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Part III

Statement of Program Service Accomplishments

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

☐

☒

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 ☒ No

If "Yes," describe these new services on Schedule O

3

Did the organization cease conducting, or make significant changes in how it conducts, any program services?

☐ Yes ☒ No

If "Yes," describe these changes on Schedule O

4

Describe the organization's program service accomplishments for each of its three largest program services, as measured 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 \$ 1,826,418 including grants of \$ 1,826,418 ) (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 "CONTINUED ON SCHEDULE O" 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 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

4b

(Code ) (Expenses \$ 418,119 including grants of \$ 418,119 ) (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 \$ 374,054 including grants of \$ 10,429 ) (Revenue \$ )

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

(Code ) (Expenses \$ 326,428 including grants of \$ 89 ) (Revenue \$ 1,300 )

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 TARGETED ISSUE IS TO INCREASE GRADUATION RATES OUR FOCUS IS ON EARLY GRADE READING THE GOALS OF EARLY GRADE READING INITIATIVE ARE TO CREATE ENTHUSIASTIC READERS WHO CAN READ AT OR ABOVE GRADE LEVEL AND EMPOWER OUR COMMUNITIES TO HELP OUR CHILDREN WORK HAS BEGUN, VOLUNTEERS RECRUITED FOR KICK-OFF OF THIS INITIATIVE IN FALL OF 2012 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 UNITED WAY OF NELA PARTNERS WITH AREA HIGH SCHOOLS TO PROVIDE AN INTERACTIVE LEARNING EXPERIENCE DOLLARS & ENSE REALTY FAIRS WERE HELD IN HIGH SCHOOLS IN THREE SCHOOL DISTRICTS IN OUACHITA AND LINCOLN PARISHES BUSINESS AND COMMUNITY VOLUNTEERS PARTICIPATE IN SIMULATIONS THAT ARE RELEVANT, FUN AND PRACTICAL FOLLOW-UP CLASSROOM FINANCIAL EDUCATION ENGAGES STUDENTS IN LEARNING FINANCIAL CONCEPTS THAT GET YOUTH STARTED ON A ROAD TO A BETTER FINANCIAL FUTURE THE RESULTS SHOW STATISTICALLY SIGNIFICANT IMPROVEMENTS IN STUDENTS' UNDERSTANDING OF THE SOURCES AND USES OF MONEY AND IMPROVE ATTITUDES TOWARDS BUDGETING, SPENDING AND SAVING 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 OUR FOCUS IS WELLNESS NUTRITION AND PHYSICAL ACTIVITY TO ADDRESS THESE ISSUES UNITED WAY OF NELA HAS AWARDED GRANTS TO FOUR UNITED WAY PARTNER AGENCIES, TO PROMOTE WELLNESS WITH CHILDREN IN SCHOOL, CHILDREN IN A AFTER-SCHOOL PROGRAM, AND WITH ADULTS IN THE WORKPLACE THROUGH THESE PROGRAMS, PARTICIPANTS' NUTRITION AND EATING HABITS IMPROVED, DAILY ACTIVITY LEVELS INCREASED, DIVERSE EXCERCISE PROGRAMS WERE DEVELOPED, THE NUMBER OF PARTICIPANTS WHO SMOKED DECREASED AND A HEALTHIER BODY IMAGE WAS PROMOTED 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 INVESTED TO PRODUCE THE MOST EFFECTIVE RESULTS THEY MAKE SITE VISITS, GATHER INFORMATION AND EVALUATE PROGRAMS YEAR ROUND

4d

Other program services (Describe in Schedule O )

(Expenses \$ 326,428 including grants of \$ 89 ) (Revenue \$ 1,300 )

4e

Total program service expenses

\$ 2,945,019

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)? <i>If "Yes," complete Schedule A.</i>                                                                                                                       | 1   | Yes |
| 2   | Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)?                                                                                                                                                      | 2   | Yes |
| 3   | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I.</i> . . . . .                                                                                                                                           | 3   | No  |
| 4   | <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II.</i> . . . . .                                                                                                                            | 4   | No  |
| 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? <i>If "Yes," complete Schedule C, Part III.</i> . . . . .                                                                                                    | 5   | No  |
| 6   | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I.</i>  | 6   | Yes |
| 7   | Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? <i>If "Yes," complete Schedule D, Part II.</i>                                         | 7   | No  |
| 8   | Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III.</i>                                                                                                       | 8   | No  |
| 9   | Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV.</i>     | 9   | Yes |
| 10  | Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V.</i>                                                   | 10  | No  |
| 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? <i>If "Yes," complete Schedule D, Part VI.</i>                                                                                                                     | 11a | Yes |
| 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? <i>If "Yes," complete Schedule D, Part VII.</i>                                                 | 11b | No  |
| 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? <i>If "Yes," complete Schedule D, Part VIII.</i>                                                | 11c | No  |
| 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? <i>If "Yes," complete Schedule D, Part IX.</i>                                                                  | 11d | No  |
| e   | Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X.</i>                                                                                                                               | 11e | No  |
| 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)? <i>If "Yes," complete Schedule D, Part X.</i>        | 11f | No  |
| 12a | Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII.</i>                                                                                               | 12a | Yes |
| b   | Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional.</i>                 | 12b | No  |
| 13  | Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E.</i> . . . . .                                                                                                                                                                                                                              | 13  | No  |
| 14a | Did the organization maintain an office, employees, or agents outside of the United States? . . . . .                                                                                                                                                                                                                                            | 14a | No  |
| b   | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Part I.</i> . . . . .                              | 14b | No  |
| 15  | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S ? <i>If "Yes," complete Schedule F, Part II and IV.</i> . . . . .                                                                                                                    | 15  | No  |
| 16  | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the U S ? <i>If "Yes," complete Schedule F, Part III and IV.</i> . . . . .                                                                                                                        | 16  | No  |
| 17  | Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I.</i> . . . . .                                                                                                                                    | 17  | No  |
| 18  | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II.</i> . . . . .                                                                                                                                                 | 18  | No  |
| 19  | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III.</i> . . . . .                                                                                                                                                                           | 19  | No  |
| 20a | Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H.</i> . . . . .                                                                                                                                                                                                                                              | 20a | No  |
| b   | If "Yes" to line 20a, did the organization attach its audited financial statement to this return? <b>Note.</b> All Form 990 filers that operated one or more hospitals must attach audited financial statements . . . . .                                                                                                                        | 20b |     |

Part IV

Checklist of Required Schedules (continued)

|     |                                                                                                                                                                                                                                                                                            |     |     |    |
|-----|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|-----|----|
| 21  | Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> . . . . .                                                          | 21  | Yes |    |
| 22  | Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> . . . . .                                                                           | 22  | Yes |    |
| 23  | Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> . . . . .                | 23  |     | No |
| 24a | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer questions 24b–24d and complete Schedule K. If "No," go to line 25</i> . . . . . | 24a |     | No |
| b   | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . .                                                                                                                                                                                  | 24b |     |    |
| c   | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .                                                                                                                                       | 24c |     |    |
| d   | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . .                                                                                                                                                                            | 24d |     |    |
| 25a | <b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> . . . . .                                                                      | 25a |     | No |
| b   | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i> . . . . .       | 25b |     | No |
| 26  | Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i> . . . . .                                    | 26  |     | No |
| 27  | Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i> . . . . .            | 27  |     | No |
| 28  | Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)                                                                                              |     |     |    |
| a   | A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .                                                                                                                                                                   | 28a |     | No |
| b   | A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .                                                                                                                                                | 28b |     | No |
| 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 owner? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .                                                                       | 28c |     | No |
| 29  | Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> . . . . .                                                                                                                                                                  | 29  | Yes |    |
| 30  | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> . . . . .                                                                                                  | 30  |     | No |
| 31  | Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> . . . . .                                                                                                                                                        | 31  |     | No |
| 32  | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> . . . . .                                                                                                                                      | 32  |     | No |
| 33  | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> . . . . .                                                                                      | 33  |     | No |
| 34  | Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i> . . . . .                                                                                                                                         | 34  |     | No |
| 35a | Is any related organization a controlled entity of the filing organization within the meaning of section 512(b)(13)?                                                                                                                                                                       | 35a |     | No |
| b   | Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .                                                                               | 35b |     | No |
| 36  | <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .                                                                                           | 36  |     | No |
| 37  | Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>                                                       | 37  |     | No |
| 38  | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O . . . . .                                                                                               | 38  | Yes |    |

|                                                                                                 |                                                                                                                                                                                                                                                                                                                                                      |            |           |
|-------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|-----------|
| <b>Part V</b> <b>Statements Regarding Other IRS Filings and Tax Compliance</b>                  |                                                                                                                                                                                                                                                                                                                                                      |            |           |
| Check if Schedule O contains a response to any question in this Part V <input type="checkbox"/> |                                                                                                                                                                                                                                                                                                                                                      |            |           |
|                                                                                                 |                                                                                                                                                                                                                                                                                                                                                      | <b>Yes</b> | <b>No</b> |
| <b>1a</b>                                                                                       | Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.<br>.                                                                                                                                                                                                                                                                   | <b>1a</b>  | 2         |
| <b>b</b>                                                                                        | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.                                                                                                                                                                                                                                                                     | <b>1b</b>  | 0         |
| <b>c</b>                                                                                        | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?                                                                                                                                                                                             | <b>1c</b>  | Yes       |
| <b>2a</b>                                                                                       | Enter the number of employees reported on Form W-3, <i>Transmittal of Wage and Tax Statements</i> filed for the calendar year ending with or within the year covered by this return.                                                                                                                                                                 | <b>2a</b>  | 33        |
| <b>b</b>                                                                                        | If at least one is reported on line 2a, did the organization file all required federal employment tax returns?<br><br><b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).                                                                                                              | <b>2b</b>  | Yes       |
| <b>3a</b>                                                                                       | Did the organization have unrelated business gross income of \$1,000 or more during the year?                                                                                                                                                                                                                                                        | <b>3a</b>  | No        |
| <b>b</b>                                                                                        | If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O.                                                                                                                                                                                                                                                    | <b>3b</b>  |           |
| <b>4a</b>                                                                                       | At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account or securities account)?                                                                                                                                     | <b>4a</b>  | No        |
| <b>b</b>                                                                                        | If "Yes," enter the name of the foreign country: _____<br>See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.                                                                                                                                                                             |            |           |
| <b>5a</b>                                                                                       | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?                                                                                                                                                                                                                                                | <b>5a</b>  | No        |
| <b>b</b>                                                                                        | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?                                                                                                                                                                                                                                     | <b>5b</b>  | No        |
| <b>c</b>                                                                                        | If "Yes" to line 5a or 5b, did the organization file Form 8886-T?                                                                                                                                                                                                                                                                                    | <b>5c</b>  |           |
| <b>6a</b>                                                                                       | 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?                                                                                                                                                                          | <b>6a</b>  | No        |
| <b>b</b>                                                                                        | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?                                                                                                                                                                                                        | <b>6b</b>  |           |
| <b>7</b>                                                                                        | <b>Organizations that may receive deductible contributions under section 170(c).</b>                                                                                                                                                                                                                                                                 |            |           |
| <b>a</b>                                                                                        | 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?                                                                                                                                                                                                      | <b>7a</b>  | No        |
| <b>b</b>                                                                                        | If "Yes," did the organization notify the donor of the value of the goods or services provided?                                                                                                                                                                                                                                                      | <b>7b</b>  |           |
| <b>c</b>                                                                                        | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?                                                                                                                                                                                                                 | <b>7c</b>  | No        |
| <b>d</b>                                                                                        | If "Yes," indicate the number of Forms 8282 filed during the year.                                                                                                                                                                                                                                                                                   | <b>7d</b>  |           |
| <b>e</b>                                                                                        | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?                                                                                                                                                                                                                                      | <b>7e</b>  | No        |
| <b>f</b>                                                                                        | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?                                                                                                                                                                                                                                         | <b>7f</b>  | No        |
| <b>g</b>                                                                                        | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?                                                                                                                                                                                                                     | <b>7g</b>  |           |
| <b>h</b>                                                                                        | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?                                                                                                                                                                                                                   | <b>7h</b>  |           |
| <b>8</b>                                                                                        | <b>Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?                                                                         | <b>8</b>   | No        |
| <b>9</b>                                                                                        | <b>Sponsoring organizations maintaining donor advised funds.</b>                                                                                                                                                                                                                                                                                     |            |           |
| <b>a</b>                                                                                        | Did the organization make any taxable distributions under section 4966?                                                                                                                                                                                                                                                                              | <b>9a</b>  | No        |
| <b>b</b>                                                                                        | Did the organization make a distribution to a donor, donor advisor, or related person?                                                                                                                                                                                                                                                               | <b>9b</b>  | No        |
| <b>10</b>                                                                                       | <b>Section 501(c)(7) organizations.</b> Enter                                                                                                                                                                                                                                                                                                        |            |           |
| <b>a</b>                                                                                        | Initiation fees and capital contributions included on Part VIII, line 12.                                                                                                                                                                                                                                                                            | <b>10a</b> |           |
| <b>b</b>                                                                                        | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.                                                                                                                                                                                                                                                         | <b>10b</b> |           |
| <b>11</b>                                                                                       | <b>Section 501(c)(12) organizations.</b> Enter                                                                                                                                                                                                                                                                                                       |            |           |
| <b>a</b>                                                                                        | Gross income from members or shareholders.                                                                                                                                                                                                                                                                                                           | <b>11a</b> |           |
| <b>b</b>                                                                                        | Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).                                                                                                                                                                                                                         | <b>11b</b> |           |
| <b>12a</b>                                                                                      | <b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?                                                                                                                                                                                                                                    | <b>12a</b> |           |
| <b>b</b>                                                                                        | If "Yes," enter the amount of tax-exempt interest received or accrued during the year.                                                                                                                                                                                                                                                               | <b>12b</b> |           |
| <b>13</b>                                                                                       | <b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>                                                                                                                                                                                                                                                                              |            |           |
| <b>a</b>                                                                                        | Is the organization licensed to issue qualified health plans in more than one state?<br><b>Note.</b> All 501(c)(29) organizations must list in Schedule O each state in which they are licensed to issue qualified health plans, the amount of reserves required by each state, and the amount of reserves the organization allocated to each state. | <b>13a</b> |           |
| <b>b</b>                                                                                        | Enter the aggregate amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.                                                                                                                                                                                 | <b>13b</b> |           |
| <b>c</b>                                                                                        | Enter the aggregate amount of reserves on hand.                                                                                                                                                                                                                                                                                                      | <b>13c</b> |           |
| <b>14a</b>                                                                                      | Did the organization receive any payments for indoor tanning services during the tax year?                                                                                                                                                                                                                                                           | <b>14a</b> | No        |
| <b>b</b>                                                                                        | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.                                                                                                                                                                                                                                           | <b>14b</b> |           |

Part VI

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

☒

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

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

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

Section C. Disclosure

|    |                                                                                                                                                                                                                                                                                                                                                                    |
|----|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 17 | List the States with which a copy of this Form 990 is required to be filed                                                                                                                                                                                                                                                                                         |
| 18 | Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.<br><input checked="" type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request |
| 19 | Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table.                                                                                                                                                          |
| 20 | State the name, physical address, and telephone number of the person who possesses the books and records of the organization.<br>JANET S DURDEN<br>1201 HUDSON LANE<br>MONROE, LA 71201<br>(318) 325-3869                                                                                                                                                          |

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

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

Form **990** (2011)



## Part VII

|           |                                                                        |          |         |  |        |
|-----------|------------------------------------------------------------------------|----------|---------|--|--------|
| <b>1b</b> | <b>Sub-Total . . . . .</b>                                             | <b>▼</b> |         |  |        |
| <b>c</b>  | <b>Total from continuation sheets to Part VII, Section A . . . . .</b> | <b>▼</b> |         |  |        |
| <b>d</b>  | <b>Total (add lines 1b and 1c) . . . . .</b>                           | <b>▼</b> | 154,322 |  | 34,743 |

**2** Total number of individuals (including but not limited to those \$100,000 of reportable compensation from the organization):

|          |                                                                                                                                                                                                                                               | Yes      | No |
|----------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|----|
| <b>3</b> | Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> . . . . .                                        | <b>3</b> | No |
| <b>4</b> | 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? <i>If "Yes," complete Schedule J for such individual</i> . . . . . | <b>4</b> | No |
| <b>5</b> | Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i> . . . . .                       | <b>5</b> | No |

## **Section B. Independent Contractors**

**1** Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

| (A)<br>Name and business address | (B)<br>Description of services | (C)<br>Compensation |
|----------------------------------|--------------------------------|---------------------|
|                                  |                                |                     |
|                                  |                                |                     |
|                                  |                                |                     |
|                                  |                                |                     |
|                                  |                                |                     |

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ►

Part VIII

Statement of Revenue

|                                                           |                                                                    |                                                                                                                                   |               | (A)<br>Total revenue | (B)<br>Related or<br>exempt<br>function<br>revenue | (C)<br>Unrelated<br>business<br>revenue | (D)<br>Revenue<br>excluded from<br>tax under<br>sections<br>512, 513, or<br>514 |
|-----------------------------------------------------------|--------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------|---------------|----------------------|----------------------------------------------------|-----------------------------------------|---------------------------------------------------------------------------------|
| Contributions, gifts, grants<br>and other similar amounts | 1a                                                                 | Federated campaigns . . .                                                                                                         | 1a            | 33,927               |                                                    |                                         |                                                                                 |
|                                                           | b                                                                  | Membership dues . . . . .                                                                                                         | 1b            |                      |                                                    |                                         |                                                                                 |
|                                                           | c                                                                  | Fundraising events . . . . .                                                                                                      | 1c            |                      |                                                    |                                         |                                                                                 |
|                                                           | d                                                                  | Related organizations . . . .                                                                                                     | 1d            |                      |                                                    |                                         |                                                                                 |
|                                                           | e                                                                  | Government grants (contributions)                                                                                                 | 1e            | 32,240               |                                                    |                                         |                                                                                 |
|                                                           | f                                                                  | All other contributions, gifts, grants, and<br>similar amounts not included above                                                 | 1f            | 3,453,641            |                                                    |                                         |                                                                                 |
|                                                           | g                                                                  | Noncash contributions included in<br>lines 1a-1f \$ 52,861                                                                        |               |                      |                                                    |                                         |                                                                                 |
|                                                           | h                                                                  | Total. Add lines 1a-1f . . . . .                                                                                                  |               |                      |                                                    |                                         |                                                                                 |
| Program Service Revenue                                   | 2a                                                                 |                                                                                                                                   | Business Code |                      | 1,300                                              | 1,300                                   |                                                                                 |
|                                                           | MISCELLANEOUS REIMBURSEMENTS                                       |                                                                                                                                   |               |                      |                                                    |                                         |                                                                                 |
|                                                           | b                                                                  |                                                                                                                                   |               |                      |                                                    |                                         |                                                                                 |
|                                                           | c                                                                  |                                                                                                                                   |               |                      |                                                    |                                         |                                                                                 |
|                                                           | d                                                                  |                                                                                                                                   |               |                      |                                                    |                                         |                                                                                 |
|                                                           | e                                                                  |                                                                                                                                   |               |                      |                                                    |                                         |                                                                                 |
|                                                           | f                                                                  | All other program service revenue                                                                                                 |               |                      |                                                    |                                         |                                                                                 |
|                                                           | g                                                                  | Total. Add lines 2a-2f . . . . .                                                                                                  |               |                      |                                                    |                                         |                                                                                 |
| Other Revenue                                             | 3                                                                  | Investment income (including dividends, interest<br>and other similar amounts) . . . . .                                          |               | 10,722               |                                                    |                                         | 10,722                                                                          |
|                                                           | 4                                                                  | Income from investment of tax-exempt bond proceeds . .                                                                            |               |                      |                                                    |                                         |                                                                                 |
|                                                           | 5                                                                  | Royalties . . . . .                                                                                                               |               | 211                  |                                                    |                                         | 211                                                                             |
|                                                           | 6a                                                                 | (i) Real                                                                                                                          |               | (ii) Personal        |                                                    |                                         |                                                                                 |
|                                                           |                                                                    |                                                                                                                                   |               |                      |                                                    |                                         |                                                                                 |
|                                                           |                                                                    |                                                                                                                                   |               |                      |                                                    |                                         |                                                                                 |
|                                                           |                                                                    |                                                                                                                                   |               |                      |                                                    |                                         |                                                                                 |
|                                                           | b                                                                  | Less rental expenses                                                                                                              |               |                      |                                                    |                                         |                                                                                 |
|                                                           | c                                                                  | Rental income or (loss)                                                                                                           |               |                      |                                                    |                                         |                                                                                 |
|                                                           | d                                                                  | Net rental income or (loss) . . . . .                                                                                             |               |                      |                                                    |                                         |                                                                                 |
|                                                           | 7a                                                                 | (i) Securities                                                                                                                    |               | (ii) Other           | 2,193                                              |                                         |                                                                                 |
|                                                           |                                                                    | 55,054                                                                                                                            |               |                      |                                                    |                                         |                                                                                 |
|                                                           |                                                                    | 52,861                                                                                                                            |               |                      |                                                    |                                         |                                                                                 |
|                                                           |                                                                    | 2,193                                                                                                                             |               |                      |                                                    |                                         |                                                                                 |
|                                                           | b                                                                  | Less cost or other basis and sales expenses                                                                                       |               |                      |                                                    |                                         |                                                                                 |
|                                                           | c                                                                  | Gain or (loss)                                                                                                                    |               |                      |                                                    |                                         |                                                                                 |
|                                                           | d                                                                  | Net gain or (loss) . . . . .                                                                                                      |               |                      |                                                    |                                         | 2,193                                                                           |
|                                                           | 8a                                                                 | Gross income from fundraising events (not including<br>\$ of contributions reported on line 1c)<br>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<br>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<br>returns and allowances . . . . . |                                                                                                                                   | a             |                      |                                                    |                                         |                                                                                 |
| b                                                         | Less cost of goods sold . . . . .                                  |                                                                                                                                   | b             |                      |                                                    |                                         |                                                                                 |
| c                                                         | Net income or (loss) from sales of inventory . .                   |                                                                                                                                   |               |                      |                                                    |                                         |                                                                                 |
| Miscellaneous Revenue                                     |                                                                    |                                                                                                                                   | Business Code |                      |                                                    |                                         |                                                                                 |
| 11a                                                       |                                                                    |                                                                                                                                   |               |                      |                                                    |                                         |                                                                                 |
| b                                                         |                                                                    |                                                                                                                                   |               |                      |                                                    |                                         |                                                                                 |
| c                                                         |                                                                    |                                                                                                                                   |               |                      |                                                    |                                         |                                                                                 |
| d                                                         | All other revenue . . . . .                                        |                                                                                                                                   |               |                      |                                                    |                                         |                                                                                 |
| e                                                         | Total. Add lines 11a-11d . . . . .                                 |                                                                                                                                   |               |                      |                                                    |                                         |                                                                                 |
| 12                                                        | Total revenue. See Instructions . . . . .                          |                                                                                                                                   |               | 3,534,234            | 1,300                                              |                                         | 13,126                                                                          |

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)

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

| Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII. |                                                                                                                                                                                                                                       | (A)<br>Total expenses | (B)<br>Program service expenses | (C)<br>Management and general expenses | (D)<br>Fundraising expenses |
|--------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|---------------------------------|----------------------------------------|-----------------------------|
| 1                                                                              | Grants and other assistance to governments and organizations in the United States See Part IV, line 21                                                                                                                                | 2,244,537             | 2,244,537                       |                                        |                             |
| 2                                                                              | Grants and other assistance to individuals in the United States See Part IV, line 22                                                                                                                                                  | 10,518                | 10,518                          |                                        |                             |
| 3                                                                              | Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16                                                                                                     |                       |                                 |                                        |                             |
| 4                                                                              | Benefits paid to or for members                                                                                                                                                                                                       |                       |                                 |                                        |                             |
| 5                                                                              | Compensation of current officers, directors, trustees, and key employees . . . . .                                                                                                                                                    | 190,925               | 53,004                          | 120,253                                | 17,668                      |
| 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                                                                                                                                                                                                              | 534,169               | 296,049                         | 88,049                                 | 150,071                     |
| 8                                                                              | Pension plan contributions (include section 401(k) and section 403(b) employer contributions) . . . . .                                                                                                                               | 24,728                | 14,738                          | 3,929                                  | 6,061                       |
| 9                                                                              | Other employee benefits . . . . .                                                                                                                                                                                                     | 102,931               | 54,693                          | 19,973                                 | 28,265                      |
| 10                                                                             | Payroll taxes . . . . .                                                                                                                                                                                                               | 59,041                | 28,893                          | 15,464                                 | 14,684                      |
| 11                                                                             | Fees for services (non-employees)                                                                                                                                                                                                     |                       |                                 |                                        |                             |
| a                                                                              | Management . . . . .                                                                                                                                                                                                                  |                       |                                 |                                        |                             |
| b                                                                              | Legal . . . . .                                                                                                                                                                                                                       | 241                   |                                 | 241                                    |                             |
| c                                                                              | Accounting . . . . .                                                                                                                                                                                                                  | 14,060                |                                 | 14,060                                 |                             |
| d                                                                              | Lobbying . . . . .                                                                                                                                                                                                                    |                       |                                 |                                        |                             |
| e                                                                              | Professional fundraising See Part IV, line 17 . . . . .                                                                                                                                                                               |                       |                                 |                                        |                             |
| f                                                                              | Investment management fees . . . . .                                                                                                                                                                                                  | 2,383                 |                                 | 1,523                                  | 860                         |
| g                                                                              | Other . . . . .                                                                                                                                                                                                                       | 30,069                | 17,640                          | 5,743                                  | 6,686                       |
| 12                                                                             | Advertising and promotion . . . . .                                                                                                                                                                                                   | 32,172                | 5,241                           | 1,265                                  | 25,666                      |
| 13                                                                             | Office expenses . . . . .                                                                                                                                                                                                             | 76,010                | 34,738                          | 14,397                                 | 26,875                      |
| 14                                                                             | Information technology . . . . .                                                                                                                                                                                                      |                       |                                 |                                        |                             |
| 15                                                                             | Royalties . . . . .                                                                                                                                                                                                                   |                       |                                 |                                        |                             |
| 16                                                                             | Occupancy . . . . .                                                                                                                                                                                                                   | 48,180                | 25,348                          | 10,615                                 | 12,217                      |
| 17                                                                             | Travel . . . . .                                                                                                                                                                                                                      | 62,887                | 24,589                          | 18,671                                 | 19,627                      |
| 18                                                                             | Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .                                                                                                                              |                       |                                 |                                        |                             |
| 19                                                                             | Conferences, conventions, and meetings . . . . .                                                                                                                                                                                      | 67,905                | 57,773                          | 4,154                                  | 5,978                       |
| 20                                                                             | Interest . . . . .                                                                                                                                                                                                                    |                       |                                 |                                        |                             |
| 21                                                                             | Payments to affiliates . . . . .                                                                                                                                                                                                      | 30,955                | 16,369                          | 7,915                                  | 6,671                       |
| 22                                                                             | Depreciation, depletion, and amortization . . . . .                                                                                                                                                                                   | 63,428                | 36,981                          | 14,352                                 | 12,095                      |
| 23                                                                             | Insurance . . . . .                                                                                                                                                                                                                   | 6,634                 | 2,177                           | 3,574                                  | 883                         |
| 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                                                                                                                                                                                                                | 23,872                | 21,731                          | 1,854                                  | 287                         |
| b                                                                              | AWARDS & RECOGNITION                                                                                                                                                                                                                  | 16,247                |                                 | 606                                    | 15,641                      |
| c                                                                              |                                                                                                                                                                                                                                       |                       |                                 |                                        |                             |
| d                                                                              |                                                                                                                                                                                                                                       |                       |                                 |                                        |                             |
| e                                                                              |                                                                                                                                                                                                                                       |                       |                                 |                                        |                             |
| f                                                                              | All other expenses                                                                                                                                                                                                                    |                       |                                 |                                        |                             |
| 25                                                                             | Total functional expenses. Add lines 1 through 24f                                                                                                                                                                                    | 3,641,892             | 2,945,019                       | 346,638                                | 350,235                     |
| 26                                                                             | Joint costs. Check here <input type="checkbox"/> 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)               |           | (B)         |
|-----------------------------|-------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|-----------|-------------------|-----------|-------------|
|                             |                                                                                                                                           |                                                                                                                                                                                 |     |           | Beginning of year |           | End of year |
| Assets                      | 1                                                                                                                                         | Cash—non-interest-bearing . . . . .                                                                                                                                             |     |           | 250               | 1         | 250         |
|                             | 2                                                                                                                                         | Savings and temporary cash investments . . . . .                                                                                                                                |     |           | 673,058           | 2         | 653,543     |
|                             | 3                                                                                                                                         | Pledges and grants receivable, net . . . . .                                                                                                                                    |     |           | 1,326,718         | 3         | 1,456,150   |
|                             | 4                                                                                                                                         | Accounts receivable, net . . . . .                                                                                                                                              |     |           | 8,704             | 4         | 12,447      |
|                             | 5                                                                                                                                         | Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L . . . . .                   |     |           |                   | 5         |             |
|                             | 6                                                                                                                                         | Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L . . . . .      |     |           |                   | 6         |             |
|                             | 7                                                                                                                                         | Notes and loans receivable, net . . . . .                                                                                                                                       |     |           |                   | 7         |             |
|                             | 8                                                                                                                                         | Inventories for sale or use . . . . .                                                                                                                                           |     |           |                   | 8         |             |
|                             | 9                                                                                                                                         | Prepaid expenses and deferred charges . . . . .                                                                                                                                 |     |           | 11,670            | 9         | 64,020      |
|                             | 10a                                                                                                                                       | Land, buildings, and equipment, cost or other basis. Complete Part VI of Schedule D . . . . .                                                                                   | 10a | 1,064,667 | 589,624           | 10c       | 540,281     |
|                             | b                                                                                                                                         | Less: accumulated depreciation . . . . .                                                                                                                                        | 10b | 524,386   |                   |           |             |
|                             | 11                                                                                                                                        | Investments—publicly traded securities . . . . .                                                                                                                                |     |           | 895,876           | 11        | 858,482     |
|                             | 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) . . . . .                                                                       |                                                                                                                                                                                 |     | 3,505,900 | 16                | 3,585,173 |             |
| Liabilities                 | 17                                                                                                                                        | Accounts payable and accrued expenses . . . . .                                                                                                                                 |     |           | 62,217            | 17        | 83,428      |
|                             | 18                                                                                                                                        | Grants payable . . . . .                                                                                                                                                        |     |           | 1,867,664         | 18        | 2,012,011   |
|                             | 19                                                                                                                                        | Deferred revenue . . . . .                                                                                                                                                      |     |           |                   | 19        | 42,870      |
|                             | 20                                                                                                                                        | Tax-exempt bond liabilities . . . . .                                                                                                                                           |     |           |                   | 20        |             |
|                             | 21                                                                                                                                        | Escrow or custodial account liability. Complete Part IV of Schedule D . . . . .                                                                                                 |     |           | 13,739            | 21        |             |
|                             | 22                                                                                                                                        | Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L . . . . .  |     |           |                   | 22        |             |
|                             | 23                                                                                                                                        | Secured mortgages and notes payable to unrelated third parties . . . . .                                                                                                        |     |           |                   | 23        |             |
|                             | 24                                                                                                                                        | Unsecured notes and loans payable to unrelated third parties . . . . .                                                                                                          |     |           |                   | 24        |             |
|                             | 25                                                                                                                                        | Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D . . . . . |     |           |                   | 25        |             |
|                             | 26                                                                                                                                        | Total liabilities. Add lines 17 through 25 . . . . .                                                                                                                            |     |           | 1,943,620         | 26        | 2,138,309   |
| Net Assets or Fund Balances | Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34. |                                                                                                                                                                                 |     |           |                   |           |             |
|                             | 27                                                                                                                                        | Unrestricted net assets . . . . .                                                                                                                                               |     |           | 201,593           | 27        | 11,907      |
|                             | 28                                                                                                                                        | Temporarily restricted net assets . . . . .                                                                                                                                     |     |           | 1,360,687         | 28        | 1,434,957   |
|                             | 29                                                                                                                                        | Permanently restricted net assets . . . . .                                                                                                                                     |     |           |                   | 29        |             |
|                             | Organizations that do not follow SFAS 117, check here <input type="checkbox"/> 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 . . . . .                                                                                                                                     |     |           | 1,562,280         | 33        | 1,446,864   |
|                             | 34                                                                                                                                        | Total liabilities and net assets/fund balances . . . . .                                                                                                                        |     |           | 3,505,900         | 34        | 3,585,173   |

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 | 3,534,234 |
| 2 | Total expenses (must equal Part IX, column (A), line 25)                                                      | 2 | 3,641,892 |
| 3 | Revenue less expenses Subtract line 2 from line 1                                                             | 3 | -107,658  |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))                     | 4 | 1,562,280 |
| 5 | Other changes in net assets or fund balances (explain in Schedule O)                                          | 5 | -7,758    |
| 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 | 1,446,864 |

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 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other<br>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?                                                                                                                                                                                                                                                  |     | No |
| b  | Were the organization's financial statements audited by an independent accountant?                                                                                                                                                                                                                                                               | Yes |    |
| c  | If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?<br>If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O | Yes |    |
| d  | If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both<br><input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separated basis             |     |    |
| 3a | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?                                                                                                                                                                                         |     | No |
| b  | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits                                                                                                                             |     |    |

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury  
Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No 1545-0047

2011

Open to Public  
Inspection

|                                                                      |                                                  |
|----------------------------------------------------------------------|--------------------------------------------------|
| Name of the organization<br>UNITED WAY OF NORTHEAST<br>LOUISIANA INC | Employer identification number<br><br>72-0498515 |
|----------------------------------------------------------------------|--------------------------------------------------|

Part I

Reason for Public Charity Status (All organizations must complete this part.) See instructions

The organization is not a private foundation because it is (For lines 1 through 11, check only one box )

- 1

☐

A church, convention of churches, or association of churches **section 170(b)(1)(A)(i).**
- 2

☐

A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E )
- 3

☐

A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4

☐

A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state
- 5

☐

An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II )
- 6

☐

A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7

☒

An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)** (Complete Part II )
- 8

☐

A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II )
- 9

☐

An organization that normally receives (1) more than 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 Se**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 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?

h

☐

Provide the following information about the supported organization(s)

|          | Yes | No |
|----------|-----|----|
| 11g(i)   |     |    |
| 11g(ii)  |     |    |
| 11g(iii) |     |    |

| (i)<br>Name of supported organization | (ii)<br>EIN | (iii)<br>Type of organization (described on lines 1- 9 above or IRC section (see instructions)) | (iv)<br>Is the organization in col (i) listed in your governing document? |    | (v)<br>Did you notify the organization in col (i) of your support? |    | (vi)<br>Is the organization in col (i) organized in the U S ? |    | (vii)<br>Amount of support? |
|---------------------------------------|-------------|-------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------|----|--------------------------------------------------------------------|----|---------------------------------------------------------------|----|-----------------------------|
|                                       |             |                                                                                                 | Yes                                                                       | No | Yes                                                                | No | Yes                                                           | No |                             |
|                                       |             |                                                                                                 |                                                                           |    |                                                                    |    |                                                               |    |                             |
|                                       |             |                                                                                                 |                                                                           |    |                                                                    |    |                                                               |    |                             |
|                                       |             |                                                                                                 |                                                                           |    |                                                                    |    |                                                               |    |                             |
|                                       |             |                                                                                                 |                                                                           |    |                                                                    |    |                                                               |    |                             |
|                                       |             |                                                                                                 |                                                                           |    |                                                                    |    |                                                               |    |                             |
|                                       |             |                                                                                                 |                                                                           |    |                                                                    |    |                                                               |    |                             |
| Total                                 |             |                                                                                                 |                                                                           |    |                                                                    |    |                                                               |    |                             |

Part II

Support Schedule for Organizations Described in IRC 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)  
(Complete only if you checked the box on line 5, 7, or 8 of Part I 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) 2007  | (b) 2008  | (c) 2009  | (d) 2010  | (e) 2011  | (f) Total  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|-----------|-----------|-----------|-----------|------------|
| 1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")                                                                                                   | 3,333,834 | 3,061,290 | 2,880,499 | 3,278,633 | 3,519,808 | 16,074,064 |
| 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                                                                                                                                                                        | 3,333,834 | 3,061,290 | 2,880,499 | 3,278,633 | 3,519,808 | 16,074,064 |
| 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) |           |           |           |           |           | 175,955    |
| 6 Public Support. Subtract line 5 from line 4                                                                                                                                                         |           |           |           |           |           | 15,898,109 |

Section B. Total Support

| Calendar year (or fiscal year beginning in)                                                                                      | (a) 2007  | (b) 2008  | (c) 2009  | (d) 2010  | (e) 2011  | (f) Total  |
|----------------------------------------------------------------------------------------------------------------------------------|-----------|-----------|-----------|-----------|-----------|------------|
| 7 Amounts from line 4                                                                                                            | 3,333,834 | 3,061,290 | 2,880,499 | 3,278,633 | 3,519,808 | 16,074,064 |
| 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | 45,981    | 33,408    | 21,262    | 16,580    | 10,933    | 128,164    |
| 9 Net income from unrelated business activities, whether or not the business is regularly carried on                             |           |           |           |           |           |            |
| 10 Other income (Explain in Part IV ) Do not include gain or loss from the sale of capital assets                                |           |           |           |           |           |            |
| 11 Total support (Add lines 7 through 10)                                                                                        |           |           |           |           |           | 16,202,228 |

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

1213,051

13 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here

Section C. Computation of Public Support Percentage

|                                                                                         |    |          |
|-----------------------------------------------------------------------------------------|----|----------|
| 14 Public Support Percentage for 2011 (line 6 column (f) divided by line 11 column (f)) | 14 | 98 120 % |
| 15 Public Support Percentage for 2010 Schedule A, Part II, line 14                      | 15 | 97 790 % |

16a 33 1/3% support test—2011. 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—2010. If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization

17a 10%-facts-and-circumstances test—2011. 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—2010. 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 IIIPart III

Support Schedule for Organizations Described in IRC 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) 2007 | (b) 2008 | (c) 2009 | (d) 2010 | (e) 2011 | (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) 2007 | (b) 2008 | (c) 2009 | (d) 2010 | (e) 2011 | (f) Total |
| 9 Amounts from line 6                                                                                                                                                          |          |          |          |          |          |           |
| 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources                                             |          |          |          |          |          |           |
| b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975                                                                      |          |          |          |          |          |           |
| c Add lines 10a and 10b                                                                                                                                                        |          |          |          |          |          |           |
| 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on                                                 |          |          |          |          |          |           |
| 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)                                                                             |          |          |          |          |          |           |
| 13 Total support (Add lines 9, 10c, 11 and 12.)                                                                                                                                |          |          |          |          |          |           |
| 14 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and <b>stop here</b> |          |          |          |          |          |           |

| Section C. Computation of Public Support Percentage                                     |    |  |
|-----------------------------------------------------------------------------------------|----|--|
| 15 Public Support Percentage for 2011 (line 8 column (f) divided by line 13 column (f)) | 15 |  |
| 16 Public support percentage from 2010 Schedule A, Part III, line 15                    | 16 |  |

| Section D. Computation of Investment Income Percentage                                                                                                                                                                                                                     |    |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|--|
| 17 Investment income percentage for 2011 (line 10c column (f) divided by line 13 column (f))                                                                                                                                                                               | 17 |  |
| 18 Investment income percentage from 2010 Schedule A, Part III, line 17                                                                                                                                                                                                    | 18 |  |
| 19a 33 1/3% support tests—2011. 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 <b>stop here</b> . The organization qualifies as a publicly supported organization         |    |  |
| b 33 1/3% support tests—2010. 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 <b>stop here</b> . The organization qualifies as a publicly supported organization |    |  |
| 20 Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions                                                                                                                                                  |    |  |



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

|                              |
|------------------------------|
| Facts And Circumstances Test |
|                              |

|             |
|-------------|
| Explanation |
|             |
|             |
|             |
|             |

SCHEDULE D  
(Form 990)

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b  
► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047

2011

Open to Public Inspection

|                                                                      |                                                  |
|----------------------------------------------------------------------|--------------------------------------------------|
| Name of the organization<br>UNITED WAY OF NORTHEAST<br>LOUISIANA INC | Employer identification number<br><br>72-0498515 |
|----------------------------------------------------------------------|--------------------------------------------------|

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

|                                                                                                                                                                                                                                                                                                                                          |                         |                              |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------|------------------------------|
|                                                                                                                                                                                                                                                                                                                                          | (a) Donor advised funds | (b) Funds and other accounts |
| 1 Total number at end of year                                                                                                                                                                                                                                                                                                            | 2                       |                              |
| 2 Aggregate contributions to (during year)                                                                                                                                                                                                                                                                                               |                         |                              |
| 3 Aggregate grants from (during year)                                                                                                                                                                                                                                                                                                    | 21,850                  |                              |
| 4 Aggregate value at end of year                                                                                                                                                                                                                                                                                                         | 57,140                  |                              |
| 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? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No                                                           |                         |                              |
| 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |                         |                              |

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply)  
☐ Preservation of land for public use (e g , recreation or pleasure) ☐ Preservation of an historically importantly land area  
☐ Protection of natural habitat ☐ Preservation of a certified historic structure  
☐ Preservation of open space

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

|                                                                                      |                             |
|--------------------------------------------------------------------------------------|-----------------------------|
|                                                                                      | Held at the End of the Year |
| a Total number of conservation easements                                             | 2a                          |
| b Total acreage restricted by conservation easements                                 | 2b                          |
| c Number of conservation easements on a certified historic structure included in (a) | 2c                          |
| d Number of conservation easements included in (c) acquired after 8/17/06            | 2d                          |

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ► \_\_\_\_\_

4 Number of states where property subject to conservation easement is located ► \_\_\_\_\_

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

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

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

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

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

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

1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenues included in Form 990, Part VIII, line 1

► \$ \_\_\_\_\_

(ii) Assets included in Form 990, Part X

► \$ \_\_\_\_\_

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items

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

► \$ \_\_\_\_\_

b Assets included in Form 990, Part X

► \$ \_\_\_\_\_

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

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

- ☐ Public exhibition

☐ Loan or exchange programs
- ☐ Scholarly research

☐ Other
- ☐ Preservation for future generations

**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 |
|-----------|--------|
| <b>1c</b> |        |
| <b>1d</b> |        |
| <b>1e</b> |        |
| <b>1f</b> |        |

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

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

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

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

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

- ☐ Board designated or quasi-endowment
- ☐ Permanent endowment
- ☐ 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 |
|--------------------------------------------------------------------------------------------------------|---------------|----|
| <b>(i)</b> unrelated organizations . . . . .                                                           | <b>3a(i)</b>  | No |
| <b>(ii)</b> related organizations . . . . .                                                            | <b>3a(ii)</b> | No |
| <b>b</b> If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? . . . . . | <b>3b</b>     | No |

**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 property                                                                                            | (a) Cost or other basis (investment) | (b)Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
|--------------------------------------------------------------------------------------------------------------------|--------------------------------------|--------------------------------|------------------------------|----------------|
| <b>1a</b> Land . . . . .                                                                                           |                                      | 100,000                        |                              | 100,000        |
| <b>b</b> Buildings . . . . .                                                                                       |                                      | 500,000                        | 218,056                      | 281,944        |
| <b>c</b> Leasehold improvements . . . . .                                                                          |                                      | 79,510                         | 50,607                       | 28,903         |
| <b>d</b> Equipment . . . . .                                                                                       |                                      | 385,157                        | 255,723                      | 129,434        |
| <b>e</b> Other . . . . .                                                                                           |                                      |                                |                              |                |
| <b>Total.</b> Add lines 1a-1e <i>(Column (d) should equal Form 990, Part X, column (B), line 10(c).)</i> . . . . . |                                      |                                |                              | 540,281        |



| Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements |                                                                                 |    |           |
|--------------------------------------------------------------------------------------|---------------------------------------------------------------------------------|----|-----------|
| 1                                                                                    | Total revenue (Form 990, Part VIII, column (A), line 12)                        | 1  | 3,534,234 |
| 2                                                                                    | Total expenses (Form 990, Part IX, column (A), line 25)                         | 2  | 3,641,892 |
| 3                                                                                    | Excess or (deficit) for the year Subtract line 2 from line 1                    | 3  | -107,658  |
| 4                                                                                    | Net unrealized gains (losses) on investments                                    | 4  | -7,758    |
| 5                                                                                    | Donated services and use of facilities                                          | 5  |           |
| 6                                                                                    | Investment expenses                                                             | 6  |           |
| 7                                                                                    | Prior period adjustments                                                        | 7  |           |
| 8                                                                                    | Other (Describe in Part XIV)                                                    | 8  |           |
| 9                                                                                    | Total adjustments (net) Add lines 4 - 8                                         | 9  | -7,758    |
| 10                                                                                   | Excess or (deficit) for the year per financial statements Combine lines 3 and 9 | 10 | -115,416  |

| 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  | 3,173,508 |
| 2                                                                                           | Amounts included on line 1 but not on Form 990, Part VIII, line 12                         |    |           |
| a                                                                                           | Net unrealized gains on investments . . . . .                                              | 2a | -7,758    |
| b                                                                                           | Donated services and use of facilities . . . . .                                           | 2b | 65,151    |
| c                                                                                           | Recoveries of prior year grants . . . . .                                                  | 2c |           |
| d                                                                                           | Other (Describe in Part XIV) . . . . .                                                     | 2d |           |
| e                                                                                           | Add lines 2a through 2d . . . . .                                                          | 2e | 57,393    |
| 3                                                                                           | Subtract line 2e from line 1 . . . . .                                                     | 3  | 3,116,115 |
| 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 | 418,119   |
| c                                                                                           | Add lines 4a and 4b . . . . .                                                              | 4c | 418,119   |
| 5                                                                                           | Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12 ) . . . . . | 5  | 3,534,234 |

| Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return |                                                                                             |    |           |
|------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------|----|-----------|
| 1                                                                                              | Total expenses and losses per audited financial statements . . . . .                        | 1  | 3,288,924 |
| 2                                                                                              | Amounts included on line 1 but not on Form 990, Part IX, line 25                            |    |           |
| a                                                                                              | Donated services and use of facilities . . . . .                                            | 2a | 65,151    |
| b                                                                                              | Prior year adjustments . . . . .                                                            | 2b |           |
| c                                                                                              | Other losses . . . . .                                                                      | 2c |           |
| d                                                                                              | Other (Describe in Part XIV) . . . . .                                                      | 2d |           |
| e                                                                                              | Add lines 2a through 2d . . . . .                                                           | 2e | 65,151    |
| 3                                                                                              | Subtract line 2e from line 1 . . . . .                                                      | 3  | 3,223,773 |
| 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 | 418,119   |
| c                                                                                              | Add lines 4a and 4b . . . . .                                                               | 4c | 418,119   |
| 5                                                                                              | Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18 ) . . . . . | 5  | 3,641,892 |

Part XIV Supplemental Information

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

| Identifier                                 | Return Reference                       | Explanation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
|--------------------------------------------|----------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| ESCROW LIABILITY ARRANGEMENT EXPLANATION   | SCHEDULE D, PAGE 2, PART IV, LINE 2B   | OUR HOUSE, A 501(C)(3) ORGANIZATION, OPENED A 10,000 AGENCY ENDOWMENT FUND IN A PRIOR YEAR WITH THE LEGACY FOUNDATION, A DIVISION OF 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. THE BALANCE OF THESE FUNDS WAS WITHDRAWN BY OUR HOUSE DURING THE YEAR ENDED JUNE 30, 2012. |
| RECONCILIATION OF CHANGES - OTHER          | SCHEDULE D, PAGE 4, PART XI, LINE 8    | DONOR DESIGNATIONS -418,119 DONOR DESIGNATIONS 418,119                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| REVENUE AMOUNTS INCLUDED ON RETURN - OTHER | SCHEDULE D, PAGE 4, PART XII, LINE 4B  | DONOR DESIGNATIONS 418,119                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| EXPENSE AMOUNTS INCLUDED ON RETURN - OTHER | SCHEDULE D, PAGE 4, PART XIII, LINE 4B | DONOR DESIGNATIONS 418,119                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |

Schedule I  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Name of the organization  
UNITED WAY OF NORTHEAST  
LOUISIANA INC

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

2011

Open to Public  
Inspection

Employer identification number  
72-0498515

Part I

General Information on Grants and Assistance

- 1

Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . .

☒ Yes ☐ No
- 2

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

Part II

Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed . . . . . ▶ ☐

| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|----------------------------------------------------|---------|------------------------------------|--------------------------|-----------------------------------|-------------------------------------------------------|----------------------------------------|------------------------------------|
| See Additional Data Table                          |         |                                    |                          |                                   |                                                       |                                        |                                    |
|                                                    |         |                                    |                          |                                   |                                                       |                                        |                                    |
|                                                    |         |                                    |                          |                                   |                                                       |                                        |                                    |
|                                                    |         |                                    |                          |                                   |                                                       |                                        |                                    |
|                                                    |         |                                    |                          |                                   |                                                       |                                        |                                    |
|                                                    |         |                                    |                          |                                   |                                                       |                                        |                                    |
|                                                    |         |                                    |                          |                                   |                                                       |                                        |                                    |
|                                                    |         |                                    |                          |                                   |                                                       |                                        |                                    |
|                                                    |         |                                    |                          |                                   |                                                       |                                        |                                    |
|                                                    |         |                                    |                          |                                   |                                                       |                                        |                                    |
|                                                    |         |                                    |                          |                                   |                                                       |                                        |                                    |
|                                                    |         |                                    |                          |                                   |                                                       |                                        |                                    |
|                                                    |         |                                    |                          |                                   |                                                       |                                        |                                    |
|                                                    |         |                                    |                          |                                   |                                                       |                                        |                                    |
|                                                    |         |                                    |                          |                                   |                                                       |                                        |                                    |

2

Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . ▶

33

3

Enter total number of other organizations listed in the line 1 table . . . . . ▶

Part IIIGrants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.  
Use Schedule I-1 (Form 990) if additional space is needed.

| (a)Type of grant or assistance | (b)Number of recipients | (c)Amount of cash grant | (d)Amount of non-cash assistance | (e)Method of valuation (book, FMV, appraisal, other) | (f)Description of non-cash assistance |
|--------------------------------|-------------------------|-------------------------|----------------------------------|------------------------------------------------------|---------------------------------------|
| (1) MISCELLANEOUS              | 69                      | 10,429                  |                                  |                                                      |                                       |
| (2) MISCELLANEOUS              | 10                      | 89                      |                                  |                                                      |                                       |
|                                |                         |                         |                                  |                                                      |                                       |
|                                |                         |                         |                                  |                                                      |                                       |
|                                |                         |                         |                                  |                                                      |                                       |
|                                |                         |                         |                                  |                                                      |                                       |
|                                |                         |                         |                                  |                                                      |                                       |

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

| Identifier                                                                | Return Reference                   | Explanation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
|---------------------------------------------------------------------------|------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| PROCEDURES FOR MONITORING THE USE OF GRANT FUNDS INSIDE THE UNITED STATES | SCHEDULE I, PAGE 1, PART I, LINE 2 | UNITED WAY'S COMMUNITY INVESTMENT OPERATION EVALUATORS IS A TEAM OF VOLUNTEERS WITH ACCOUNTING/FINANCE BACKGROUND WHO REVIEW EACH AGENCY THE EVALUATORS MAKE VISITS TO THE AGENCIES THEY REVIEW FINANCIAL STATEMENTS, BOARD OF DIRECTOR MINUTES, CANCELED CHECKS, BANK ACCOUNTS, PAYROLL TAX 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 THE OTHER ORGANIZATIONS WHICH ASSIST THE AGENCY IN ACHIEVING ITS PROGRAM OUTCOMES |

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

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

| (a) Name and address of organization or government       | (b) EIN    | (c) IRC Code section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|----------------------------------------------------------|------------|------------------------------------|--------------------------|-----------------------------------|-------------------------------------------------------|----------------------------------------|------------------------------------|
| AMERICAN RED CROSS414 BREARD STREET MONROE, LA 712016802 | 72-0501457 | 501                                | 157,169                  |                                   |                                                       |                                        | TO SUPPORT AGENCY                  |
| ARCO901 NORTH 4TH STREET MONROE, LA 71201                | 72-0568009 | 501                                | 188,239                  |                                   |                                                       |                                        | TO SUPPORT AGENCY                  |



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

| (a) Name and address of organization or government                                          | (b) EIN        | (c) IRC Code section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|---------------------------------------------------------------------------------------------|----------------|------------------------------------|--------------------------|-----------------------------------|-------------------------------------------------------|----------------------------------------|------------------------------------|
| BOY SCOUTS<br>LOUISIANA<br>PURCHASE<br>COUNCIL2405<br>OLIVER ROAD<br>MONROE, LA<br>71201    | 72-<br>0423632 | 501                                | 113,917                  |                                   |                                                       |                                        | TO SUPPORT<br>AGENCY               |
| BOYS & GIRLS<br>CLUB OF<br>NORTHEAST<br>LOUISIANAPO<br>BOX 1769<br>WEST MONROE, LA<br>71294 | 72-<br>0550496 | 501                                | 113,036                  |                                   |                                                       |                                        | TO SUPPORT<br>AGENCY               |

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

| <b>(a)</b> Name and address of organization or government               | <b>(b)</b> EIN | <b>(c)</b> IRC Code section if applicable | <b>(d)</b> Amount of cash grant | <b>(e)</b> Amount of non-cash assistance | <b>(f)</b> Method of valuation (book, FMV, appraisal, other) | <b>(g)</b> Description of non-cash assistance | <b>(h)</b> Purpose of grant or assistance |
|-------------------------------------------------------------------------|----------------|-------------------------------------------|---------------------------------|------------------------------------------|--------------------------------------------------------------|-----------------------------------------------|-------------------------------------------|
| BOYS & GIRS CLUB OF NORTH CENTRAL LOUISIANAP O BOX 1844 RUSTON,LA 71273 | 72-1375839     | 501                                       | 97,502                          |                                          |                                                              |                                               | TO SUPPORT AGENCY                         |
| DART108 WEST ALABAMA RUSTON,LA 71270                                    | 72-1273159     | 501                                       | 53,154                          |                                          |                                                              |                                               | TO SUPPORT AGENCY                         |

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

| <b>(a)</b> Name and address of organization or government                      | <b>(b)</b> EIN | <b>(c)</b> IRC Code section if applicable | <b>(d)</b> Amount of cash grant | <b>(e)</b> Amount of non-cash assistance | <b>(f)</b> Method of valuation (book, FMV, appraisal, other) | <b>(g)</b> Description of non-cash assistance | <b>(h)</b> Purpose of grant or assistance |
|--------------------------------------------------------------------------------|----------------|-------------------------------------------|---------------------------------|------------------------------------------|--------------------------------------------------------------|-----------------------------------------------|-------------------------------------------|
| FOOD BANK OF NORTHEAST LOUISIANAPO BOX 5048 MONROE, LA 71211                   | 72-1333809     | 501                                       | 109,100                         |                                          |                                                              |                                               | TO SUPPORT AGENCY                         |
| GIRL SCOUTS OF LOUISIANA-PINES TO THE GULF102 ARKANSAS AVENUE MONROE, LA 71201 | 72-0488660     | 501                                       | 53,122                          |                                          |                                                              |                                               | TO SUPPORT AGENCY                         |

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

| (a) Name and address of organization or government                                                  | (b) EIN    | (c) IRC Code section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|-----------------------------------------------------------------------------------------------------|------------|------------------------------------|--------------------------|-----------------------------------|-------------------------------------------------------|----------------------------------------|------------------------------------|
| LINCOLN COUNCIL ON AGING<br>PO BOX 1058<br>RUSTON, LA 71273                                         | 72-0749959 | 501                                | 27,981                   |                                   |                                                       |                                        | TO SUPPORT AGENCY                  |
| LOUISIANA UNITED METHODIST CHILDREN AND FAMILY SERVICES INC<br>904 DEVILLE LANE<br>RUSTON, LA 71270 | 72-0435081 | 501                                | 61,848                   |                                   |                                                       |                                        | TO SUPPORT AGENCY                  |

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

| <b>(a)</b> Name and address of organization or government                      | <b>(b)</b> EIN | <b>(c)</b> IRC Code section if applicable | <b>(d)</b> Amount of cash grant | <b>(e)</b> Amount of non-cash assistance | <b>(f)</b> Method of valuation (book, FMV, appraisal, other) | <b>(g)</b> Description of non-cash assistance | <b>(h)</b> Purpose of grant or assistance |
|--------------------------------------------------------------------------------|----------------|-------------------------------------------|---------------------------------|------------------------------------------|--------------------------------------------------------------|-----------------------------------------------|-------------------------------------------|
| MASSEY MIRACLE RUN FOUNDATION<br>1900 HICKORY STREET<br>MONROE, LA 71201       | 26-1334864     | 501                                       | 7,500                           |                                          |                                                              |                                               | TO SUPPORT AGENCY                         |
| MED-CAMPS OF LOUISIANA INC<br>102 THOMAS ROAD STE 615<br>WEST MONROE, LA 71294 | 72-1320517     | 501                                       | 79,386                          |                                          |                                                              |                                               | TO SUPPORT AGENCY                         |

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

| <b>(a)</b> Name and address of organization or government                    | <b>(b)</b> EIN | <b>(c)</b> IRC Code section if applicable | <b>(d)</b> Amount of cash grant | <b>(e)</b> Amount of non-cash assistance | <b>(f)</b> Method of valuation (book, FMV, appraisal, other) | <b>(g)</b> Description of non-cash assistance | <b>(h)</b> Purpose of grant or assistance |
|------------------------------------------------------------------------------|----------------|-------------------------------------------|---------------------------------|------------------------------------------|--------------------------------------------------------------|-----------------------------------------------|-------------------------------------------|
| NORTHEAST LOUISIANA SICKLE CELL ANEMIAP O BOX 1165 MONROE, LA 71210          | 72-0911627     | 501                                       | 34,420                          |                                          |                                                              |                                               | TO SUPPORT AGENCY                         |
| OPPORTUNITIES INDUSTRIAL CENTER OF OUACHITA INCP O BOX 4255 MONROE, LA 71211 | 72-0801911     | 501                                       | 45,727                          |                                          |                                                              |                                               | TO SUPPORT AGENCY                         |

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

| (a) Name and address of organization or government     | (b) EIN    | (c) IRC Code section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--------------------------------------------------------|------------|------------------------------------|--------------------------|-----------------------------------|-------------------------------------------------------|----------------------------------------|------------------------------------|
| OUACHITA COUNCIL ON AGINGP O BOX 7418 MONROE, LA 71211 | 72-0650389 | 501                                | 148,916                  |                                   |                                                       |                                        | TO SUPPORT AGENCY                  |
| OUR HOUSE INCP O BOX 7496 MONROE, LA 71211             | 72-1165751 | 501                                | 49,097                   |                                   |                                                       |                                        | TO SUPPORT AGENCY                  |

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

| <b>(a)</b> Name and address of organization or government | <b>(b)</b> EIN | <b>(c)</b> IRC Code section if applicable | <b>(d)</b> Amount of cash grant | <b>(e)</b> Amount of non-cash assistance | <b>(f)</b> Method of valuation (book, FMV, appraisal, other) | <b>(g)</b> Description of non-cash assistance | <b>(h)</b> Purpose of grant or assistance |
|-----------------------------------------------------------|----------------|-------------------------------------------|---------------------------------|------------------------------------------|--------------------------------------------------------------|-----------------------------------------------|-------------------------------------------|
| RAYSONSHINEPO BOX 7299 MONROE, LA 71211                   | 72-1455295     | 501                                       | 27,732                          |                                          |                                                              |                                               | TO SUPPORT AGENCY                         |
| SALVATION ARMY 105 HART STREET MONROE, LA 71201           | 63-0288866     | 501                                       | 151,894                         |                                          |                                                              |                                               | TO SUPPORT AGENCY                         |



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

| (a) Name and address of organization or government                                          | (b) EIN        | (c) IRC Code section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|---------------------------------------------------------------------------------------------|----------------|------------------------------------|--------------------------|-----------------------------------|-------------------------------------------------------|----------------------------------------|------------------------------------|
| WELLSPRING YWCA<br>BIG BROTHERSBIG<br>SISTER PROGRAM<br>1103 HUDSON LANE<br>MONROE,LA 71201 | 72-<br>0442226 | 501                                | 30,240                   |                                   |                                                       |                                        | TO SUPPORT<br>AGENCY               |
| ST VINCENT DE<br>PAUL COMMUNITY<br>PHARMACY502<br>GRAMMONT STREET<br>MONROE,LA 71201        | 90-<br>0014479 | 501                                | 42,847                   |                                   |                                                       |                                        | TO SUPPORT<br>AGENCY               |

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

| <b>(a)</b> Name and address of organization or government                                  | <b>(b)</b> EIN | <b>(c)</b> IRC Code section if applicable | <b>(d)</b> Amount of cash grant | <b>(e)</b> Amount of non-cash assistance | <b>(f)</b> Method of valuation (book, FMV, appraisal, other) | <b>(g)</b> Description of non-cash assistance | <b>(h)</b> Purpose of grant or assistance |
|--------------------------------------------------------------------------------------------|----------------|-------------------------------------------|---------------------------------|------------------------------------------|--------------------------------------------------------------|-----------------------------------------------|-------------------------------------------|
| THE HEALTH HUT<br>2406 KAVANAUGH<br>ROAD SUITE D<br>RUSTON, LA 71270                       | 27-<br>3764078 | 501                                       | 15,000                          |                                          |                                                              |                                               | TO SUPPORT<br>AGENCY                      |
| THE WELLSRING<br>ALLIANCE FOR<br>FAMILIES INC1515<br>JACKSON STREET<br>MONROE, LA<br>71202 | 72-<br>0442226 | 501                                       | 210,108                         |                                          |                                                              |                                               | TO SUPPORT<br>AGENCY                      |

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

| <b>(a)</b> Name and address of organization or government                | <b>(b)</b> EIN | <b>(c)</b> IRC Code section if applicable | <b>(d)</b> Amount of cash grant | <b>(e)</b> Amount of non-cash assistance | <b>(f)</b> Method of valuation (book, FMV, appraisal, other) | <b>(g)</b> Description of non-cash assistance | <b>(h)</b> Purpose of grant or assistance |
|--------------------------------------------------------------------------|----------------|-------------------------------------------|---------------------------------|------------------------------------------|--------------------------------------------------------------|-----------------------------------------------|-------------------------------------------|
| UNION PARISH COUNCIL ON AGING606 E BOUNDARY STREET FARMERVILLE, LA 71241 | 72-0651270     | 501                                       | 29,723                          |                                          |                                                              |                                               | TO SUPPORT AGENCY                         |
| VOLUNTEERS OF AMERICA1808 ROSELAWN MONROE, LA 71201                      | 72-0506820     | 501                                       | 37,008                          |                                          |                                                              |                                               | TO SUPPORT AGENCY                         |

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

| <b>(a)</b> Name and address of organization or government                     | <b>(b)</b> EIN | <b>(c)</b> IRC Code section if applicable | <b>(d)</b> Amount of cash grant | <b>(e)</b> Amount of non-cash assistance | <b>(f)</b> Method of valuation (book, FMV, appraisal, other) | <b>(g)</b> Description of non-cash assistance | <b>(h)</b> Purpose of grant or assistance |
|-------------------------------------------------------------------------------|----------------|-------------------------------------------|---------------------------------|------------------------------------------|--------------------------------------------------------------|-----------------------------------------------|-------------------------------------------|
| WEST OUACHITA SENIOR CENTER<br>1800 NORTH 7TH STREET<br>WEST MONROE, LA 71291 | 72-0992952     | 501                                       | 110,742                         |                                          |                                                              |                                               | TO SUPPORT AGENCY                         |
| YMCA OF NORTHEAST LOUISIANA<br>1505 STUBBS AVENUE<br>MONROE, LA 71201         | 72-0464886     | 501                                       | 57,974                          |                                          |                                                              |                                               | TO SUPPORT AGENCY                         |

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

| <b>(a)</b> Name and address of organization or government          | <b>(b)</b> EIN | <b>(c)</b> IRC Code section if applicable | <b>(d)</b> Amount of cash grant | <b>(e)</b> Amount of non-cash assistance | <b>(f)</b> Method of valuation (book, FMV, appraisal, other) | <b>(g)</b> Description of non-cash assistance | <b>(h)</b> Purpose of grant or assistance |
|--------------------------------------------------------------------|----------------|-------------------------------------------|---------------------------------|------------------------------------------|--------------------------------------------------------------|-----------------------------------------------|-------------------------------------------|
| YOUTH SERVICES OF NORTHEAST LOUISIANAP O BOX 999 MONROE, LA 71201  | 72-1076726     | 501                                       | 14,739                          |                                          |                                                              |                                               | TO SUPPORT AGENCY                         |
| CEDAR CREEK BAPTIST CHURCH 2400 CEDAR CREEK DRIVE RUSTON, LA 71270 | 72-0687240     | 501                                       | 15,511                          |                                          |                                                              |                                               | TO SUPPORT AGENCY                         |

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

| (a) Name and address of organization or government                   | (b) EIN    | (c) IRC Code section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|----------------------------------------------------------------------|------------|------------------------------------|--------------------------|-----------------------------------|-------------------------------------------------------|----------------------------------------|------------------------------------|
| MEDIA MINISTRIES130 NORTH 3RD STREET MONROE, LA 71201                | 72-1218305 | 501                                | 9,060                    |                                   |                                                       |                                        | TO SUPPORT AGENCY                  |
| NORTH MONROE BAPTIST CHURCH 210 FINKS HIDEAWAY ROAD MONROE, LA 71203 | 72-0651467 | 501                                | 12,329                   |                                   |                                                       |                                        | TO SUPPORT AGENCY                  |

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

| <b>(a)</b> Name and address of organization or government               | <b>(b)</b> EIN | <b>(c)</b> IRC Code section if applicable | <b>(d)</b> Amount of cash grant | <b>(e)</b> Amount of non-cash assistance | <b>(f)</b> Method of valuation (book, FMV, appraisal, other) | <b>(g)</b> Description of non-cash assistance | <b>(h)</b> Purpose of grant or assistance |
|-------------------------------------------------------------------------|----------------|-------------------------------------------|---------------------------------|------------------------------------------|--------------------------------------------------------------|-----------------------------------------------|-------------------------------------------|
| NORTHEAST LA CHILDREN'S MUSEUM323 WALNUT ST MONROE, LA 71202            | 72-1287460     | 501                                       | 7,182                           |                                          |                                                              |                                               | TO SUPPORT AGENCY                         |
| ST JUDE CHILDREN'S RESEARCH HOSPITAL501 ST JUDE PLACE MEMPHIS, TN 38105 | 35-1044585     | 501                                       | 23,518                          |                                          |                                                              |                                               | TO SUPPORT AGENCY                         |

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

| (a) Name and address of organization or government                 | (b) EIN        | (c) IRC Code section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--------------------------------------------------------------------|----------------|------------------------------------|--------------------------|-----------------------------------|-------------------------------------------------------|----------------------------------------|------------------------------------|
| ULM FOUNDATION<br>700 UNIVERSITY<br>AVE RM 121<br>MONROE, LA 71209 | 72-<br>6028527 | 501                                | 12,138                   |                                   |                                                       |                                        | TO SUPPORT<br>AGENCY               |



SCHEDULE M  
(Form 990)

NonCash Contributions

OMB No 1545-0047

2011

Open to Public Inspection

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

Name of the organization  
UNITED WAY OF NORTHEAST  
LOUISIANA INC

Employer identification number  
72-0498515

Part I

Types of Property

|                                                                                                                                                                                                                                                                                                             | (a)<br>Check<br>if<br>applicable | (b)<br>Number of Contributions<br>or items contributed | (c)<br>Contribution amounts<br>reported on<br>Form 990, Part VIII, line<br>1g | (d)<br>Method of determining<br>contribution amounts |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------|--------------------------------------------------------|-------------------------------------------------------------------------------|------------------------------------------------------|
| 1 Art—Works of art . . . . .                                                                                                                                                                                                                                                                                |                                  |                                                        |                                                                               |                                                      |
| 2 Art—Historical treasures . . . . .                                                                                                                                                                                                                                                                        |                                  |                                                        |                                                                               |                                                      |
| 3 Art—Fractional interests . . . . .                                                                                                                                                                                                                                                                        |                                  |                                                        |                                                                               |                                                      |
| 4 Books and publications . . . . .                                                                                                                                                                                                                                                                          |                                  |                                                        |                                                                               |                                                      |
| 5 Clothing and household<br>goods . . . . .                                                                                                                                                                                                                                                                 |                                  |                                                        |                                                                               |                                                      |
| 6 Cars and other vehicles . . . . .                                                                                                                                                                                                                                                                         |                                  |                                                        |                                                                               |                                                      |
| 7 Boats and planes . . . . .                                                                                                                                                                                                                                                                                |                                  |                                                        |                                                                               |                                                      |
| 8 Intellectual property . . . . .                                                                                                                                                                                                                                                                           |                                  |                                                        |                                                                               |                                                      |
| 9 Securities—Publicly traded . . . . .                                                                                                                                                                                                                                                                      | X                                | 8                                                      | 52,861                                                                        | FAIR MARKET VALUE                                    |
| 10 Securities—Closely held stock . . . . .                                                                                                                                                                                                                                                                  |                                  |                                                        |                                                                               |                                                      |
| 11 Securities—Partnership, LLC,<br>or trust interests . . . . .                                                                                                                                                                                                                                             |                                  |                                                        |                                                                               |                                                      |
| 12 Securities—Miscellaneous . . . . .                                                                                                                                                                                                                                                                       |                                  |                                                        |                                                                               |                                                      |
| 13 Qualified conservation<br>contribution—Historic<br>structures . . . . .                                                                                                                                                                                                                                  |                                  |                                                        |                                                                               |                                                      |
| 14 Qualified conservation<br>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<br>for which the organization completed Form 8283, Part IV, Donee Acknowledgement . . . . .                                                                                                                      |                                  |                                                        | 29                                                                            |                                                      |
| 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it<br>must hold for at least three years from the date of the initial contribution, and which is not required to be used<br>for exempt purposes for the entire holding period? . . . . . |                                  |                                                        |                                                                               | Yes<br>No                                            |
| b If "Yes," describe the arrangement in Part II                                                                                                                                                                                                                                                             |                                  |                                                        |                                                                               |                                                      |
| 31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?                                                                                                                                                                                          |                                  |                                                        |                                                                               | Yes                                                  |
| 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell non-cash<br>contributions? . . . . .                                                                                                                                                              |                                  |                                                        |                                                                               | No                                                   |
| b If "Yes," describe in Part II                                                                                                                                                                                                                                                                             |                                  |                                                        |                                                                               |                                                      |
| 33 If the organization did not report revenues in column (c) for a type of property for which column (a) is checked,<br>describe in Part II                                                                                                                                                                 |                                  |                                                        |                                                                               |                                                      |

Part II

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

| Identifier | Return Reference | Explanation |
|------------|------------------|-------------|
|------------|------------------|-------------|

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 to provide any additional information.  
▶ Attach to Form 990 or 990-EZ.

OMB No 1545-0047

2011

Open to Public Inspection

|                                                                   |                                              |
|-------------------------------------------------------------------|----------------------------------------------|
| Name of the organization<br>UNITED WAY OF NORTHEAST LOUISIANA INC | Employer identification number<br>72-0498515 |
|-------------------------------------------------------------------|----------------------------------------------|

| Identifier                                     | Return Reference                     | Explanation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
|------------------------------------------------|--------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| ADDITIONAL INFORMATION                         | FORM 990                             | COMPUTATION OF OVERHEAD PERCENTAGE MANAGEMENT AND GENERAL EXPENSE (FORM 990 PAGE 10 LINE 25) 346,638 FUNDRAISING EXPENSE (FORM 990 PAGE 10, LINE 25) 350,235 TOTAL MANAGEMENT AND GENERAL AND FUNDRAISING EXPENSE 696,873 TOTAL REVENUE (FORM 990 PAGE 1 LINE 12) 3,534,234 TOTAL M & G & FR EXPENSES / TOTAL REVENUE = OVERHEAD % 19 72%                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| FIRST ACCOMPLISHMENT DESCRIPTION               | FORM 990, PAGE 2, PART III, LINE 4A  | 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 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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| ALL OTHER ACCOMPLISHMENT DESCRIPTION           | FORM 990, PAGE 2, PART III, LINE 4D  | 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 TARGETED ISSUE IS TO INCREASE GRADUATION RATES OUR FOCUS IS ON EARLY GRADE READING THE GOALS OF EARLY GRADE READING INITIATIVE ARE TO CREATE ENTHUSIASTIC READERS WHO CAN READ AT OR ABOVE GRADE LEVEL AND EMPOWER OUR COMMUNITIES TO HELP OUR CHILDREN WORK HAS BEGUN, VOLUNTEERS RECRUITED FOR KICK-OFF OF THIS INITIATIVE IN FALL OF 2012 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 UNITED WAY OF NELA PARTNERS WITH AREA HIGH SCHOOLS TO PROVIDE AN INTERACTIVE LEARNING EXPERIENCE DOLLARS & ENSE REALITY FAIRS WERE HELD IN HIGH SCHOOLS IN THREE SCHOOL DISTRICTS IN OUACHITA AND LINCOLN PARISHES BUSINESS AND COMMUNITY VOLUNTEERS PARTICIPATE IN SIMULATIONS THAT ARE RELEVANT, FUN AND PRACTICAL FOLLOW-UP CLASSROOM FINANCIAL EDUCATION ENGAGES STUDENTS IN LEARNING FINANCIAL CONCEPTS THAT GET YOUTH STARTED ON A ROAD TO A BETTER FINANCIAL FUTURE THE RESULTS SHOW STATISTICALLY SIGNIFICANT IMPROVEMENTS IN STUDENTS' UNDERSTANDING OF THE SOURCES AND USES OF MONEY AND IMPROVE ATTITUDES TOWARDS BUDGETING, SPENDING AND SAVING 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 OUR FOCUS IS WELLNESS NUTRITION AND PHYSICAL ACTIVITY TO ADDRESS THESE ISSUES UNITED WAY OF NELA HAS AWARDED GRANTS TO FOUR UNITED WAY PARTNER AGENCIES, TO PROMOTE WELLNESS WITH CHILDREN IN SCHOOL, CHILDREN IN A AFTER-SCHOOL PROGRAM, AND WITH ADULTS IN THE WORKPLACE THROUGH THESE PROGRAMS, PARTICIPANTS' NUTRITION AND EATING HABITS IMPROVED, DAILY ACTIVITY LEVELS INCREASED, DIVERSE EXCERCISE PROGRAMS WERE DEVELOPED, THE NUMBER OF PARTICIPANTS WHO SMOKED DECREASED AND A HEALTHIER BODY IMAGE WAS PROMOTED 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 INVESTED TO PRODUCE THE MOST EFFECTIVE RESULTS THEY MAKE SITE VISITS, GATHER INFORMATION AND EVALUATE PROGRAMS YEAR ROUND |
| CLASSES OF MEMBERS OR STOCKHOLDERS             | FORM 990, PAGE 6, PART VI, LINE 6    | ARTICLE 4 OF THE BYLAWS STATES "MEMBERS OF THE CORPORATION SHALL BE ANY ONE WHO MAKES A CONTRIBUTION DURING THE FISCAL YEAR"                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| ELECTION OF MEMBERS AND THEIR RIGHTS           | FORM 990, PAGE 6, PART VI, LINE 7A   | ARTICLE 6, SECTION 2 OF THE BYLAWS STATES "THE MEMBERS SHALL ELECT THE BOARD OF DIRECTORS"                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| DECISIONS SUBJECT TO APPROVAL OF MEMBERS       | FORM 990, PAGE 6, PART VI, LINE 7B   | ARTICLE VII OF THE ARTICLES OF INCORPORATION STATE "THIS CHARTER MAY BE AMENDED OR ALTERED BY A TWO-THIRDS VOTE OF THE MEMBERS PRESENT AT THE ANNUAL MEETING OR A SPECIAL MEETING OF THE MEMBERS CALLED FOR THAT PURPOSE"                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| ORGANIZATION'S PROCESS USED TO REVIEW FORM 990 | FORM 990, PAGE 6, PART VI, LINE 11B  | FORM 990 IS REVIEWED WITH THE AUDIT/FINANCE COMMITTEE IT IS THEN PRESENTED TO THE BOARD PRIOR TO THE RETURN BEING FILED                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| ENFORCEMENT OF CONFLICTS POLICY                | FORM 990, PAGE 6, PART VI, LINE 12C  | 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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| COMPENSATION PROCESS FOR TOP OFFICIAL          | FORM 990, PAGE 6, PART VI, LINE 15A  | 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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| COMPENSATION PROCESS FOR OFFICERS              | FORM 990, PAGE 6, PART VI, LINE 15B  | SAME AS PART VI, LINE 15A                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| GOVERNING DOCUMENTS DISCLOSURE EXPLANATION     | FORM 990, PAGE 6, PART VI, LINE 19   | AUDIT AND FORM 990 ARE AVAILABLE ON WEBSITE OTHER DOCUMENTS ARE AVAILABLE UPON REQUEST                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| OTHER CHANGES IN NET ASSETS EXPLANATION        | FORM 990, PART XI, LINE 5            | NET UNREALIZED LOSSES ON INVESTMENTS INCLUDED IN AUDIT NOT IN 990                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| CHANGE IN FINANCIAL REVIEW PROCESS             | FORM 990, PAGE 12, PART XII, LINE 2C | 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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |

Additional Data

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

Form 990, Special Condition Description:

|                               |
|-------------------------------|
| Special Condition Description |
|-------------------------------|

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

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                |         |                        |                  |         |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|---------|------------------------|------------------|---------|
| 4d. Other program services                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                |         |                        |                  |         |
| (Code                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | ) (Expenses \$ | 326,428 | including grants of \$ | 89 ) (Revenue \$ | 1,300 ) |
| 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 TARGETED ISSUE IS TO INCREASE GRADUATION RATES OUR FOCUS IS ON EARLY GRADE READING THE GOALS OF EARLY GRADE READING INITIATIVE ARE TO CREATE ENTHUSIASTIC READERS WHO CAN READ AT OR ABOVE GRADE LEVEL AND EMPOWER OUR COMMUNITIES TO HELP OUR CHILDREN WORK HAS BEGUN, VOLUNTEERS RECRUITED FOR KICK-OFF OF THIS INITIATIVE IN FALL OF 2012 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 UNITED WAY OF NELA PARTNERS WITH AREA HIGH SCHOOLS TO PROVIDE AN INTERACTIVE LEARNING EXPERIENCE DOLLARS & ENSE REALITY FAIRS WERE HELD IN HIGH SCHOOLS IN THREE SCHOOL DISTRICTS IN OUACHITA AND LINCOLN PARISHES BUSINESS AND COMMUNITY VOLUNTEERS PARTICIPATE IN SIMULATIONS THAT ARE RELEVANT, FUN AND PRACTICAL FOLLOW-UP CLASSROOM FINANCIAL EDUCATION ENGAGES STUDENTS IN LEARNING FINANCIAL CONCEPTS THAT GET YOUTH STARTED ON A ROAD TO A BETTER FINANCIAL FUTURE THE RESULTS SHOW STATISTICALLY SIGNIFICANT IMPROVEMENTS IN STUDENTS' UNDERSTANDING OF THE SOURCES AND USES OF MONEY AND IMPROVE ATTITUDES TOWARDS BUDGETING, SPENDING AND SAVING 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 OUR FOCUS IS WELLNESS NUTRITION AND PHYSICAL ACTIVITY TO ADDRESS THESE ISSUES UNITED WAY OF NELA HAS AWARDED GRANTS TO FOUR UNITED WAY PARTNER AGENCIES, TO PROMOTE WELLNESS WITH CHILDREN IN SCHOOL, CHILDREN IN A AFTER-SCHOOL PROGRAM, AND WITH ADULTS IN THE WORKPLACE THROUGH THESE PROGRAMS, PARTICIPANTS' NUTRITION AND EATING HABITS IMPROVED, DAILY ACTIVITY LEVELS INCREASED, DIVERSE EXERCISE PROGRAMS WERE DEVELOPED, THE NUMBER OF PARTICIPANTS WHO SMOKED DECREASED AND A HEALTHIER BODY IMAGE WAS PROMOTED 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 INVESTED TO PRODUCE THE MOST EFFECTIVE RESULTS THEY MAKE SITE VISITS, GATHER INFORMATION AND EVALUATE PROGRAMS YEAR ROUND |                |         |                        |                  |         |

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

| (A)<br>Name and Title          | (B)<br>Average<br>hours<br>per<br>week | (C)<br>Position (check all<br>that apply) |                       |         |              |                                 |        | (D)<br>Reportable<br>compensation<br>from the<br>organization (W-<br>2/1099-MISC) | (E)<br>Reportable<br>compensation<br>from related<br>organizations<br>(W- 2/1099-<br>MISC) | (F)<br>Estimated<br>amount of other<br>compensation<br>from the<br>organization and<br>related<br>organizations |
|--------------------------------|----------------------------------------|-------------------------------------------|-----------------------|---------|--------------|---------------------------------|--------|-----------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|
|                                |                                        | Individual trustee<br>or director         | Institutional Trustee | Officer | Key employee | Highest compensated<br>employee | Former |                                                                                   |                                                                                            |                                                                                                                 |
| DAVID PETTY<br>PAST CHAIR      |                                        | X                                         |                       | X       |              |                                 |        | 0                                                                                 | 0                                                                                          | 0                                                                                                               |
| ANNE LOCKHART<br>CHAIR         |                                        | X                                         |                       | X       |              |                                 |        | 0                                                                                 | 0                                                                                          | 0                                                                                                               |
| ELIZABETH G PIERRE<br>DIRECTOR |                                        | X                                         |                       |         |              |                                 |        | 0                                                                                 | 0                                                                                          | 0                                                                                                               |
| MICHELE THAXTON<br>TREASURER   |                                        | X                                         |                       | X       |              |                                 |        | 0                                                                                 | 0                                                                                          | 0                                                                                                               |
| EVA DYANN WILSON<br>SECRETARY  |                                        | X                                         |                       | X       |              |                                 |        | 0                                                                                 | 0                                                                                          | 0                                                                                                               |
| ANN HAYWARD<br>DIRECTOR        |                                        | X                                         |                       |         |              |                                 |        | 0                                                                                 | 0                                                                                          | 0                                                                                                               |
| L J HOLLAND<br>DIRECTOR        |                                        | X                                         |                       |         |              |                                 |        | 0                                                                                 | 0                                                                                          | 0                                                                                                               |
| KELLY J SHAMBRO<br>DIRECTOR    |                                        | X                                         |                       |         |              |                                 |        | 0                                                                                 | 0                                                                                          | 0                                                                                                               |
| CLYDE W WHITE<br>CHAIR ELECT   |                                        | X                                         |                       | X       |              |                                 |        | 0                                                                                 | 0                                                                                          | 0                                                                                                               |
| JUANITA RAMBO<br>DIRECTOR      |                                        | X                                         |                       |         |              |                                 |        | 0                                                                                 | 0                                                                                          | 0                                                                                                               |
| TOM NICHOLSON<br>DIRECTOR      |                                        | X                                         |                       |         |              |                                 |        | 0                                                                                 | 0                                                                                          | 0                                                                                                               |
| RON BERRY<br>DIRECTOR          |                                        | X                                         |                       |         |              |                                 |        | 0                                                                                 | 0                                                                                          | 0                                                                                                               |
| JIMMIE BRYANT<br>DIRECTOR      |                                        | X                                         |                       |         |              |                                 |        | 0                                                                                 | 0                                                                                          | 0                                                                                                               |
| JAMES L BUTLER<br>DIRECTOR     |                                        | X                                         |                       |         |              |                                 |        | 0                                                                                 | 0                                                                                          | 0                                                                                                               |
| DON COKER<br>DIRECTOR          |                                        | X                                         |                       |         |              |                                 |        | 0                                                                                 | 0                                                                                          | 0                                                                                                               |
| ELAINE E COLEMAN<br>DIRECTOR   |                                        | X                                         |                       |         |              |                                 |        | 0                                                                                 | 0                                                                                          | 0                                                                                                               |
| KEVIN E DWYER<br>DIRECTOR      |                                        | X                                         |                       |         |              |                                 |        | 0                                                                                 | 0                                                                                          | 0                                                                                                               |
| CHRISTOPHER L ELG<br>DIRECTOR  |                                        | X                                         |                       |         |              |                                 |        | 0                                                                                 | 0                                                                                          | 0                                                                                                               |
| ERNEST GREEN<br>DIRECTOR       |                                        | X                                         |                       |         |              |                                 |        | 0                                                                                 | 0                                                                                          | 0                                                                                                               |
| BILLY HADDAD<br>DIRECTOR       |                                        | X                                         |                       |         |              |                                 |        | 0                                                                                 | 0                                                                                          | 0                                                                                                               |
| BILL HOGAN<br>DIRECTOR         |                                        | X                                         |                       |         |              |                                 |        | 0                                                                                 | 0                                                                                          | 0                                                                                                               |
| LINDA HOLYFIELD<br>DIRECTOR    |                                        | X                                         |                       |         |              |                                 |        | 0                                                                                 | 0                                                                                          | 0                                                                                                               |
| TROTTER HUNT<br>DIRECTOR       |                                        | X                                         |                       |         |              |                                 |        | 0                                                                                 | 0                                                                                          | 0                                                                                                               |
| DANA MILFORD<br>DIRECTOR       |                                        | X                                         |                       |         |              |                                 |        | 0                                                                                 | 0                                                                                          | 0                                                                                                               |
| ELLEN NOGUERA-HILL<br>DIRECTOR |                                        | X                                         |                       |         |              |                                 |        | 0                                                                                 | 0                                                                                          | 0                                                                                                               |

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

| (A)<br>Name and Title           | (B)<br>Average<br>hours<br>per<br>week | (C)<br>Position (check all<br>that apply) |                       |         |              |                                 |        | (D)<br>Reportable<br>compensation<br>from the<br>organization (W-<br>2/1099-MISC) | (E)<br>Reportable<br>compensation<br>from related<br>organizations<br>(W- 2/1099-<br>MISC) | (F)<br>Estimated<br>amount of other<br>compensation<br>from the<br>organization and<br>related<br>organizations |
|---------------------------------|----------------------------------------|-------------------------------------------|-----------------------|---------|--------------|---------------------------------|--------|-----------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|
|                                 |                                        | Individual trustee<br>or director         | Institutional Trustee | Officer | Key employee | Highest compensated<br>employee | Former |                                                                                   |                                                                                            |                                                                                                                 |
| FRANK G POGUE<br>DIRECTOR       |                                        | X                                         |                       |         |              |                                 |        | 0                                                                                 | 0                                                                                          | 0                                                                                                               |
| ANGEL SHEPPARD<br>DIRECTOR      |                                        | X                                         |                       |         |              |                                 |        | 0                                                                                 | 0                                                                                          | 0                                                                                                               |
| WILLIAM SMART<br>DIRECTOR       |                                        | X                                         |                       |         |              |                                 |        | 0                                                                                 | 0                                                                                          | 0                                                                                                               |
| W BROOKS WATSON<br>DIRECTOR     |                                        | X                                         |                       |         |              |                                 |        | 0                                                                                 | 0                                                                                          | 0                                                                                                               |
| KATHLEEN J HARRIS<br>DIRECTOR   |                                        | X                                         |                       |         |              |                                 |        | 0                                                                                 | 0                                                                                          | 0                                                                                                               |
| QUENTIN D HOLMES SR<br>DIRECTOR |                                        | X                                         |                       |         |              |                                 |        | 0                                                                                 | 0                                                                                          | 0                                                                                                               |
| KYLE MCDONALD<br>DIRECTOR       |                                        | X                                         |                       |         |              |                                 |        | 0                                                                                 | 0                                                                                          | 0                                                                                                               |
| RENEE RICHARD<br>DIRECTOR       |                                        | X                                         |                       |         |              |                                 |        | 0                                                                                 | 0                                                                                          | 0                                                                                                               |
| ROBERT WEBBER<br>DIRECTOR       |                                        | X                                         |                       |         |              |                                 |        | 0                                                                                 | 0                                                                                          | 0                                                                                                               |
| CHRIS STEGALL<br>DIRECTOR       |                                        | X                                         |                       |         |              |                                 |        | 0                                                                                 | 0                                                                                          | 0                                                                                                               |
| DOLL VINES<br>DIRECTOR          |                                        | X                                         |                       |         |              |                                 |        | 0                                                                                 | 0                                                                                          | 0                                                                                                               |
| JANET S DURDEN<br>PRESIDENT     | 40 00                                  |                                           |                       | X       |              |                                 |        | 98,081                                                                            | 0                                                                                          | 19,860                                                                                                          |
| LINDA FREEMAN<br>VICE PRES -    | 40 00                                  |                                           |                       | X       |              |                                 |        | 56,241                                                                            | 0                                                                                          | 14,883                                                                                                          |