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

Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

OMB No 1545-0047

2012

Open to Public Inspection

A For the 2012 calendar year, or tax year beginning and ending

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

C Name of organization
UNITED WAY OF CENTRAL LOUISIANA, INC.

Doing Business As

Number and street (or P.O. box if mail is not delivered to street address) Room/suite
P. O. BOX 749

City, town, or post office, state, and ZIP code
ALEXANDRIA, LA 71309

F Name and address of principal officer: DAVID BRITT
1101 FOURTH STREET, STE 202, ALEXANDRIA, LA

D Employer identification number
72-0462338

E Telephone number
(318) 443-7203

G Gross receipts $ 1,470,122.

H(a) Is this a group return for affiliates? ☐ Yes ☒ No

H(b) Are all affiliates included? ☐ Yes ☐ No
If "No," attach a list. (see instructions)

H(c) Group exemption number ▶

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

J Website: ▶ WWW.UWCL.ORG

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

L Year of formation: 1980 **M** State of legal domicile: LA

Part I Summary

1 Briefly describe the organization's mission or most significant activities: THE ORGANIZATION LINKS PEOPLE AND RESOURCES FOR A STRONGER COMMUNITY IN CENTRAL LA.

2 Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.

3	Number of voting members of the governing body (Part VI, line 1a)	24
4	Number of independent voting members of the governing body (Part VI, line 1b)	24
5	Total number of individuals employed in calendar year 2012 (Part V, line 2a)	8
6	Total number of volunteers (estimate if necessary)	566
7a	Total unrelated business revenue from Part VIII, column (C), line 12	0.
b	Net unrelated business taxable income from Form 990-T, line 34	0.

RECEIVED
JUN 08 2013
OGDEN, UT
IRS-OSC

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	1,745,525.	1,861,592.
9	Program service revenue (Part VIII, line 2g)	0.	0.
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	9,227.	6,992.
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<428,457.	<398,462.>
12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,326,295.	1,470,122.
13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	958,740.	862,235.
14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	285,740.	295,575.
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 131,556.		
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	274,736.	206,885.
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	1,519,216.	1,364,695.
19	Revenue less expenses. Subtract line 18 from line 12	<192,921.	105,427.

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	1,528,154.	1,636,850.
21	Total liabilities (Part X, line 26)	12,978.	16,247.
22	Net assets or fund balances. Subtract line 21 from line 20	1,515,176.	1,620,603.

Part II Signature Block

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

Sign Here

▶ Signature of officer — Date 5.29.2013

▶ DAVID BRITT, PRESIDENT
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name: DEBORAH DUNN	Preparer's signature	Date: 5/28/13	Check ☐ if self-employed	PTIN: P01016081
Firm's name ▶ PAYNE, MOORE & HERRINGTON, LLP			Firm's EIN ▶	72-0475011
Firm's address ▶ P.O. BOX 13200 ALEXANDRIA, LA 71315-3200			Phone no.	(318)443-1893

May the IRS discuss this return with the preparer shown above? (see instructions) ☒ Yes ☐ No

SCANNED JUN 27 2013

G16

13

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:
UNITED WAY OF CENTRAL LOUISIANA, INC., IS A NON-PROFIT CORPORATION LOCATED IN ALEXANDRIA, LOUISIANA, AND ITS MISSION IS TO LINK PEOPLE AND RESOURCES FOR A STRONGER COMMUNITY IN CENTRAL LOUISIANA.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [ ] Yes [X] No
If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [ ] Yes [X] No
If "Yes," describe these changes on Schedule O.

4 Describe the 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 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 $ 850,530. including grants of $) (Revenue $)
GRANTS MADE DIRECTLY TO AGENCIES - SEE SCHEDULE 1

4b (Code) (Expenses $ including grants of $) (Revenue $)

4c (Code) (Expenses $ 162,847. including grants of $) (Revenue $)
COMMUNITY SERVICE

4d Other program services (Describe in Schedule O.)
(Expenses $ 115,826. including grants of $) (Revenue $)

4e Total program service expenses ▶ 1,129,203.

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	X	
2	Is the organization required to complete *Schedule B, Schedule of Contributors*?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		X
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? *If "Yes," complete Schedule C, Part III*	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? *If "Yes," complete Schedule D, Part II*	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If "Yes," complete Schedule D, Part VI*	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII*	11b		X
c	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII*	11c	X	
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX*	11d		X
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X*	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII*	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional*	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If "Yes," complete Schedule F, Parts I and IV*	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or assistance to any organization or entity located outside the United States? *If "Yes," complete Schedule F, Parts II and IV*	15		X
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or assistance to individuals located outside the United States? *If "Yes," complete Schedule F, Parts III and IV*	16		X
17	Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I*	17		X
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18		X
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		X
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Part IV Checklist of Required Schedules *(continued)*

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	0		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	8		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to *e-file* (see instructions)				
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?		3a		X
b	If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O*		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		4a		X
b	If "Yes," enter the name of the foreign country: ▶ _____ See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5b		X
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		5c		
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		6b		
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?		7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		7h		
8	**Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		8		
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the organization make any taxable distributions under section 4966?		9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?		9b		
10	**Section 501(c)(7) organizations.** Enter:				
a	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	**Section 501(c)(12) organizations.** Enter:				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?		12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state? **Note.** See the instructions for additional information the organization must report on Schedule O.		13a		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?		14a		X
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O*		14b		

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

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

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.	1a	24		
b	Enter the number of voting members included in line 1a, above, who are independent	1b	24		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2			X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?	3			X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4			X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5			X
6	Did the organization have members or stockholders?	6			X
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?	7a		X	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		X	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a	The governing body?	8a		X	
b	Each committee with authority to act on behalf of the governing body?	8b		X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O*	9			X

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

			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
b	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?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? *If "No," go to line 13*	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," describe in Schedule O how this was done*	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	15b	X	
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		X
b	If "Yes," 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?	16b		

Section C. Disclosure

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

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

X Own website X Another's website X Upon request ☐ Other *(explain in Schedule O)*

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 during the tax year.

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

UNITED WAY OF CENTRAL LA., INC. - 318-443-7203

1101 FOURTH STREET, STE 202, ALEXANDRIA, LA 71309

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

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) DAVID BRITT PRESIDENT	40.00	X						77,498.	0.	0.
(2) SEE SCHEDULE 2 ATTACHMENT- BOARD OF DIRECTORS	0.00	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
1b Sub-total ▶								77,498.	0.	0.
c Total from continuation sheets to Part VII, Section A ▶								0.	0.	0.
d Total (add lines 1b and 1c) ▶								77,498.	0.	0.

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

		Yes	No
3	Did the organization list any **former** officer, director, or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*		X
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? *If "Yes," complete Schedule J for such individual*		X
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person*		X

Section B. Independent Contractors

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

(A) Name and business address	NONE	(B) Description of services	(C) Compensation

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

Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a 423,433.				
	b Membership dues	1b				
	c Fundraising events	1c				
	d Related organizations	1d				
	e Government grants (contributions)	1e				
	f All other contributions, gifts, grants, and similar amounts not included above	1f 1,438,159.				
	g Noncash contributions included in lines 1a-1f $ 13,751.					
	h **Total.** Add lines 1a-1f	▶	1,861,592.			
Program Service Revenue		Business Code				
	2a					
	b					
	c					
	d					
	e					
	f All other program service revenue					
	g **Total.** Add lines 2a-2f	▶				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)	▶	6,992.	6,992.		
	4 Income from investment of tax-exempt bond proceeds	▶				
	5 Royalties	▶				
		(i) Real / (ii) Personal				
	6a Gross rents					
	b Less: rental expenses					
	c Rental income or (loss)					
	d Net rental income or (loss)	▶				
		(i) Securities / (ii) Other				
	7a Gross amount from sales of assets other than inventory					
	b Less: cost or other basis and sales expenses					
	c Gain or (loss)					
	d Net gain or (loss)	▶				
	8a Gross income from fundraising events (not including $ _____ of contributions reported on line 1c). See Part IV, line 18	a				
	b Less: direct expenses	b				
	c Net income or (loss) from fundraising events	▶				
	9a Gross income from gaming activities. See Part IV, line 19	a				
	b Less: direct expenses	b				
	c Net income or (loss) from gaming activities	▶				
	10a Gross sales of inventory, less returns and allowances	a				
	b Less: cost of goods sold	b				
	c Net income or (loss) from sales of inventory	▶				
	Miscellaneous Revenue	Business Code				
	11a ADMINISTRATIVE FEES	561000	11,276.	11,276.		
	b UNREALIZED GAIN ON INV	900001	8,996.	8,996.		
	c MISCELLANEOUS	900099	4,699.	4,699.		
	d All other revenue	900099	<423,433.>	<423,433.>		
	e **Total.** Add lines 11a-11d	▶	<398,462.>			
	12 **Total revenue.** See instructions.	▶	1,470,122.	<391,470.>	0.	0.

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).

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) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the United States. See Part IV, line 21	862,235.	862,235.		
2 Grants and other assistance to individuals in the United States. See Part IV, line 22				
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	77,498.	25,832.	25,833.	25,833.
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	140,307.	65,646.	32,975.	41,686.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	62,808.	26,379.	16,958.	19,471.
10 Payroll taxes	14,962.	6,284.	4,040.	4,638.
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	14,899.	6,715.	3,565.	4,619.
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)				
12 Advertising and promotion	1,182.	496.	319.	367.
13 Office expenses	46,812.	19,662.	12,640.	14,510.
14 Information technology				
15 Royalties				
16 Occupancy				
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	2,916.	1,225.	787.	904.
20 Interest				
21 Payments to affiliates	14,445.	14,445.		
22 Depreciation, depletion, and amortization	9,190.	9,190.		
23 Insurance	5,911.	2,483.	1,596.	1,832.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a EARLY CHILDHOOD INITIAT	64,972.	64,972.		
b AGENCY EXCELLENCE INITI	14,889.	14,889.		
c 211 SYSTEM CONTRIBUTION	625.	625.		
d				
e All other expenses	31,044.	8,125.	5,223.	17,696.
25 **Total functional expenses.** Add lines 1 through 24e	1,364,695.	1,129,203.	103,936.	131,556.
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

				(A) Beginning of year		(B) End of year
Assets	1	Cash - non-interest-bearing		448,165.	1	423,343.
	2	Savings and temporary cash investments		279,187.	2	277,953.
	3	Pledges and grants receivable, net		588,437.	3	723,681.
	4	Accounts receivable, net			4	
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L			5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use		2,452.	8	2,452.
	9	Prepaid expenses and deferred charges			9	1,846.
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 82,331.			
	b	Less: accumulated depreciation	10b 60,916.	28,808.	10c	21,415.
	11	Investments - publicly traded securities			11	
	12	Investments - other securities. See Part IV, line 11			12	
	13	Investments - program-related. See Part IV, line 11		117,548.	13	108,284.
	14	Intangible assets			14	
	15	Other assets. See Part IV, line 11		63,557.	15	77,876.
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		1,528,154.	16	1,636,850.
Liabilities	17	Accounts payable and accrued expenses		11,076.	17	13,712.
	18	Grants payable			18	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D			21	
	22	Loans and other 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		1,902.	25	2,535.
	26	**Total liabilities.** Add lines 17 through 25		12,978.	26	16,247.
Net Assets or Fund Balances		**Organizations that follow SFAS 117 (ASC 958), check here ▶ ☒ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		1,493,857.	27	1,590,637.
	28	Temporarily restricted net assets		21,319.	28	29,966.
	29	Permanently restricted net assets			29	
		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building, or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		1,515,176.	33	1,620,603.
	34	Total liabilities and net assets/fund balances		1,528,154.	34	1,636,850.

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	1,470,122.
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,364,695.
3	Revenue less expenses. Subtract line 2 from line 1	3	105,427.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,515,176.
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	1,620,603.

Part XII Financial Statements and Reporting

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

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

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No 1545-0047

2012

Open to Public Inspection

Name of the organization	Employer identification number
UNITED WAY OF CENTRAL LOUISIANA, INC.	72-0462338

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

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

1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**

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

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

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

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

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

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

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

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

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

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

a ☐ Type I b ☐ Type II c ☐ Type III - Functionally integrated d ☐ Type III - Non-functionally integrated

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

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

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

		Yes	No
(i)	A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?	11g(i)	
(ii)	A family member of a person described in (i) above?	11g(ii)	
(iii)	A 35% controlled entity of a person described in (i) or (ii) above?	11g(iii)	

h Provide the following information about the supported organization(s).

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

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	1873381.	2036926.	1962475.	1745525.	1861592.	9479899.
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	1873381.	2036926.	1962475.	1745525.	1861592.	9479899.
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)						
6 **Public support.** Subtract line 5 from line 4						9479899.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7 Amounts from line 4	1873381.	2036926.	1962475.	1745525.	1861592.	9479899.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	21,515.	14,665.	13,622.	9,227.	6,992.	66,021.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	<33,358.	※363,222.	※430,979.	※428,457.	※398,462.	※1654478.>
11 **Total support.** Add lines 7 through 10						7891442.

12 Gross receipts from related activities, etc. (see instructions) — 12

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f))	14	120.13 %
15 Public support percentage from 2011 Schedule A, Part II, line 14	15	114.88 %

16a **33 1/3% support test - 2012.** 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 - 2011.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

17a **10% -facts-and-circumstances test - 2012.** 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 - 2011.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ ☐

18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ ☐

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(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) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 **Total support.** (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2012 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2011 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2012** (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from **2011** Schedule A, Part III, line 17	18	%

19a **33 1/3% support tests - 2012.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

b **33 1/3% support tests - 2011.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

20 **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶ ☐

SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2012

Open to Public Inspection

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

Employer identification number 72-0462338

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	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No

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

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

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

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

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

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

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

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

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

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

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

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

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

(ii) Assets included in Form 990, Part X ▶ $ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

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

b Assets included in Form 990, Part X ▶ $ _____

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

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

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

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

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 XIII and complete the following table:

		Amount
c	Beginning balance	1c
d	Additions during the year	1d
e	Distributions during the year	1e
f	Ending balance	1f

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

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII ☐

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

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

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

a Board designated or quasi-endowment ▶ _____ %
b Permanent endowment ▶ _____ %
c Temporarily restricted endowment ▶ _____ %

The percentages in lines 2a, 2b, and 2c should equal 100%.

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

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

4 Describe in Part XIII 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
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment	82,331.		60,916.	21,415.
e Other				
Total. Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* ▶				21,415.

Schedule D (Form 990) 2012

232052
12-10-12

Part VII Investments - Other Securities. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(I)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

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

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) BENEFICIAL INTEREST IN		
(2) NET ASSETS OF CENTRAL LA		
(3) COMMUNITY FOUNDATION	108,284.	END-OF-YEAR MARKET VALUE
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶	108,284.	

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. *(Column (b) must equal Form 990, Part X, col. (B) line 15.)* ▶	

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) DEPOSITS HELD ON BEHALF OF OTHERS	2,535.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
Total. *(Column (b) must equal Form 990, Part X, col. (B) line 25.)* ▶	2,535.

2. FIN 48 (ASC 740) Footnote. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII ☐

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements			1	1,470,122.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
a	Net unrealized gains on investments	2a			
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d			
e	Add lines **2a** through **2d**			2e	0.
3	Subtract line **2e** from line **1**			3	1,470,122.
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 XIII.)	4b			
c	Add lines **4a** and **4b**			4c	0.
5	Total revenue. Add lines **3** and **4c.** *(This must equal Form 990, Part I, line 12)*			5	1,470,122.

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

1	Total expenses and losses per audited financial statements			1	1,364,695.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIII.)	2d			
e	Add lines **2a** through **2d**			2e	0.
3	Subtract line **2e** from line **1**			3	1,364,695.
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 XIII.)	4b			
c	Add lines **4a** and **4b**			4c	0.
5	Total expenses. Add lines **3** and **4c.** *(This must equal Form 990, Part I, line 18)*			5	1,364,695.

Part XIII Supplemental Information

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

SCHEDULE I
(Form 990)

Department of the Treasury
Internal Revenue Service

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.

▶ **Attach to Form 990.**

OMB No 1545-0047

2012

Open to Public Inspection

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

Employer identification number
72-0462338

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? [X] Yes [ ] No

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

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than $5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AMERICAN RED CROSS 1104 BILLY MITCHELL DRIVE ALEXANDRIA, LA 71303	72-0423602	501C3	102,376.	0.	FAIR MARKET VALUE	OFFICE SUPPLIES	CRISIS RESOLUTION - EMERGENCY SERVICES
AVOYELLES SOCIETY FOR THE DEVELOPMENTALLY DISABLED - P.O. BOX 854 - MARKSVILLE, LA 71351	72-0679452	501C3	12,468.	0.	FAIR MARKET VALUE	OFFICE SUPPLIES	STRONG FAMILIES - DAY HABILITATION
BOY SCOUTS, LOUISIANA PURCHASE COUNCIL - 2405 OLIVER ROAD - MONROE, LA 71201	72-0423632	501C3	68,028.	0.	FAIR MARKET VALUE	OFFICE SUPPLIES	SUCCESSFUL CHILDREN - CUB & BOY SCOUTING/LEARNING FOR LIFE
BOYS & GIRLS CLUB P.O. BOX 5247 ALEXANDRIA, LA 71307	72-0845372	501C3	666.	0.	FAIR MARKET VALUE	OFFICE SUPPLIES	SUCCESSFUL CHILDREN - YOUTH DEVELOPMENT
FAMILY COUNSELING AGENCY 1404 MURRAY STREET ALEXANDRIA, LA 71301	72-0677893	501C3	56,150.	0.	FAIR MARKET VALUE	OFFICE SUPPLIES AND CLOTHING	STRONG FAMILIES/CRISIS RESOLUTION - GENERAL COUNSELING/BATTERED WOMEN'S SHELTER/SEXUAL
GIRL SCOUTS OF LA-PINES TO THE GULF - 1720 KALISTE SALOOM RD, STE. C-1 - LAFAYETTE, LA 70508	72-0488660	501C3	70,059.	0.	FAIR MARKET VALUE	OFFICE SUPPLIES	SUCCESSFUL CHILDREN - YOUTH

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

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

LHA **For Paperwork Reduction Act Notice, see the Instructions for Form 990.**

Schedule I (Form 990) (2012)

SEE PART IV FOR COLUMN (H) DESCRIPTIONS

232101
12-18-12

Part II **Continuation of Grants and Other Assistance to Governments and Organizations in the United States** (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HOPE HOUSE P.O. BOX 7477 ALEXANDRIA, LA 71306	72-1479693	501C3	89,490.	0.	FAIR MARKET VALUE	OFFICE SUPPLIES	CRISIS RESOLUTION - TRANSITIONAL HOUSING
RAPIDES CHILDREN'S ADVOCACY CENTER P.O. BOX 228 ALEXANDRIA, LA 71309	72-1299269	501C3	81,159.	0.	FAIR MARKET VALUE	OFFICE SUPPLIES	SUCCESSFUL CHILDREN - CHILDREN'S ADVOCACY CENTER/CASA
READING ED. FOR ADULT DEVELOPMENT P.O. BOX 246 OAKDALE, LA 71463	72-1419007	501C3	13,020.	0.	FAIR MARKET VALUE	OFFICE SUPPLIES	STRONG FAMILIES - GOALS FOR GROWTH
THE SALVATION ARMY P.O. BOX 829 ALEXANDRIA, LA 71309	63-0288866	501C3	142,117.	0.	FAIR MARKET VALUE	OFFICE SUPPLIES	CRISIS RESOULTION - EMERGENCY SERVICES/DAY SHELTER
VOLUNTEERS OF AMERICA 3900 LEE STREET ALEXANDRIA, LA 71302	72-0506820	501C3	80,830.	0.	FAIR MARKET VALUE	OFFICE SUPPLIES	STRONG FAMILIES - PREGNANCY & ADOPTION SERVICES/HOUSING FOR MENTALLY ILL
YMCA 724 SCOTT STREET ALEXANDRIA, LA 71301	72-0408980	501C3	50,084.	0.	FAIR MARKET VALUE	OFFICE SUPPLIES	SUCCESSFUL CHILDREN/STRONG FAMILIES - DRIVERS ED, YOUTH SPORTS, AQUATICS
YWCA 5912 JAMES STREET ALEXANDRIA, LA 71303	72-6001514	501C3	84,083.	0.	FAIR MARKET VALUE	OFFICE SUPPLIES	SUCCESSFUL CHILDREN - YOUTH DEVELOPMENT

Part III **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance

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

SCHEDULE I, PART I, LINE 2: THE UNITED WAY OF CENTRAL LOUISIANA, INC. MONITORS THE USE OF GRANT FUNDS THROUGH AN ORGANIZED PROCESS INVOLVING BOTH PROFESSIONAL STAFF AND UNPAID VOLUNTEERS. STAFF MAINTAIN ONGOING RELATIONSHIPS WITH FUNDED AGENCIES THAT INCLUDE ONSITE VISITS. TEAMS OF VOLUNTEERS, CALLED "GOAL AREA TEAMS," ALSO VISIT THE AGENCIES AT LEAST ANNUALLY AS GROUPS AND THEN FOLLOW UP AS INDIVIDUAL TEAM MEMBERS. AGENCIES SUBMIT COMPLETED FORMS EACH YEAR REPORTING THEIR USE OF OUR FUNDS AND THEIR NEED FOR FUNDS IN THE COMING YEAR. AT ANY POINT, IF STAFF OR VOLUNTEERS NOTE ISSUES THAT NEED TO BE ADDRESSED, APPROPRIATE ACTION IS TAKEN TO

Part IV Supplemental Information

SAFEGUARD THE COMMUNITY'S DONATIONS.

PART II, LINE 1, COLUMN (H):

NAME OF ORGANIZATION OR GOVERNMENT: FAMILY COUNSELING AGENCY

(H) PURPOSE OF GRANT OR ASSISTANCE: STRONG FAMILIES/CRISIS RESOLUTION - GENERAL COUNSELING/BATTERED WOMEN'S SHELTER/SEXUAL ASSAULT

NAME OF ORGANIZATION OR GOVERNMENT: YMCA

(H) PURPOSE OF GRANT OR ASSISTANCE: SUCCESSFUL CHILDREN/STRONG FAMILIES - DRIVERS ED, YOUTH SPORTS, AQUATICS ETC./MEMBERSHIP SUBSIDIES

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

2012

Open to Public Inspection

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

Employer identification number
72-0462338

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

MISCELLANEOUS ALLOCATIONS & EXPENSES

EXPENSES $ 115,826. INCLUDING GRANTS OF $ 0. REVENUE $ 0.

FORM 990, PART VI, SECTION A, LINE 7A: DONORS AND VOLUNTEERS HAVE THE OPPORTUNITY TO VOTE ON NEW BOARD MEMBERS AND OFFICERS.

FORM 990, PART VI, SECTION A, LINE 7B: DONORS AND VOLUNTEERS HAVE THE OPPORTUNITY TO VOTE ON DECISIONS MADE BY THE BOARD MEMBERS AND OFFICERS.

FORM 990, PART VI, SECTION B, LINE 11: FORM 990 IS PREPARED FROM AUDITED FINANCIAL STATEMENTS PREVIOUSLY PRESENTED TO AND ACCEPTED BY THE GOVERNING BODY. FORM 990 IS REVIEWED AND APPROVED BY THE OPERATIONAL EXCELLENCE COMMITTEE, AND SUBMITTED TO THE FULL BOARD OF DIRECTORS FOR REVIEW AND COMMENT PRIOR TO ITS SUBMISSION.

FORM 990, PART VI, SECTION B, LINE 12C: THE ORGANIZATION MONITORS AND ENFORCES COMPLIANCE WITH ITS CONFLICT OF INTEREST POLICY BY, FIRST, MAKING IT AVAILABLE AT THE BEGINNING OF THE YEAR FOR ITS VOLUNTEER TEAMS. BOARD MEMBERS ARE ASKED TO COMPLETE THE FORM, LISTING ANY POSSIBLE CONFLICTS, SIGN IT, AND TURN IT IN AT THE FIRST BOARD MEETING OF THE YEAR. THE STATEMENTS ARE KEPT ON FILE AS LONG AS THE PERSON SERVES ON THE BOARD. THE STATEMENTS ARE ALSO SIGNED AND COLLECTED FOR ALL GOAL AREA VOLUNTEERS, WHO MAKE FUNDING RECOMMENDATIONS EACH YEAR. THOUGH THE POTENTIAL FOR CONFLICT IS SIGNIFICANTLY LESS IN OTHER ROLES, THE ORGANIZATION SHARES THE POLICY WITH OTHER VOLUNTEERS AND DOES NOT COLLECT SIGNED COPIES OF THE POLICY FROM

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

Employer identification number: 72-0462338

THEM.

FORM 990, PART VI, SECTION B, LINE 15: THE ORGANIZATION, THROUGH ITS OPERATIONAL EXCELLENCE COMMITTEE, REVIEWS AND APPROVES THE COMPENSATION OF ALL OF ITS OFFICERS AND EMPLOYEES. THIS PROCESS IS DOCUMENTED IN THE MINUTES OF THE COMMITTEE, AS WELL AS THE MINUTES OF THE ENTIRE BOARD, WHICH ALSO APPROVES THE COMPENSATION PACKAGES.

FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION'S FINANCIAL STATEMENTS ARE AVAILABLE ON THE ORGANIZATION'S WEBSITE, UPON REQUEST, AND PUBLISHED IN ITS ANNUAL REPORT.

THE ORGANIZATION'S GOVERNING DOCUMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST AND AS PUBLISHED ON STATE WEBSITES.

THE ORGANIZATION'S CONFLICT OF INTEREST POLICIES ARE AVAILABLE ON THE ORGAINZATION'S WEBSITE, AVAILABLE TO THE PUBLIC UPON REQUEST, PROVIDED TO MEMBER AGENCIES, AND PROVIDED IN PUBLIC WORKSHOPS ADMINISTERED BY THE ORGANIZATION AND ITS DIRECTOR.

THE OPERATIONAL EXCELLENCE COMMITTEE IS RESPONSIBLE FOR OVERSIGHT OF FINANCIAL STATEMENT AND AUDIT MATTERS.

United Way of Central Louisiana, Inc.
Allocations and Designations to Member Agencies
Year Ended December 31, 2012

Schedule 1

	Basic Allocations	Donor Designations	Total
American Red Cross	$ 100,000	$ 2,376	$ 102,376
Boy Scouts - Louisiana Purchase Council	45,800	22,228	68,028
Avoyelles Society for the Developmentally Disabled	11,700	768	12,468
Boys and Girls Club	-	666	666
Family Counseling Agency	15,672	40,478	56,150
Girl Scouts - Pines to the Gulf Council	55,000	15,059	70,059
Hope House	68,000	21,490	89,490
Rapides Children's Advocacy Center	56,600	24,559	81,159
R.E.A.D.	12,700	320	13,020
Salvation Army	110,100	32,017	142,117
Volunteers of America	72,400	8,430	80,830
Y.M.C.A.	50,000	84	50,084
Y.W.C.A.	66,000	18,083	84,083
Total Agency Allocations and Designations to Member Agencies	$ 663,972	$ 186,558	$ 850,530

See independent auditor's report.

Roster: 2012 United Way of Central LA Board of Directors

				WORK PHONE	FAX
Baker	**Ms.**	**Connie**	**D.**	379-2855 x 3601	379-2861
TITLE:			Director of Human Resources		
ORGANIZATION:			RoyOMartin - Plywood		
ADDRESS:			P.O Box 1110		
			Alexandria LA 71309		
EMAIL:			connie.baker@royomartin com		
BOARD POSITION:			Goal Area Chair		
Beatty	**Mr.**	**Jim**		769-3156	769-7575
TITLE:			Chief Operating Officer		
ORGANIZATION			Rapides Regional Medical Center		
ADDRESS.			211 Fourth St.		
			Alexandria LA 71301-8454		
EMAIL:			jim.beatty@hcahealthcare.com		
BOARD POSITION:			Board Member		
Bond	**Mr.**	**Wade**		448-4006	448-6427
TITLE:			Executive Director		
ORGANIZATION.			Rapides Children's Advocacy Center		
ADDRESS:			P O Box 228		
			Alexandria LA 71309-0228		
EMAIL:			wbond@rapidescac.org		
BOARD POSITION:			Agency Exec		
Campo	**Ms.**	**Carmen**		619-2574	442-2655
TITLE:			Sales Executive - Employee Benefits		
ORGANIZATION:			Brown & Brown of Louisiana, Inc		
ADDRESS.			4615 Parliament Drive, Suite 200		
			Alexandria LA 71303		
EMAIL:			ccampo@bbcenla com		
BOARD POSITION:			Board Builders		
Crowell	**Mr.**	**Michael**	**D**	748-8141	748-8190
TITLE:					
ORGANIZATION.			Crowell Lumber Industries		
ADDRESS			P. O Box 105		
			Long Leaf LA 71448		
EMAIL.			mdcrowell@crowelllumber com		
BOARD POSITION:			Chair 2011		
Epps	**Ms.**	**Toma**		487-2285	877-940-5766
TITLE:			Merchant Advisor, Asst VP		
ORGANIZATION:			Capital One Bank		
ADDRESS:			934 Third Street, 3rd Floor		
			Alexandria LA 71301		
EMAIL:			toma.epps@capitalonebank.com		
BOARD POSITION:			Board Member		

		WORK PHONE	FAX
Ferguson Mrs. Janine		443-5760	443-5764
TITLE:			
ORGANIZATION:	BancorpSouth		
ADDRESS:	2812 Hwy 28 East		
	Pineville LA 71360		
EMAIL:	janine.ferguson@bxs.com		
BOARD POSITION:	Board Member		
Harris Mr. Brooks	**T.**	442-8808	442-8665
TITLE:			
ORGANIZATION:	Brooks Harris Wealth Management		
ADDRESS:	1234 Texas Avenue		
	Alexandria LA 71301		
EMAIL:	brooks.harris@lpl.com		
BOARD POSITION.	Chair 2012		
Hassel Mr. Wyatt	**A.**	640-7672	513-530-6724
TITLE:			
ORGANIZATION:	Procter and Gamble		
ADDRESS:	4801 Whitehall Blvd		
	Alexandria LA 71303		
EMAIL:	hassel wa@pg.com		
BOARD POSITION:	Board Member		
Herzog Bishop Ronald	**P.**	445-2401 x 203	767-1230
TITLE:	Bishop		
ORGANIZATION:	Catholic Diocese of Alexandria		
ADDRESS	4400 Coliseum Blvd.		
	Alexandria LA 71303		
EMAIL:	rherzog@diocesealex org		
BOARD POSITION:	Board Member		
Humphries Ms. Deborah		483-7641	448-9694
TITLE	Accounting Manager		
ORGANIZATION.	Gilchrist Construction		
ADDRESS:	5709 New York Ave		
	Alexandria LA 71302		
EMAIL	dhumphries@gilchristconstruction.com		
BOARD POSITION.	Treasurer 2012		
Johnson Mrs. Chaquetta	**T.**	487-5282 x 213	487-5338
TITLE:	Regional Nurse Manager		
ORGANIZATION:	DHH/Office of Public Health		
ADDRESS:	5604 - B Coliseum Blvd.		
	Alexandria LA 71303		
EMAIL:	chaquetta.johnson@la.gov		
BOARD POSITION:	Vice Chair 2012		

				WORK PHONE	FAX
Joseph	**Mr.**	**Michael**	**W.**	484-7708	484-7746
TITLE:			Manager, Risk, Insurance & Claims		
ORGANIZATION:			Cleco		
ADDRESS:			2030 Donahue Ferry Road		
			Pineville LA 71360		
EMAIL:			mike.joseph@cleco com		
BOARD POSITION.			Board Builders 2010		
Kent	**Mr.**	**Eric**		448-8600	448-8620
TITLE:			Financial Consultant		
ORGANIZATION:			Pathways Advisors LLC		
ADDRESS:			1446 Dorchester Drive		
			Alexandria LA 71301		
EMAIL.			eric@pathwayadvisorsllc.com		
BOARD POSITION:			Board Chair 2010		
Mathews	**Ms.**	**Donna**		484-2144	487-5230
TITLE:			Community Specialist		
ORGANIZATION.			LA Dept Children & Family Svcs		
ADDRESS.			1002 Belgard Bend		
			Boyce LA 71409	RESIGNED IN MARCH 2012	
EMAIL:			donna mathews@la gov		
BOARD POSITION:			CIC Chair		
Miller	**Mrs.**	**Judy**	**P.**	484-7654	484-7392
TITLE:			Assistant Controller		
ORGANIZATION:			Cleco		
ADDRESS.			P. O. Box 5000		
			Pineville LA 71361-5000		
EMAIL:			Judy.Miller@cleco.com		
BOARD POSITION:			Board Member		
Mire	**Ms.**	**Alainna**	**R.**	449-5046	449-5019
TITLE:			Assistant City Attorney		
ORGANIZATION:			City of Alexandria		
ADDRESS:			PO Box 71		
			Alexandria LA 71309-0071		
EMAIL:			alainna.mire@cityofalex.com		
BOARD POSITION:			Board Builders		
Morris	**Mr.**	**Warren**	**R.**	561-4047	561-5887
TITLE.					
ORGANIZATION:			Red River Bank		
ADDRESS:			1412 Centre Court Drive, Suite 501		
			Alexandria LA 71301		
EMAIL.			wmorris@redriverbank net		
BOARD POSITION:			Board Member		

				WORK PHONE	FAX
Norman	**Ms.**	**Lisa**		729-6881	473-0778
TITLE:			FIMR Region 6		
ORGANIZATION:			Dept of Health and Hospitals		
ADDRESS:			4203 Willowick Blvd.		
			Alexandria LA 71303		
EMAIL:			lisa@rosaliepecans.com		
BOARD POSITION:			Board Member		
Olagues	**Mr.**	**Darren**		484-7730	484-7777
TITLE.			Senior Vice President & CFO		
ORGANIZATION:			Cleco Support Group LLC		
ADDRESS.			PO Box 5000	RESIGNED MARCH 2012	
			Pineville LA 71361-5000		
EMAIL.			darren olagues@cleco.com		
BOARD POSITION.			Board Member		
Ozier	**Mrs.**	**Wanda**		442-8026	442-8842
TITLE:			Regional VP		
ORGANIZATION:			Volunteers of America		
ADDRESS:			3704 Coliseum Blvd		
			Alexandria LA 71303-3625		
EMAIL:			wozier@voanorthla.org		
BOARD POSITION:			Agency Exec		
Poole	**Ms.**	**Heather**		484-2184	484-2189
TITLE.					
ORGANIZATION:			Board of Regents		
ADDRESS:			1410 Neel Kirby Blvd.		
			Alexandria LA 71303		
EMAIL:			heather poole@la.gov		
BOARD POSITION.			Board Member		
Scott	**Mr.**	**Thomas**	**E.**	473-0621	473-9366
TITLE			Operation Supervisor		
ORGANIZATION:			Atmos Energy Louisiana		
ADDRESS:			4323 Highway 28 East		
			Pineville LA 71360		
EMAIL.			Thomas.Scott@atmosenergy.com		
BOARD POSITION:			Past Goal Area Chair		
Wallace	**Mr.**	**William**	**S.**	448-0221	866-721-8681
TITLE			Practice Administration & CEO		
ORGANIZATION:			Wallace Eye Surgery		
ADDRESS.			4110 Parliament Drive		
			Alexandria LA 71303		
EMAIL:			wswallace@wallceeyesurgery.com		
BOARD POSITION:			Board Member		

	WORK PHONE	FAX
Wiggins Mr. Randy	445-6566	445-1030

TITLE. Owner
ORGANIZATION: State Farm Insurance
ADDRESS. 2146 North Mall Drive
Alexandria LA 71301
EMAIL: randy@randywiggins.com
BOARD POSITION. Resource Development