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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

OMB No 1545-0047

2012

Open to Public Inspection

A For the 2012 calendar year, or tax year beginning 07-01-2012 , 2012, and ending 06-30-2013

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

C Name of organization
UNITED WAY OF NORTHEAST LOUISIANA INC

Doing Business As

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

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

D Employer identification number
72-0498515

E Telephone number
(318) 325-3869

G Gross receipts $ 3,739,770

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

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

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

H(c) Group exemption number ▶

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

J Website: ▶ WWW UWNELA ORG

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

Part I Summary

1 Briefly describe the organization's mission or most significant activities
TO HELP PEOPLE AND IMPROVE COMMUNITIES - THE UNITED WAY IS FOCUSED ON CREATING LASTING CHANGE IN COMMUNITY CONDITIONS TO IMPROVE PEOPLE'S LIVES THROUGH COMMUNITY INITITATIVES

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

Activities & Governance

3	Number of voting members of the governing body (Part VI, line 1a)	**3**	38
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	38
5	Total number of individuals employed in calendar year 2012 (Part V, line 2a)	**5**	30
6	Total number of volunteers (estimate if necessary)	**6**	1,112
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	0
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	3,519,808	3,668,152
9	Program service revenue (Part VIII, line 2g)	1,300	10
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	12,915	14,556
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	211	220
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	3,534,234	3,682,938
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	2,255,055	2,345,684
14	Benefits paid to or for members (Part IX, column (A), line 4)		0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	911,794	970,494
16a	Professional fundraising fees (Part IX, column (A), line 11e)		0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶378,057		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	475,043	450,523
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	3,641,892	3,766,701
19	Revenue less expenses Subtract line 18 from line 12	-107,658	-83,763

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	3,568,937	3,457,482
21	Total liabilities (Part X, line 26)	2,173,248	2,144,716
22	Net assets or fund balances Subtract line 21 from line 20	1,395,689	1,312,766

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

****** | 2014-02-06
Signature of officer | Date

JANET S DURDEN PRESIDENT
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
FRANCIS I HUFFMAN		2014-02-13		

Firm's name ▶ LUFFEYHUFFMANRAGSDALE&SOIGNIER(APAC) | Firm's EIN ▶

Firm's address ▶ 1100 N 18TH ST
MONROE, LA 712015712 | Phone no (318) 387-2672

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

Part III Statement of Program Service Accomplishments

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

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 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 $ 1,901,660 including grants of $ 1,901,660) (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

4b (Code) (Expenses $ 411,604 including grants of $ 411,604) (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 $ 371,499 including grants of $ 1,220) (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 $ 365,660 including grants of $ 31,200) (Revenue $ 10)

COMMUNITY IMPACT - 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 IN THE PILOT YEAR OF THE UNITED WAY VOLUNTEER READING INITIATIVE 191 COMMUNITY VOLUNTEERS READ WITH 118 SECOND AND THIRD GRADE STUDENTS IN 6 SCHOOLS IN OUR COMMUNITY FOR 1,313 READING HOURS IN THE 2012-2013 SCHOOL YEAR 86% OF VOLUNTEER READING INITIATIVE STUDENTS IMPROVED THEIR READING LEVELS 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 FOUR SCHOOL DISTRICTS IN OUACHITA, LINCOLN AND MOREHOUSE PARISHES BUSINESS AND COMMUNITY VOLUNTEERS PARTICIPATE IN SIMULATIONS THAT ARE RELEVANT, FUN AND PRACTICAL FOLLOW UP CLASSROOM FINANCIAL EDUCATION IS OFFERED THAT 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 IMPROVED 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 THREE UNITED WAY PARTNER AGENCIES, TO PROMOTE WELLNESS WITH CHILDREN IN SCHOOL AND CHILDREN IN AN AFTER-SCHOOL PROGRAM THROUGH THESE PROGRAMS, PARTICIPANTS' NUTRITION AND EATING HABITS IMPROVED, DAILY ACTIVITY LEVELS INCREASED AND DIVERSE EXCERCISE PROGRAMS WERE DEVELOPED 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 - VOLUNTEERS OF UNITED WAY 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 AGENCY PROGRAMS COMMUNITY INVESTMENT VOLUNTEERS ANNUALLY ALLOCATE UNITED WAY DOLLARS TO UNITED WAY PARTNER AGENCIES PROGRAMS

4d Other program services (Describe in Schedule O)

(Expenses $ 365,660 including grants of $ 31,200) (Revenue $ 10)

4e **Total program service expenses ▶** 3,050,423

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	Yes	
2	Is the organization required to complete *Schedule B, Schedule of Contributors* (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? *If "Yes," complete Schedule C, Part I*	3		No
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		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? *If "Yes," complete Schedule C, Part III*	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? *If "Yes," complete Schedule D, Part I*	6	Yes	
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? *If "Yes," complete Schedule D, Part II*	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		No
9	Did the organization report an amount in Part X, line 21 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		No
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		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? *If "Yes," complete Schedule D, Part VI.*	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? *If "Yes," complete Schedule D, Part VII*	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? *If "Yes," complete Schedule D, Part VIII*	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? *If "Yes," complete Schedule D, Part IX*	11d		No
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	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)? *If "Yes," complete Schedule D, Part X*	11f		No
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII*	12a	Yes	
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		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, 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		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 United States? *If "Yes," complete Schedule F, Parts II and IV*	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 United States? *If "Yes," complete Schedule F, Parts III and IV*	16		No
17	Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I (see instructions)*	17		No
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18		No
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		No
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	20a		No
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)*

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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	3		
b	Enter the number of Forms W-2G included in line 1a *Enter -0-* if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	30		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note.** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b		Yes	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year? . . .	3a			No
b	If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O*	3b			
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a			No
b	If "Yes," enter the name of the foreign country ▶ _____ See 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			No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b			No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	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			No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b			
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?	7a			No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b			
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		Yes	
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	3		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e			No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . .	7f			No
g	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			No
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the organization make any taxable distributions under section 4966?	9a			No
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b			No
10	**Section 501(c)(7) organizations.** Enter				
a	Initiation fees and capital contributions included on Part VIII, line 12 . . .	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	**Section 501(c)(12) organizations.** Enter				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?	12a			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
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			No
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 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	**1a** 38		
	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			
b	Enter the number of voting members included in line 1a, above, who are independent	**1b** 38		
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**		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? .	**3**		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	**4**		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	**5**		No
6	Did the organization have members or stockholders?	**6**	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?	**7a**	Yes	
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**	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
a	The governing body?	**8a**	Yes	
b	Each committee with authority to act on behalf of the governing body?	**8b**	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O*	**9**		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?	**10a**		No
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**	Yes	
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**	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	**12b**	Yes	
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**	Yes	
13	Did the organization have a written whistleblower policy?	**13**	Yes	
14	Did the organization have a written document retention and destruction policy?	**14**	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	**15a**	Yes	
b	Other officers or key employees of the organization	**15b**	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	**16a**		No
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 ▶

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

☑ Own website ☐ Another's website ☑ 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 ▶JANET S DURDEN 1201 HUDSON LANE MONROE, LA (318) 325-3869

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

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

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

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

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

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

☐ Check this box if 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 dotted 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			
See Additional Data Table										

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 dotted 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** ▶										
c **Total from continuation sheets to Part VII, Section A** ▶										
d **Total (add lines 1b and 1c)** ▶								155,895		35,873

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 ▶

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation

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

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 39,828				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations	1d				
	e	Government grants (contributions)	1e 35,804				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f 3,592,520				
	g	Noncash contributions included in lines 1a-1f $	88,032				
	h	**Total.** Add lines 1a-1f	▶	3,668,152			
Program Service Revenue			Business Code				
	2a	MISCELLANEOUS REIMBURSEMENTS		10	10		
	b						
	c						
	d						
	e						
	f	All other program service revenue					
	g	**Total.** Add lines 2a–2f	▶	10			
	3	Investment income (including dividends, interest, and other similar amounts)	▶	9,432			9,432
	4	Income from investment of tax-exempt bond proceeds	▶				
	5	Royalties	▶	220			220
			(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	61,956				
	b	Less cost or other basis and sales expenses	56,832				
	c	Gain or (loss)	5,124				
	d	Net gain or (loss)	▶	5,124			5,124
Other Revenue	8a	Gross income from fundraising events (not including $ _____ of contributions reported on line 1c) See Part IV, line 18	a				
	b	Less direct expenses	b				
	c	Net income or (loss) from fundraising events	▶				
	9a	Gross income from gaming activities See Part IV, line 19	a				
	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						
	b						
	c						
	d	All other revenue					
	e	**Total.** Add lines 11a–11d	▶				
	12	**Total revenue.** See Instructions	▶	3,682,938	10		14,776

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	2,344,464	2,344,464		
2 Grants and other assistance to individuals in the United States See Part IV, line 22	1,220	1,220		
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	192,238	52,726	121,937	17,575
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	575,878	318,418	86,833	170,627
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	28,938	15,986	5,138	7,814
9 Other employee benefits	112,696	58,532	20,642	33,522
10 Payroll taxes	60,744	29,917	14,963	15,864
11 Fees for services (non-employees)				
a Management				
b Legal	78		78	
c Accounting	14,161		14,161	
d Lobbying				
e Professional fundraising services See Part IV, line 17				
f Investment management fees	2,043		800	1,243
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	25,660	18,373	2,397	4,890
12 Advertising and promotion	38,818	7,677	1,296	29,845
13 Office expenses	69,798	34,470	13,826	21,502
14 Information technology				
15 Royalties . .				
16 Occupancy	48,683	26,194	9,100	13,389
17 Travel	48,680	17,707	12,017	18,956
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	55,113	43,754	6,083	5,276
20 Interest				
21 Payments to affiliates	33,774	17,860	8,636	7,278
22 Depreciation, depletion, and amortization	64,795	37,704	14,701	12,390
23 Insurance	6,566	2,159	3,546	861
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 DUES AND SUBSCRIPTIONS	25,170	23,262	1,528	380
b AWARDS & RECOGNITION	17,184		539	16,645
c				
d				
e All other expenses				
25 **Total functional expenses.** Add lines 1 through 24e	3,766,701	3,050,423	338,221	378,057
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		250	1	250
	2	Savings and temporary cash investments		653,543	2	557,495
	3	Pledges and grants receivable, net		1,439,914	3	1,467,569
	4	Accounts receivable, net		12,447	4	3,235
	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 instructions) 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		64,020	9	88,490
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 1,066,719			
	b	Less accumulated depreciation	10b 573,348	540,281	10c	493,371
	11	Investments—publicly traded securities		858,482	11	847,072
	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)		3,568,937	16	3,457,482
Liabilities	17	Accounts payable and accrued expenses		83,428	17	70,408
	18	Grants payable		2,046,950	18	2,029,945
	19	Deferred revenue		42,870	19	44,363
	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			25	
	26	**Total liabilities.** Add lines 17 through 25		2,173,248	26	2,144,716
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		-36,149	27	-211,785
	28	Temporarily restricted net assets		1,431,838	28	1,524,551
	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		1,395,689	33	1,312,766
	34	Total liabilities and net assets/fund balances		3,568,937	34	3,457,482

Part XI Reconcilliation 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	3,682,938
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,766,701
3	Revenue less expenses Subtract line 2 from line 1	3	-83,763
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,395,689
5	Net unrealized gains (losses) on investments	5	840
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	
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	1,312,766

Part XII Financial Statements and Reporting

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

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

Additional Data

Software ID:

Software Version:

EIN: 72-0498515

Name: UNITED WAY OF NORTHEAST LOUISIANA INC

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted 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			
ANNE LOCKHART PAST CHAIR		X		X				0	0	0
ELIZABETH G PIERRE DIRECTOR		X						0	0	0
MICHELE THAXTON DIRECTOR		X						0	0	0
EVA DYANN WILSON DIRECTOR		X						0	0	0
ANN HAYWARD DIRECTOR		X						0	0	0
L J HOLLAND SECRETARY		X		X				0	0	0
KELLY J SHAMBRO CHAIR ELECT		X		X				0	0	0
CLYDE W WHITE CHAIR		X		X				0	0	0
TOM NICHOLSON DIRECTOR		X						0	0	0
RON BERRY DIRECTOR		X						0	0	0
JAMES L BUTLER DIRECTOR		X						0	0	0
DON COKER DIRECTOR		X						0	0	0
ELAINE E COLEMAN DIRECTOR		X						0	0	0
CHRISTOPHER L ELG DIRECTOR		X						0	0	0
ERNEST GREEN DIRECTOR		X						0	0	0
BILLY HADDAD DIRECTOR		X						0	0	0
BILL HOGAN DIRECTOR		X						0	0	0
LINDA HOLYFIELD DIRECTOR		X						0	0	0
TROTTER HUNT DIRECTOR		X						0	0	0
DANA MILFORD DIRECTOR		X						0	0	0
ELLEN NOGUERA-HILL DIRECTOR		X						0	0	0
ANGEL SHEPPARD DIRECTOR		X						0	0	0
WILLIAM SMART DIRECTOR		X						0	0	0
KATHLEEN J HARRIS DIRECTOR		X						0	0	0
QUENTIN D HOLMES SR DIRECTOR		X						0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted 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			
KYLE MCDONALD DIRECTOR		X						0	0	0
RENEE RICHARD DIRECTOR		X						0	0	0
ROBERT WEBBER DIRECTOR		X						0	0	0
CHRIS STEGALL DIRECTOR		X						0	0	0
DOLL VINES DIRECTOR		X						0	0	0
DEBBIE BLUE DIRECTOR		X						0	0	0
JASON BEENE DIRECTOR		X						0	0	0
JILL WILLIAMS DIRECTOR		X						0	0	0
JUDY BELL DIRECTOR		X						0	0	0
KATHY SPURLOCK DIRECTOR		X						0	0	0
KEVIN KOH TREASURER		X		X				0	0	0
WADE BISHOP DIRECTOR		X						0	0	0
WILLIAM E CHEEK DIRECTOR		X						0	0	0
JANET S DURDEN PRESIDENT	40 00			X				97,932	0	20,436
LINDA FREEMAN VICE PRES -	40 00			X				57,963	0	15,437

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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

2012

Open to Public Inspection

Name of the organization
UNITED WAY OF NORTHEAST LOUISIANA INC

Employer identification number
72-0498515

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

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

1 ☐ A church, convention of churches, or association of churches 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?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of monetary support
			Yes	No	Yes	No	Yes	No	
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 ")	3,061,290	2,880,499	3,278,633	3,519,808	3,668,152	16,408,382
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	3,061,290	2,880,499	3,278,633	3,519,808	3,668,152	16,408,382
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)						353,191
6 **Public support.** Subtract line 5 from line 4						16,055,191

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	3,061,290	2,880,499	3,278,633	3,519,808	3,668,152	16,408,382
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	33,408	21,262	16,580	10,933	9,652	91,835
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11 **Total support** (Add lines 7 through 10)						16,500,217

12	Gross receipts from related activities, etc (see instructions)	12	11,761

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 2012 (line 6, column (f) divided by line 11, column (f))	14	97 300 %
15	Public support percentage for 2011 Schedule A, Part II, line 14	15	98 120 %

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 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 ▶☐

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

Facts And Circumstances Test

Explanation

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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 NORTHEAST LOUISIANA INC

Employer identification number
72-0498515

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

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	1	
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)	18,000	
4	Aggregate value at end of year	43,422	

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 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		100,000		100,000
b Buildings		500,000	234,722	265,278
c Leasehold improvements		79,510	54,651	24,859
d Equipment		387,209	283,975	103,234
e Other				
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* ▶				493,371

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		
Other		
Total. *(Column (b) must equal Form 990, Part X, col (B) line 12)* ▶		

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

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Total. *(Column (b) must equal Form 990, Part X, col (B) line 13)* ▶		

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

(a) Description	(b) Book value
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
Federal income taxes	
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25)* ▶	

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	3,334,415
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains on investments	2a	840		
b	Donated services and use of facilities	2b	62,241		
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII)	2d			
e	Add lines **2a** through **2d**			2e	63,081
3	Subtract line **2e** from line **1**			3	3,271,334
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	411,604		
c	Add lines **4a** and **4b**			4c	411,604
5	Total revenue Add lines **3** and **4c.** (This must equal Form 990, Part I, line 12)			5	3,682,938

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

1	Total expenses and losses per audited financial statements			1	3,417,338
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
a	Donated services and use of facilities	2a	62,241		
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIII)	2d			
e	Add lines **2a** through **2d**			2e	62,241
3	Subtract line **2e** from line **1**			3	3,355,097
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	411,604		
c	Add lines **4a** and **4b**			4c	411,604
5	Total expenses Add lines **3** and **4c.** (This must equal Form 990, Part I, line 18)			5	3,766,701

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

Identifier	Return Reference	Explanation
REVENUE AMOUNTS INCLUDED ON RETURN - OTHER	SCHEDULE D, PAGE 4, PART XI, LINE 4B	DONOR DESIGNATIONS 411,604
EXPENSE AMOUNTS INCLUDED ON RETURN - OTHER	SCHEDULE D, PAGE 4, PART XII, LINE 4B	DONOR DESIGNATIONS 411,604
SUPPLEMENTAL FINANCIAL INFORMATION	SCHEDULE D, PAGE 4, PART XIII	THE BEGINNING-OF-YEAR AUDITED FINANCIAL STATEMENTS WERE RESTATED FOR CONTRIBUTIONS REPORTED IN INCORRECT YEAR IN THE AMOUNT OF 51,175 THE RESTATED ITEMS ARE PLEDGES RECEIVABLE, NET OF ALLOWANCES FOR UNCOLLECTIBLES 16,236 DESIGNATIONS PAYABLE 34,939

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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 NORTHEAST LOUISIANA INC

Employer identification number
72-0498515

Part I General Information on Grants and Assistance

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

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

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

Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than $5,000. Part II can be duplicated 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 . . . . . ▶ 37

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

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

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

Additional Data

Return to Form

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	501C3	173,570				TO SUPPORT AGENCY
ARCO901 NORTH 4TH STREET MONROE,LA 71201	72-0568009	501C3	191,831				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 LOUISIANA PURCHASE COUNCIL2405 OLIVER ROAD MONROE,LA 71201	72-0423632	501C3	106,377				TO SUPPORT AGENCY
BOYS & GIRLS CLUB OF NORTHEAST LOUISIANAPO BOX 1769 WEST MONROE,LA 71294	72-0550496	501C3	114,424				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
BOYS & GIRS CLUB OF NORTH CENTRAL LOUISIANAP O BOX 1844 RUSTON,LA 71273	72-1375839	501C3	106,683				TO SUPPORT AGENCY
COMMUNITY DEVELOPMENT INSTITUTE 10065 E HARVARD 700 DENVER,CO 80231	84-1548541	501C3	37,000				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
DART108 WEST ALABAMA RUSTON,LA 71270	72-1273159	501C3	60,848				TO SUPPORT AGENCY
FOOD BANK OF NORTHEAST LOUISIANA PO BOX 5048 MONROE,LA 71211	72-1333809	501C3	109,054				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
GIRL SCOUTS OF LOUISIANA-PINES TO THE GULF102 ARKANSAS AVENUE MONROE,LA 71201	72-0488660	501C3	51,754				TO SUPPORT AGENCY
LINCOLN COUNCIL ON AGINGPO BOX 1058 RUSTON,LA 71273	72-0749959	501C3	27,330				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
LOUISIANA UNITED METHODIST CHILDREN AND FAMILY SERVICES INC904 DEVILLE LANE RUSTON,LA 71270	72-0435081	501C3	51,666				TO SUPPORT AGENCY
MASSEY MIRACLE RUN FOUNDATION1900 HICKORY STREET MONROE,LA 71201	26-1334864	501C3	7,679				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
MED-CAMPS OF LOUISIANA INC102 THOMAS ROAD STE 615 WEST MONROE,LA 71294	72-1320517	501C3	73,137				TO SUPPORT AGENCY
NORTHEAST LOUISIANA SICKLE CELL ANEMIAP O BOX 1165 MONROE,LA 71210	72-0911627	501C3	33,592				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
OPPORTUNITIES INDUSTRIAL CENTER OF OUACHITA INCP O BOX 4255 MONROE,LA 71211	72-0801911	501C3	43,668				TO SUPPORT AGENCY
OUACHITA COUNCIL ON AGINGP O BOX 7418 MONROE,LA 71211	72-0650389	501C3	154,952				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
OUR HOUSE INCP O BOX 7496 MONROE,LA 71211	72-1165751	501C3	51,901				TO SUPPORT AGENCY
RAYS OF S0NSHINEP O BOX 7299 MONROE,LA 71211	72-1455295	501C3	25,880				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
SALVATION ARMY105 HART STREET MONROE,LA 71201	63-0288866	501C3	138,819				TO SUPPORT AGENCY
ST VINCENT DE PAUL COMMUNITY PHARMACY502 GRAMMONT STREET MONROE,LA 71201	90-0014479	501C3	48,564				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
THE HEALTH HUT2406 KAVANAUGH ROAD SUITE D RUSTON,LA 71270	27-3764078	501C3	15,000				TO SUPPORT AGENCY
THE WELLSPRING ALLIANCE FOR FAMILIES INC1515 JACKSON STREET MONROE,LA 71202	72-0442226	501C3	261,205				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
UNION PARISH COUNCIL ON AGING606 E BOUNDARY STREET FARMERVILLE,LA 71241	72-0651270	501C3	27,748				TO SUPPORT AGENCY
WEST OUACHITA SENIOR CENTER1800 NORTH 7TH STREET WEST MONROE,LA 71291	72-0992952	501C3	121,092				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
YMCA OF NORTHEAST LOUISIANA1505 STUBBS AVENUE MONROE,LA 71201	72-0464886	501C3	63,337				TO SUPPORT AGENCY
YOUTH SERVICES OF NORTHEAST LOUISIANAP O BOX 999 MONROE,LA 71201	72-1076726	501C3	16,595				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
CEDAR CREST BAPTIST CHURCH3245 ARKANSAS ROAD WEST MONROE,LA 71291	71-0554382	501C3	11,006				TO SUPPORT AGENCY
STRAUSS YOUTH ACADEMY FOR THE ARTSP O BOX 2002 MONROE,LA 71207	45-4789054	501C3	5,250				TO SUPPORT AGENCY

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

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ULM ATHLETIC FOUNDATION700 UNIVERSITY AVENUE MONROE,LA 71209	23-7399232	503C3	5,200				TO SUPPORT AGENCY
MEDIA MINISTRIES130 NORTH 3RD STREET MONROE,LA 71201	72-1218305	501C3	8,502				TO SUPPORT AGENCY

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

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NORTH MONROE BAPTIST CHURCH210 FINKS HIDEAWAY ROAD MONROE,LA 71203	72-0651467	501C3	19,517				TO SUPPORT AGENCY
HUMANE SOCIETY ADOPTION CENTER OF MONROEP O BOX 15311 MONROE,LA 71207	72-0741061	501C3	6,875				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
NORTHEAST LA CHILDREN'S MUSEUM323 WALNUT ST MONROE,LA 71202	72-1287460	501C3	7,050				TO SUPPORT AGENCY
ST JUDE CHILDREN'S RESEARCH HOSPITAL501 ST JUDE PLACE MEMPHIS,TN 38105	35-1044585	501C3	24,318				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 PARISH SCHOOL BOARD100 BRY STREET MONROE,LA 71201	72-6001066	GOV		13,000	FMV	COMPUTERS	EDUCATION
LINCOLN PARISH SCHOOL BOARD410 SOUTH FARMERVILLE ST RUSTON,LA 71270	72-6000674	GOV		10,400	FMV	COMPUTERS	EDUCATION

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
MONROE CITY SCHOOLS 2008 TOWER DR MONROE,LA 71201	72-6011796	GOV		7,800	FMV	COMPUTERS	EDUCATION

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SCHEDULE M (Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

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

OMB No 1545-0047

2012

Open to Public Inspection

Name of the organization
UNITED WAY OF NORTHEAST LOUISIANA INC

Employer identification number
72-0498515

Part I Types of Property

		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1	Art—Works of art				
2	Art—Historical treasures				
3	Art—Fractional interests				
4	Books and publications				
5	Clothing and household goods				
6	Cars and other vehicles				
7	Boats and planes				
8	Intellectual property				
9	Securities—Publicly traded	X	7	56,832	FAIR MARKET VALUE
10	Securities—Closely held stock				
11	Securities—Partnership, LLC, or trust interests				
12	Securities—Miscellaneous				
13	Qualified conservation contribution—Historic structures				
14	Qualified conservation contribution—Other				
15	Real estate—Residential				
16	Real estate—Commercial				
17	Real estate—Other				
18	Collectibles				
19	Food inventory				
20	Drugs and medical supplies				
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other ▶ (IBM COMPUTERS)	X	1	31,200	FAIR MARKET VALUE
26	Other ▶( )				
27	Other ▶( )				
28	Other ▶ ( )				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement . . . **29** 1

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

Part II **Supplemental Information.** Complete this part to provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Identifier	Return Reference	Explanation

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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

2012

Open to Public Inspection

Name of the organization
UNITED WAY OF NORTHEAST LOUISIANA INC

Employer identification number
72-0498515

Identifier	Return Reference	Explanation
ALL OTHER ACCOMPLISHMENT DESCRIPTION	FORM 990, PAGE 2, PART III, LINE 4D	COMMUNITY IMPACT - 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 IN THE PILOT YEAR OF THE UNITED WAY VOLUNTEER READING INITIATIVE 191 COMMUNITY VOLUNTEERS READ WITH 118 SECOND AND THIRD GRADE STUDENTS IN 6 SCHOOLS IN OUR COMMUNITY FOR 1,313 READING HOURS IN THE 2012-2013 SCHOOL YEAR 86% OF VOLUNTEER READING INITIATIVE STUDENTS IMPROVED THEIR READING LEVELS 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 FOUR SCHOOL DISTRICTS IN OUACHITA, LINCOLN AND MOREHOUSE PARISHES BUSINESS AND COMMUNITY VOLUNTEERS PARTICIPATE IN SIMULATIONS THAT ARE RELEVANT, FUN AND PRACTICAL FOLLOW UP CLASSROOM FINANCIAL EDUCATION IS OFFERED THAT 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 IMPROVED 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 THREE UNITED WAY PARTNER AGENCIES, TO PROMOTE WELLNESS WITH CHILDREN IN SCHOOL AND CHILDREN IN AN AFTER-SCHOOL PROGRAM THROUGH THESE PROGRAMS, PARTICIPANTS' NUTRITION AND EATING HABITS IMPROVED, DAILY ACTIVITY LEVELS INCREASED AND DIVERSE EXCERCISE PROGRAMS WERE DEVELOPED 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 - VOLUNTEERS OF UNITED WAY 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 AGENCY PROGRAMS COMMUNITY INVESTMENT VOLUNTEERS ANNUALLY ALLOCATE UNITED WAY DOLLARS TO UNITED WAY PARTNER AGENCIES PROGRAMS
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 ANYONE 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
RECONCILIATION OF CHANGES - OTHER	FORM 990, PART XI, LINE 9	DONOR DESIGNATIONS -411,604 DONOR DESIGNATIONS 411,604