	0
(5) EVA DYANN WILSON PAST CHAIR	0.00	X		X				0	0	0
(6) ANN HAYWARD DIRECTOR	0.00	X						0	0	0
(7) L J HOLLAND DIRECTOR	0.00	X						0	0	0
(8) KELLY SHAMBRO DIRECTOR	0.00	X						0	0	0
(9) CLYDE WHITE DIRECTOR	0.00	X						0	0	0
(10) KEVIN KOH DIRECTOR	0.00	X						0	0	0
(11) TOM NICHOLSON DIRECTOR	0.00	X						0	0	0
(12) JOHN AVANT DIRECTOR	0.00	X						0	0	0
(13) RON BERRY DIRECTOR	0.00	X						0	0	0
(14) YVONNE BOUDREAU DIRECTOR	0.00	X						0	0	0
(15) AYRES BRADFORD DIRECTOR	0.00	X						0	0	0
(16) JIMMIE BRYANT DIRECTOR	0.00	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(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			
(17) JAMES BUTLER DIRECTOR	0.00	X						0	0	0
(18) DON COKER DIRECTOR	0.00	X						0	0	0
(19) ELAINE E COLEMAN DIRECTOR	0.00	X						0	0	0
(20) KEVIN E DWYER DIRECTOR	0.00	X						0	0	0
(21) CHRISTOPHER L ELG DIRECTOR	0.00	X						0	0	0
(22) ERNEST GREEN DIRECTOR	0.00	X						0	0	0
(23) BILLY HADDAD DIRECTOR	0.00	X						0	0	0
(24) BILL HOGAN DIRECTOR	0.00	X						0	0	0
(25) LINDA HOLYFIELD DIRECTOR	0.00	X						0	0	0
(26) TROTTER HUNT DIRECTOR	0.00	X						0	0	0
(27) DANA MILFORD DIRECTOR	0.00	X						0	0	0
(28) GLORIA MONROE DIRECTOR	0.00	X						0	0	0
1b Sub-total ▶										
c Total from continuation sheets to Part VII, Section A ▶								148,654		32,989
d Total (add lines 1b and 1c) ▶								148,654		32,989

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		X
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? If "Yes," complete Schedule J for such individual		X
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(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			
(17) ELLEN NOGUERA-HILL DIRECTOR	0.00	X						0	0	0
(18) CHRIS PEALER DIRECTOR	0.00	X						0	0	0
(19) ELIZABETH G PIERRE DIRECTOR	0.00	X						0	0	0
(20) FRANK G POGUE DIRECTOR	0.00	X						0	0	0
(21) ANGEL SHEPPARD DIRECTOR	0.00	X						0	0	0
(22) WILLIAM SMART DIRECTOR	0.00	X						0	0	0
(23) ROYCE TONEY DIRECTOR	0.00	X						0	0	0
(24) W. BROOKS WATSON DIRECTOR	0.00	X						0	0	0
(25) PATTY WILHITE DIRECTOR	0.00	X						0	0	0
(26) JANET S DURDEN PRESIDENT	40.00			X				94,100	0	18,807
(27) LINDA FREEMAN FINANCE DIRECTOR	40.00			X				54,554	0	14,182
(28)										
1b Sub-total ▶								148,654		32,989
c Total from continuation sheets to Part VII, Section A ▶										
d Total (add lines 1b and 1c) ▶										

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 ▶

		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		
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		
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person		

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 ▶

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	31,861				
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e	89,192				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	3,157,580				
	g Noncash contributions included in lines 1a-1f $		55,083				
	h Total. Add lines 1a–1f			3,278,633			
Program Service Revenue		Busn. Code					
	2a MISCELLANEOUS REIMBURSEMENTS			2,682	2,682		
	b						
	c						
	d						
	e						
	f All other program service revenue						
	g Total. Add lines 2a–2f			2,682			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			16,499			16,499
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties			81			81
		(i) Real	(ii) Personal				
	6a Gross Rents						
	b Less rental exps						
	c Rental inc or (loss)						
	d Net rental income or (loss)						
	7a Gross amount from sales of assets other than inventory	(i) Securities 54,659	(ii) Other				
	b Less cost or other basis & sales exps	55,083					
	c Gain or (loss)	-424					
	d Net gain or (loss)			-424			-424
	8a Gross income from fundraising events (not including $ of contributions reported on line 1c) See Part IV, line 18 a						
	b Less direct expenses b						
	c Net income or (loss) from fundraising events						
	9a Gross income from gaming activities See Part IV, line 19 a						
	b Less direct expenses b						
	c Net income or (loss) from gaming activities						
	10a Gross sales of inventory, less returns and allowances a						
	b Less cost of goods sold b						
	c Net income or (loss) from sales of inventory						
	Miscellaneous Revenue	Busn. Code					
	11a						
	b						
	c						
	d All other revenue						
	e Total. Add lines 11a–11d						
	12 Total revenue. See instructions			3,297,471	2,682	0	16,156

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	1,966,177	1,966,177		
2 Grants and other assistance to individuals in the U S See Part IV, line 22	248	248		
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	183,694	45,206	117,015	21,473
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	476,196	281,762	69,523	124,911
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	20,596	11,873	4,537	4,186
9 Other employee benefits	95,994	51,941	19,339	24,714
10 Payroll taxes	49,940	25,647	13,468	10,825
11 Fees for services (non-employees)				
a Management				
b Legal	238		238	
c Accounting	17,885		17,885	
d Lobbying				
e Professional fundraising services See Part IV, line 17				
f Investment management fees	3,181		2,022	1,159
g Other	32,280	16,023	6,684	9,573
12 Advertising and promotion	31,268	18,057	2,237	10,974
13 Office expenses	80,355	33,753	12,505	34,097
14 Information technology	1,008	512	70	426
15 Royalties				
16 Occupancy	39,247	21,342	8,521	9,384
17 Travel	46,591	18,770	10,313	17,508
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	24,275	1,425	3,389	19,461
20 Interest				
21 Payments to affiliates	29,993	14,591	8,146	7,256
22 Depreciation, depletion, and amortization	63,868	38,805	13,886	11,177
23 Insurance	2,522		2,522	
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
a DUES AND SUBSCRIPTIONS	25,230	22,461	2,477	292
b FINANCIAL LITERACY TRNG	8,105	8,105		
c SPECIAL EVENTS EDUCATION	2,634	2,634		
d AWARDS RECOGNITION	530		530	
e				
f All other expenses				
25 Total functional expenses. Add lines 1 through 24f	3,202,055	2,579,332	315,307	307,416
26 Joint costs. Check here ▶ ☐ if following SOP 98-2 (ASC 958-720) 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		588,264	2	673,058
	3	Pledges and grants receivable, net		1,221,128	3	1,326,718
	4	Accounts receivable, net		12,815	4	8,704
	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)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions)			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges		14,815	9	11,670
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 1,052,268			
	b	Less accumulated depreciation	10b 462,644	645,251	10c	589,624
	11	Investments—publicly traded securities		798,858	11	895,876
	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)		3,281,381	16	3,505,900
Liabilities	17	Accounts payable and accrued expenses		93,586	17	62,217
	18	Grants payable		1,721,608	18	1,867,664
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D		12,002	21	13,739
	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		1,827,196	26	1,943,620
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶ [X] and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		226,783	27	201,593
	28	Temporarily restricted net assets		1,227,402	28	1,360,687
	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		1,454,185	33	1,562,280
	34	Total liabilities and net assets/fund balances		3,281,381	34	3,505,900

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI ☐

1	Total revenue (must equal Part VIII, column (A), line 12)	1	3,297,471
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,202,055
3	Revenue less expenses Subtract line 2 from line 1	3	95,416
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,454,185
5	Other changes in net assets or fund balances (explain in Schedule O)	5	12,679
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	1,562,280

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII ☒

			Yes	No
1	Accounting method used to prepare the Form 990 ☐ Cash ☒ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		X
b	Were the organization's financial statements audited by an independent accountant?	2b	X	
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	2c	X	
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 separate basis, consolidated basis, or both ☒ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b		

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ **Attach to Form 990 or Form 990-EZ.** ▶ **See separate instructions.**

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization	Employer identification number
UNITED WAY OF NORTHEAST LOUISIANA, INC.	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 described in **section 170(b)(1)(A)(i).**

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

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

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

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

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

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

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

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

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

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

a ☐ Type I b ☐ Type II c ☐ Type III–Functionally integrated d ☐ Type III–Other

e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)

f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box ☐

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?

(ii) A family member of a person described in (i) above?

(iii) A 35% controlled entity of a person described in (i) or (ii) above?

	Yes	No
11g(i)		
11g(ii)		
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?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
(A)									
(B)									
(C)									
(D)									
(E)									
Total									

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 or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")	3,391,854	3,333,834	3,061,290	2,880,499	3,278,633	15,946,110
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	3,391,854	3,333,834	3,061,290	2,880,499	3,278,633	15,946,110
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)						196,881
6 **Public support.** Subtract line 5 from line 4						15,749,229

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7 Amounts from line 4	3,391,854	3,333,834	3,061,290	2,880,499	3,278,633	15,946,110
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	42,623	45,981	33,408	21,262	16,580	159,854
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11 **Total support.** Add lines 7 through 10						16,105,964

12	Gross receipts from related activities, etc (see instructions)	12	11,751
13	**First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**		▶ ☐

Section C. Computation of Public Support Percentage

14	Public support percentage for 2010 (line 6, column (f) divided by line 11, column (f))	14	97.79%
15	Public support percentage from 2009 Schedule A, Part II, line 14	15	97.74%
16a	**33 1/3% support test—2010.** 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—2009.** 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—2010.** 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—2009.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization		▶ ☐
18	**Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		▶ ☐

Part III Support Schedule for Organizations Described in Section 509(a)(2)
(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(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) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 **Total support.** (Add lines 9, 10c, 11, and 12)						

14 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ▶ ☐

Section C. Computation of Public Support Percentage

15	Public support percentage for 2010 (line 8, column (f) divided by line 13, column (f))	15	%
16	Public support percentage from 2009 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2010** (line 10c, column (f) divided by line 13, column (f))	17	%
18	Investment income percentage from **2009** Schedule A, Part III, line 17	18	%

19a **33 1/3% support tests—2010.** 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—2009.** 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.** Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
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	0
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)	17,500	
4	Aggregate value at end of year	83,682	

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? [X] Yes [ ] No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? [X] 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 education)
- [ ] Protection of natural habitat
- [ ] Preservation of open space
- [ ] Preservation of an historically important land area
- [ ] Preservation of a certified historic structure

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

		Held at the End of the Tax Year
a	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
c	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶

4 Number of states where property subject to conservation easement is located ▶

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? [ ] Yes [ ] No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ $

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? [ ] Yes [ ] No

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), 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 (ASC 958), 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 (ASC 958) relating to these items

a Revenues included in Form 990, Part VIII, line 1 ▶ $

b Assets included in Form 990, Part X ▶ $

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)

- a ☐ Public exhibition
- b ☐ Scholarly research
- c ☐ Preservation for future generations
- d ☐ Loan or exchange programs
- e ☐ Other

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

Part IV Escrow and Custodial Arrangements. Complete if 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 organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

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

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

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

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

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

Part VI 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	201,389	298,611
c Leasehold improvements		79,510	46,564	32,946
d Equipment		372,758	214,691	158,067
e Other				
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) ▶				589,624

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
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(I)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 12) ▶		

Part VIII Investments—Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. (Column (b) must 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
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 15) ▶	

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

1. (a) Description of liability	(b) Amount
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25) ▶	

2. FIN 48 (ASC 740) 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 (ASC 740)

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

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	3,297,471
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	3,202,055
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	95,416
4	Net unrealized gains (losses) on investments	4	12,679
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net). Add lines 4 through 8	9	12,679
10	Excess or (deficit) for the year per audited financial statements Combine lines 3 and 9	10	108,095

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	3,052,486
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains on investments	2a	12,679		
b	Donated services and use of facilities	2b	61,868		
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV)	2d			
e	Add lines 2a through 2d			2e	74,547
3	Subtract line 2e from line 1			3	2,977,939
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	319,532		
c	Add lines 4a and 4b			4c	319,532
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)			5	3,297,471

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

1	Total expenses and losses per audited financial statements			1	2,944,391
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
a	Donated services and use of facilities	2a	61,868		
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIV)	2d			
e	Add lines 2a through 2d			2e	61,868
3	Subtract line 2e from line 1			3	2,882,523
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	319,532		
c	Add lines 4a and 4b			4c	319,532
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)			5	3,202,055

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete this part to provide any additional information

PART IV, LINE 2B - ESCROW LIABILITY ARRANGEMENT EXPLANATION

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 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 ONE PERCENT (1%)ANNUAL MANAGEMENT FEE TO ADMINISTER THE FUND.

Part XIV Supplemental Information (continued)

PART XI, LINE 8 - RECONCILIATION OF CHANGES - OTHER

DONOR DESIGNATIONS	$	-319,532
DONOR DESIGNATIONS	$	319,532

PART XII, LINE 4B - REVENUE AMOUNTS INCLUDED ON RETURN - OTHER

DONOR DESIGNATIONS	$	319,532

PART XIII, LINE 4B - EXPENSE AMOUNTS INCLUDED ON RETURN - OTHER

DONOR DESIGNATIONS	$	319,532

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

2010

Open to Public Inspection

Name of the organization: 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? [X] Yes [ ] No

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

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

Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than $5,000. Check this box if no one recipient received more than $5,000. Part II can be duplicated if additional space is needed ▶ [ ]

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) AMERICAN RED CROSS 414 BREARD STREET MONROE LA 71201-6802	72-0501457	501C3	154,436				TO SUPPORT AGENCY
(2) ARCO 901 NORTH 4TH STREET MONROE LA 71201	72-0568009	501C3	164,916				TO SUPPORT AGENCY
(3) BOY SCOUTS, LOUISIANA PURCHASE 2405 OLIVER ROAD MONROE LA 71201	72-0423632	501C3	96,066				TO SUPPORT AGENCY
(4) BOYS & GIRLS CLUB OF NORTHEAST P.O. BOX 1769 WEST MONROE LA 71294	72-0550496	501C3	102,713				TO SUPPORT AGENCY
(5) BOYS & GIRS CLUB OF NORTH CENTRAL P O BOX 1844 RUSTON LA 71273	72-1375839	501C3	32,042				TO SUPPORT AGENCY
(6) D.A.R.T. 108 WEST ALABAMA RUSTON LA 71270	72-1273159	501C3	51,437				TO SUPPORT AGENCY
(7) FOOD BANK OF NORTHEAST LOUISIANA P.O. BOX 5048 MONROE LA 71211	72-1333809	501C3	112,134				TO SUPPORT AGENCY
(8) GIRL SCOUTS OF LOUISIANA-PINES TO 102 ARKANSAS AVENUE MONROE LA 71201	72-0488660	501C3	53,355				TO SUPPORT AGENCY
(9) LINCOLN COUNCIL ON AGING P.O. BOX 1058 RUSTON LA 71273	72-0749959	501C3	27,093				TO SUPPORT AGENCY

2 Enter total number of section 501(c)(3) and government organizations ▶ 31

3 Enter total number of other organizations ▶ 0

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

2010

Open to Public Inspection

Name of the organization: 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. Part II can be duplicated if additional space is needed ▶ ☐

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) LOUISIANA UNITED METHODIST CHILDREN 901 SOUTH VIENNA RUSTON LA 71270	72-0435081	501C3	18,764				TO SUPPORT AGENCY
(2) MED-CAMPS OF LOUISIANA, INC. 102 THOMAS ROAD, STE. 615 WEST MONROE LA 71294	72-1320517	501C3	60,954				TO SUPPORT AGENCY
(3) MONROE AREA GUIDANCE CENTER 1900 GARRETT ROAD MONROE LA 71202	72-0898662	501C3	36,601				TO SUPPORT AGENCY
(4) NORTHEAST LOUISIANA SICKLE CELL P O BOX 1165 MONROE LA 71210	72-0911627	501C3	35,450				TO SUPPORT AGENCY
(5) OPPORTUNITIES INDUSTRIAL CENTER OF P O BOX 4255 MONROE LA 71211	72-0801911	501C3	21,432				TO SUPPORT AGENCY
(6) OUACHITA COUNCIL ON AGING P O BOX 7418 MONROE LA 71211	72-0650389	501C3	130,725				TO SUPPORT AGENCY
(7) OUR HOUSE INC P O BOX 7496 MONROE LA 71211	72-1165751	501C3	51,050				TO SUPPORT AGENCY
(8) RAYS OF SONSHINE P O BOX 7299 MONROE LA 71211	72-1455295	501C3	22,154				TO SUPPORT AGENCY
(9) SALVATION ARMY 105 HART STREET MONROE LA 71201	63-0288866	501C3	149,461				TO SUPPORT AGENCY

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

3 Enter total number of other organizations ▶ _____

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

2010

Open to Public Inspection

Name of the organization: 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. Part II can be duplicated if additional space is needed ▶ ☐

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) ST VINCENT DE PAUL COMMUNITY 502 GRAMMONT STREET MONROE LA 71201	90-0014479	501C3	38,529				TO SUPPORT AGENCY
(2) THE WELLSPRING ALLIANCE FOR 1515 JACKSON STREET MONROE LA 71202	72-0442226	501C3	222,837				TO SUPPORT AGENCY
(3) TWIN CITY ATHLETIC ASSOCIATION P O BOX 192 MONROE LA 71202	23-7154571	501C3	5,409				TO SUPPORT AGENCY
(4) UNION PARISH COUNCIL ON AGING 606 E BOUNDARY STREET FARMERVILLE LA 71241	72-0651270	501C3	22,482				TO SUPPORT AGENCY
(5) VOLUNTEERS OF AMERICA 1808 ROSELAWN MONROE LA 71201	72-0506820	501C3	36,919				TO SUPPORT AGENCY
(6) WEST OUACHITA SENIOR CENTER 1800 NORTH 7TH STREET WEST MONROE LA 71291	72-0992952	501C3	104,117				TO SUPPORT AGENCY
(7) YMCA OF NORTHEAST LOUISIANA 1505 STUBBS AVENUE MONROE LA 71201	72-0464886	501C3	36,533				TO SUPPORT AGENCY
(8) YOUTH SERVICES OF NORTHEAST P O BOX 999 MONROE LA 71201	72-1076726	501C3	14,093				TO SUPPORT AGENCY
(9) HUMANE SOCIETY ADOPTION CENTER OF P O BOX 15311 MONROE LA 71207	72-0741061	501C3	9,673				TO SUPPORT AGENCY

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

3 Enter total number of other organizations ▶ _____

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

2010

Open to Public Inspection

Name of the organization: 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. Part II can be duplicated if additional space is needed ▶ ☐

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) JAKE OWEN RABORN FOUNDATION P O BOX 3097 WEST MONROE LA 71294	20-8477543	501C3	6,930				TO SUPPORT AGENCY
(2) NORTHEAST LA CHILDREN'S MUSEUM 323 WALNUT ST MONROE LA 71202	72-1287460	501C3	12,360				TO SUPPORT AGENCY
(3) ST JUDE CHILDREN'S RESEARCH 501 ST JUDE PLACE MEMPHIS TN 38105	35-1044585	501C3	22,566				TO SUPPORT AGENCY
(4) ULM FOUNDATION 700 UNIVERSITY AVE RM 121 MONROE LA 71209	72-6028527	501C3	13,640				TO SUPPORT AGENCY
(5)							
(6)							
(7)							
(8)							
(9)							

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

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. Part III can be duplicated 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
1						
2						
3						
4						
5						
6						
7						

Part IV **Supplemental Information.** Complete this part to provide the information required in Part I, line 2, and any other additional information.

PART I, LINE 2 - PROCEDURES FOR MONITORING THE USE OF GRANT FUNDS

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 DEPOSIT CONFIRMATIONS, 941 FORMS, STATE UNEMPLOYMENT TAX RETURNS AND STATE WITHHOLDING INCOME TAX RETURNS.

THE COMMUNITY INVESTMENT COMMITTEE REVIEW PROGRAM AND OUTCOME MEASUREMENT INFORMATION AND ANY COLLABORATIVE EFFORTS BETWEEN THE AGENCY'S PROGRAM AND

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. Part III can be duplicated 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
1						
2						
3						
4						
5						
6						
7						

Part IV **Supplemental Information.** Complete this part to provide the information required in Part I, line 2, and any other additional information.

THE OTHER ORGANIZATIONS WHICH ASSIST THE AGENCY IN ACHIEVING ITS PROGRAM OUTCOMES.

SCHEDULE M (Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

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

OMB No 1545-0047

2010

Open To Public Inspection

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

Employer identification number 72-0498515

Part I Types of Property

		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
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	8	55,083	FAIR MARKET VALUE
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?	30a		X
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?	31	X	
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	32a		X
b	If "Yes," describe in Part II			
33	If the organization did not report an amount 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.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization: UNITED WAY OF NORTHEAST LOUISIANA, INC.

Employer identification number: 72-0498515

FORM 990 - ADDITIONAL INFORMATION

COMPUTATION OF OVERHEAD PERCENTAGE

MANAGEMENT AND GENERAL EXPENSE (FORM 990 PAGE 10 LINE 25) $315,307

FUNDRAISING EXPENSE (FORM 990 PAGE 10, LINE 25) $307,416)

TOTAL MANAGEMENT AND GENERAL AND FUNDRAISING EXPENSE $622,723

TOTAL REVENUE (FORM 990 PAGE 1 LINE 12) $3,297,471

TOTAL M & G & FR EXPENSES / TOTAL REVENUE = OVERHEAD %: 18.88%

FORM 990, PART III, LINE 4A - FIRST ACHIEVEMENT

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 PREVENTIVE AND MAINTENANCE HEALTHCARE.

Name of the organization: UNITED WAY OF NORTHEAST

Employer identification number: 72-0498515

LINCOLN PARISH RESIDENTS RECEIVE HELP THROUGH PROGRAMS THAT PROVIDE IMPORTANT SERVICES TO MANY PEOPLE IN THE PARISH. THESE SERVICES HELP CHILREN AND FAMILIES TO BE SUCCESSFUL OR OVERCOME CRISIS SITUATIONS.

FORM 990, PART III, LINE 4D - ALL OTHER ACHIEVEMENTS

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 PREVENTIVE 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.

COMMUNITY INVESTMENT - A PROGAM OF VOLUNTEERS AND STAFF OF UNITED WAY WHO WORK WITH THE PARTNER AGENCIES TO ENSURE THAT UNITED WAY DOLLARS ARE

Name of the organization: UNITED WAY OF NORTHEAST

Employer identification number: 72-0498515

INVESTED TO PRODUCE THE MOST EFFECTIVE RESULTS. THEY MAKE SITE VISITS, GATHER INFORMATION AND EVALUATE PROGRAMS YEAR ROUND.

FORM 990, PART VI, LINE 6 - CLASSES OF MEMBERS OR STOCKHOLDERS

ARTICLE 4 OF THE BYLAWS STATES "MEMBERS OF THE CORPORATION SHALL BE ANYONE WHO MAKES A CONTRIBUTION DURING THE FISCAL YEAR".

FORM 990, PART VI, LINE 7A - ELECTION OF MEMBERS AND THEIR RIGHTS

ARTICLE 6, SECTION 2 OF THE BYLAWS STATES "THE MEMBERS SHALL ELECT THE (BOARD OF) DIRECTORS".

FORM 990, PART VI, LINE 7B - DECISIONS SUBJECT TO APPROVAL OF MEMBERS

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, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990

FORM 990 IS REVIEWED WITH THE AUDIT/FINANCE COMMITTEE. IT IS THEN PRESENTED TO THE BOARD PRIOR TO THE RETURN BEING FILED.

FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS POLICY

UNITED WAY ASKS ALL STAFF AND 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.

Name of the organization: UNITED WAY OF NORTHEAST

Employer identification number: 72-0498515

FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS FOR TOP OFFICIAL

DURING THE BUDGET PROCESS, STAFF SALARIES ARE COMPARED TO UNITED WAY OF AMERICA STAFF SALARY SURVEYS FOR SALARIES FOR THE POSITIONS IN UNITED WAYS 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, LINE 15B - COMPENSATION PROCESS FOR OFFICERS

SAME AS PART VI, LINE 15A

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION

AUDIT AND FORM 990 ARE AVAILABLE ON WEBSITE. OTHER DOCUMENTS ARE AVAILABLE UPON REQUEST WHEN REQUESTED FROM THE PUBLIC.

FORM 990, PART XII, LINE 2C - CHANGE IN FINANCIAL REVIEW PROCESS

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 **8868** (Rev January 2011)

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

▶ File a separate application for each return.

OMB No 1545-1709

- If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box . . . ▶ [X]
- If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this form)

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Electronic filing (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions) For more details on the electronic filing of this form, visit www irs gov/efile and click on e-file for Charities & Nonprofits.

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension-check this box and complete Part I only . . . ▶ [ ]

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns

Type or print File by the due date for filing your return See instructions	Name of exempt organization	Employer identification number
	UNITED WAY OF NORTHEAST LOUISIANA, INC.	72-0498515
	Number, street, and room or suite no. If a P O. box, see instructions. 1201 HUDSON LANE	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. MONROE LA 71201	

Enter the Return code for the return that this application is for (file a separate application for each return) . . . 01

Application Is For	Return Code	Application Is For	Return Code
Form 990	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 990-EZ	03	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

JANET S. DURDEN
1201 HUDSON LANE

- The books are in the care of ▶ MONROE LA 71201
  Telephone No ▶ 318-325-3869 FAX No. ▶
- If the organization does not have an office or place of business in the United States, check this box . . . ▶ [ ]
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN)_____. If this is for the whole group, check this box ▶ [ ]. If it is for part of the group, check this box ▶ [ ] and attach a list with the names and EINs of all members the extension is for.

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 02/15/12 , to file the exempt organization return for the organization named above The extension is for the organization's return for:
▶ [ ] calendar year or
▶ [X] tax year beginning 07/01/10 , and ending 06/30/11

2 If this tax year entered in line 1 is for less than 12 months, check reason [ ] Initial return [ ] Final return [ ] Change in accounting period

3a	If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	$
b	If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made Include any prior year overpayment allowed as a credit.	3b	$
c	**Balance due.** Subtract line 3b from line 3a Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions.	3c	$

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions

Accepted 11-14-11