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# Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

▶ Do not enter Social Security numbers on this form as it may be made public.

Information about Form 990 and its instructions is at www.irs.gov/form990.

AF	or the	2013 calendar year, or tax year beginning and	enumy		
B c	heck if	C Name of organization		D Employer identified	cation number
	Addres	UNITED WAY OF CENTRAL LOUISIANA, INC.			
	Name chang	Doing Business As	_	72-0	462338
	Initial return	A COROLLA STATE OF A COROLLA STATE OF A COROLLA A COROLL	Room/suite	E Telephone number	•
	Termir			(318	) 443-7203
	Amend	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	1,147,131.
	Applic	<sup>a</sup>   ALEXANDRIA, LA 71309		H(a) Is this a group re	itum
	pendir	F Name and address of principal officer:DAVID BRITT		for subordinates	
		1101 FOURTH STREET, STE 202, ALEXANDRI	A, LA	H(b) Are all subordinates in	cluded? Yes No
IT	ax-ex	empt status: X 501(c)(3)	or 52	7 If "No," attach a	list. (see instructions)
		te: ► WWW.UWCL.ORG		H(c) Group exemption	
K F	orm of	organization: X Corporation Trust Association Other	∟ Yea	r of formation: 1980 N	State of legal domicile; LA
Pa	rt I	Summary			
-	1	Bnefly describe the organization's mission or most significant activities: $\underline{ ext{THE}}$	ORGAN	IZATION LINK	S PEOPLE
Activities & Governance		AND RESOURCES FOR A STRONGER COMMUNITY I	N CEN'	TRAL LA.	
rus	2	Check this box If the organization discontinued its operations or disposition	sed of mo	re than 25% of its net as	ssets.
ove.	3	Number of voting members of the governing body (Part VI, line 1a)		3	25
<u>ග</u> න	4	Number of independent voting members of the governing body (Part VI, line 1b)		4	25
es	5	Total number of individuals employed in calendar year 2013 (Part V, line 2a)		5	7
viţi.	6	Total number of volunteers (estimate if necessary)		6	624
cti	7 a	Total unrelated business revenue from Part VIII, column (C), line 12		7a	0.
1	b	Net unrelated business taxable income from Form 990-T, line 34		7b	0.
			L	Prior Year	Current Year
•	8	Contributions and grants (Part VIII, line 1h)	L	1,861,592.	1,653,002.
n e	9	Program service revenue (Part VIII, line 2g)	L	0.	0.
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		6,992.	4,454.
ш.	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	L	<398,462.	
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		1,470,122.	1,147,131.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1·3)		862,235.	825,328.
	•	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.	
es	15	Salanes, other compensation, employee benefits (Part IX, column (A), lines 5-10)	· . <u> </u>	295,575.	304,030.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)	L	0.	0.
Š	b	Total fundraising expenses (Part IX, column (D), line 25)	93.	, , , , , , , , , , , , , , , , , , ,	206 204
ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	1 Cr	206,885.	206,304.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), ine 25)		11,364,695.	1,335,662.
		Revenue less expenses. Subtract line 18 from line 12	- 5	ر 105,427.	<188,531.
ts or		B JUN 1 8 2	2C14	Reginning of Current Year	End of Year
Sset Safa	20	Total assets (Part X, line 16)	L.	1,636,850.	1,443,814.
ZOVS Jet Assets Jet Balar	21	Total liabilities (Part X, line 26)		16,247.	11,742.
ಐ₹	22	Net assets of furid balances. Subtract line 21 from line 20-		1 1,620,603.	1,432,072.
	irt II	Signature Block	- 50		1
Und	er pena	alties of perjury, I declare that I have examined this return, including accompanying schedul	es and state	ments, and to the dest of m	y knowledge and belief, it is
<u> </u> true,	correc	ct, and complete. Deflaration of preparer (other than officer) is based on all information of w	mich prepare		<b>A</b> = - (//
0		Signature of officer		Date	0-2014
Sign	n			Date	
Her E	е	DAVID BRITT, PRESIDENT Type or print name and title			·
25		10		Date Check	PTIN
Paid		Print/Type preparer's name Preparer's signature	1.		
		DEBORAH DUNN AND PROPERTY OF THE PROPERTY OF T	_//	6/5/14 If sett-employ	
	Darer	Firm's name PAYNE, MOORE & HERRINGTON, LLP		Firm's EIN	72-0475011
USE	Only	Firm's address P.O. BOX 13200		Dharing / 2	18\443_1902
		ALEXANDRIA, LA 71315-3200		Phone no. ( 3	18)443-1893
		RS discuss this return with the preparer shown above? (see instructions)			Yes No
3320	01 10-2	29-13 LHA For Paperwork Reduction Act Notice, see the separate instruct	ions.		Form <b>990</b> (2013)

Form	990 (2013) UNITED WAY OF CENTRAL LOUISIANA, INC. 72-0462338 Page 2
Pai	t III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
•	UNITED WAY OF CENTRAL LOUISIANA, INC., IS A NON-PROFIT CORPORATION
	LOCATED IN ALEXANDRIA, LOUISIANA, AND ITS MISSION IS TO LINK PEOPLE
	AND RESOURCES FOR A STRONGER COMMUNITY IN CENTRAL LOUISIANA.
	AND REDOURCED FOR A DIRONGER COMMONITY IN CENTRAL ECOLDIANA.
	<del></del>
2	Did the organization undertake any significant program services during the year which were not listed on
	the pnor Form 990 or 990-EZ?
	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?
	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 \$ 825,328 • including grants of \$ 825,328 • ) (Revenue \$)
	GRANTS MADE DIRECTLY TO AGENCIES - SEE SCHEDULE 1
4b	(Code ) (Expenses \$ 167,926. including grants of \$ ) (Revenue \$)
	COMMUNITY SERVICE
	· · · · · · · · · · · · · · · · · · ·
4c	(Code ) (Expenses \$ 56,133. including grants of \$ ) (Revenue \$
40	(Code ) (Expenses \$ 56,133. including grants of \$) (Revenue \$)
	EARLI CHILDHOOD INITIATIVE
4d	Other program services (Describe in Schedule O.)
	(Expenses \$ 47,391 • including grants of \$ ) (Revenue \$ )
4e	Total program service expenses ► 1,096,778.
	Form 990 (2012)

UNITED WAY OF CENTRAL LOUISIANA, INC. Form 990 (2013) UNITED WAY O
Part IV Checklist of Required Schedules

	·		Yes	No
	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		x	
	If "Yes," complete Schedule A  Is the organization required to complete Schedule B, Schedule of Contributors?	2	$\frac{x}{x}$	
	Did the organization required to complete scriedule b, scriedule or contributors.  Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for	_		
3	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	Ť		
	during the tax year? If "Yes," complete Schedule C, Part II	4	х	
	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		<u>X</u>
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		<u> </u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	_		v
	Schedule D, Part III	8_		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?	9		х
	If "Yes," complete Schedule D, Part IV	9		
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		х
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	4	18.	11 11
••	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
_	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
C	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c	X	
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	х	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
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	ļ	X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes, " complete		x	
	Schedule D, Parts XI and XII	12a	_	
D	Was the organization included in consolidated, independent audited financial statements for the tax year?	12b		x
13	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	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		1	
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	ļ	X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			<del>.</del>
46	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	<del>                                     </del>	X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	4.0		x
40	1c and 8a? If "Yes," complete Schedule G, Part II  Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	18	<u> </u>	<del>  ^</del>
19	complete Schedule G, Part III	19	ļ	x
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	1	X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
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Form 990 (2013) UNITED WAY OF CENT Part, IV; Checklist of Required Schedules (continued)

			163	110
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	
22	Did the organization report more than \$5,000 of grants or 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		х
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		х
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 25a	24a		х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	-1	
	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		
	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a			
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so,			
	complete Schedule L, Part II	26		Х
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	_	i	v
	of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			1.
	instructions for applicable filing thresholds, conditions, and exceptions).	-00-		X
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		$\frac{\lambda}{X}$
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Α
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	28c		Х
29	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV  Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	25		
•	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
•	If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		Х
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		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	X	<u> </u>
		Form	990	(2013

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Form **990** (2013)

	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
ь	Enter the number of Forms W-2G included in line 1a. Enter -0 if not applicable 1b 0			
C	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 7			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, 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		<u> </u>
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.			ļ_ <del></del>
5a		5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
	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			х
	any contributions that were not tax deductible as charitable contributions?	6a		<del>-^-</del> -
D	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	6b		
7	were not tax deductible?  Organizations that may receive deductible contributions under section 170(c).	90		<u> </u>
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
Ŭ	to file Form 8282?	7c		х
d	If "Yes," indicate the number of Forms 8282 filed during the year			<u> </u>
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 <del>1</del>		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting			<b></b> _
	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		L
10	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	ļ		
11	Section 501(c)(12) organizations. Enter:			ļ
a	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
10-	amounts due or received from them.)	40-		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		├
_	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.	12-		<del>                                     </del>
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		<del> </del>
ь	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	İ		
c	Enter the amount of reserves on hand	1		
14a	• •	14a		x
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		T

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

	Check if Schedule O contains a response or note to any line in this Part VI						X
Sec	tion 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		24			
	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		24			,
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationsh	p with	any other				
	officer, director, trustee, or key employee?				2_		X
3	Did the organization delegate control over management duties customanly performed by or under the	ne dire	ct supervision	า			
	of officers, directors, or trustees, or key employees to a management company or other person?				3		X
4	$\label{eq:decomposition}  Did the organization make any significant changes to its governing documents since the prior Form $(0,0)$ and $(0,0)$ are the prior form $(0,0)$ and $(0,0)$ are the prior form $(0,0)$ and $(0,0)$ are the prior form $(0,0)$ are the$	990 w	as filed?		4_		Х
5	Did the organization become aware during the year of a significant diversion of the organization's as	sets?			5		Х
6	Did the organization have members or stockholders?				6		Х
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?							
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or							
persons other than the governing body?							
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	ar by t	ne following:				
а	The governing body?		•		8a	X	
b	Each committee with authority to act on behalf of the governing body?				8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea	ached	at the				
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O				9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal F	evenu	e Code.)				,
				1		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?				10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such of	hapte	rs, affiliates,				
	and branches to ensure their operations are consistent with the organization's exempt purposes?				10b		
	Has the organization provided a complete copy of this Form 990 to all members of its governing boo	ly bef	ore filing the f	orm?	11a	Х	
þ	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	Х	<u></u> .
b					12b	X	
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y	es," c	lescribe				
	ın Schedule O how this was done				12c	X	
13	Did the organization have a written whistleblower policy?				13	X	
14	Did the organization have a written document retention and destruction policy?				14	X	
15	Did the process for determining compensation of the following persons include a review and approve	al by	ndependent				ŀ
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	,			~		
а	The organization's CEO, Executive Director, or top management official				15a	X	
ь	Other officers or key employees of the organization				15b	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).				-	į	
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	ment	with a				
	taxable entity during the year?				16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate	ate its	participation				
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization	ınızatı	on's				
	exempt status with respect to such arrangements?				16b		
Sec	tion C. Disclosure						
17	List the states with which a copy of this Form 990 is required to be filed ► NONE						
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-	T (Sec	tion 501(c)(3)	s only) a	ıvaılab	le	
	for public inspection. Indicate how you made these available. Check all that apply.  X Own website X Another's website X Upon request Other (explain	ın So	hedule O)				
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, c	onflict	of interest po	olicy, an	d finar	ncial	
	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 a	and re	cords of the c	organiza	tion:	•	
	UNITED WAY OF CENTRAL LA., INC 318-443-7203			•			
	1101 FOURTH STREET, STE 202, ALEXANDRIA, LA 71309	•					
33200	3 10-29-13				Form	990	(2013

#### Form 990 (2013) Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated **Employees, and Independent Contractors**

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

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

Check this box if neither the organization										(F)
(A) Name and Title	(B) Average		(C) Position					( <b>D)</b> Reportable	<b>(E)</b> Reportable	(F) Estimated
Hame and Title	hours per	(do not check more than one box, unless person is both an officer and a director/trustee)			s bot	h an	compensation	compensation	amount of	
	week	⊢	cer an	d a d	recto	ar/trus	tee)	from	from related	other
	(list any	ecto						the	organizations	compensation
	hours for	or de				ated		organization	(W-2/1099-MISC)	from the
	related organizations	nstee	E E			Suadi		(W-2/1099-MISC)		organization and related
	below	lag th	tonal		l gla	st con	_			organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employes	Highest compensated employee	Former			J
(1) DAVID BRITT	50.00	-	_							
PRESIDENT		X						77,498.	0.	0.
(2) SEE SCHEDULE 2 ATTACHMENT-	0.00							_	_	
BOARD OF DIRECTORS		Х					<u>L</u> .	0.	0.	0.
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Form 990 (2013)

Part VII	Section A. Officers, Directors, Trus	tees, Key Em	ploy	ees	, and	d Hi	ghe	st C	ompensated Employe	es (continued)				
	(A)	(B)			(0	<b>5</b> )			(D)	(E)			(F)	
•	Name and title	Average	(do		Posi heck		than	one	Reportable	Reportable	l l			
		hours per week					is bot x/trus		compensation	compensation	י	amount of other		of
		(list any				Г			from the	from related organizations	ł		ou ler pensa	tion
		hours for	director				E		organization	(W-2/1099-MIS		•	om the	
		related	i e c	ustee			E SE		(W-2/1099-MISC)			_	anizat	
		organizations below	ğ H	onal tr		loyee	E 2				Ì		relat	
		line)	Indiwdual trustee or	Institutional trustee	Officer	Key employee	Highest compensated employee	Jr III 61				orga	nızatı	JIIS
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			1	<u> </u>										
1b Sub-	-total .	-						<u> </u>	77,498.		0.			0.
c Tota	al from continuation sheets to Part V	I, Section A							0.		0.			0.
	al (add lines 1b and 1c)				<u>.</u>			<u> </u>	77,498.		0.			0.
	ll number of individuals (including but n	ot limited to th	nose	liste	ed a	bov	e) wl	no r	eceived more than \$100	0,000 of reportable	9			,
com	pensation from the organization	_										1	Yes	()  - - - - - - - - - - - - - - - - - - -
											1	4	162	No
	the organization list any former officer,			е, ке	ey er	npic	oyee	, or	nignest compensated e	mployee on		3		X
	1a? If "Yes," complete Schedule J for s any individual listed on line 1a, is the su			omn	one	ation	3 an	1 01	hor componention from	the organization		3		
	related organizations greater than \$15									trio organization		4	<u> </u>	X
	any person listed on line 1a receive or									idual for services				
	lered to the organization? If "Yes," com	•										5	****	X
	B. Independent Contractors													
1 Com	nplete this table for your five highest co	mpensated in	dep	ende	ent c	ont	ract	ors 1	that received more than	\$100,000 of com	pens	ation f	rom	
the c	organization. Report compensation for	the calendar y	ear	end	ıng v	vith	or w	ıthı	n the organization's tax	year.	<del></del>			
	(A)			^	_				(B)		_	(C		_
	Name and business	address	N	ON	<u> </u>			_	Description of s	services		ompe	nsatio	n —
-								$\dashv$						
-	· ·							$\dashv$						
									<u> </u>					
2 Tota	I number of independent contractors (	noludina but r	ant l	mde	d +0	the	sco li	^+^-	d aboval who recoved r	nore than				

Form 990 (2013)

\$100,000 of compensation from the organization

9

<510,325.

147,131

900099

10450605 756479 2145003

332009 10-29-13 d All other revenue

Total. Add lines 11a-11d

Total revenue. See instructions.

2013.03050 UNITED WAY OF CENTRAL LOUIS 21450031

<505,871.

<545,132.><545,132.

Form **990** (2013)

Ō.

Form 990 (2013) UNITED WAY OF Part IX Statement of Functional Expenses

	on 501(c)(3) and 501(c)(4) organizations must com		er organizations must co	mplete column (A).	
	Check if Schedule O contains a respon				
	not include amounts reported on lines 6b, 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	825,328.	825,328.		- <del></del>
2	Grants and other assistance to individuals in				
	the United States. See Part IV, line 22				
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	United States. See Part IV, lines 15 and 16				
4	Benefits paid to or for members .				
5	Compensation of current officers, directors,	77 400	25 822	25 022	25 022
	trustees, and key employees	77,498.	25,832.	25,833.	25,833.
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B)	141,380.	66,096.	33,265.	42,019.
7	Other salanes and wages	141,300.	00,030.	33,203.	42,019.
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	69,574.	29,221.	18,785.	21,568.
9	Other employee benefits	15,578.	6,543.	4,206.	4,829.
10	Payroll taxes	13,370.	0,343.	4,200.	4,025
11	Fees for services (non-employees):				
	Management	··			
	Legal	18,080.	8,910.	3,565.	5,605.
	Accounting Lobbying	10,000.	0,5101	3,303.	3,000
	Professional fundraising services. See Part IV, line 17				<del>- '</del>
f	Investment management fees				<del> </del>
g g	Other. (If line 11g amount exceeds 10% of line 25,		-		_
9	column (A) amount, list line 11g expenses on Sch O.)				
12	Advertising and promotion	897.	377.	242.	278.
13	Office expenses	46,115.	19,369.	12,451.	14,295
14	Information technology			,	•
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	2,629.	1,104.	710.	815
20	Interest				
21	Payments to affiliates	14,314.	14,314.		
22	Depreciation, depletion, and amortization	9,223.	9,223.		
23	Insurance _	6,084.	2,555.	1,643.	1,886
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 0.)  EARLY CHILDHOOD INITIAT	56,133.	56,133.	-	-
a	DOMESTIC VIOLENCE INITI	22,694.	22,694.	+	
b	211 SYSTEM CONTRIBUTION	625.	625.		
9	MISCELLANEOAUS NONCASH	500.	500.	+	
d	<del></del>	29,010.	7,954.	5,091.	15,965.
	All other expenses  Total functional expenses. Add lines 1 through 24e	1,335,662.	1,096,778.	105,791.	133,093
25 26	Joint costs. Complete this line only if the organization	1,000,002.		200,701.	
20	reported in column (B) joint costs from a combined	ļ			
	educational campaign and fundraising solicitation.				
	Check here following SOP 98-2 (ASC 958-720)				
	11-29-13		L	<u></u>	Form <b>990</b> (2013)

Part X | Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X (A) (B) End of year Beginning of year 423,343. 390,070. Cash - non-interest-bearing 277,953. 278,153. 2 Savings and temporary cash investments 562,800. 723,681. 3 3 Pledges and grants receivable, net Accounts receivable, net Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 5 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L Notes and loans receivable, net 2,452 2,452. 8 Inventories for sale or use 550. 1,846. Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other 82,331 10a basis. Complete Part VI of Schedule D 12,192. 70,139. 21,415. 10b 10c b Less: accumulated depreciation 11 Investments - publicly traded securities 11 12 12 Investments - other securities. See Part IV, line 11 108,284. 124,882. 13 13 Investments - program-related, See Part IV, line 11 14 14 Intangible assets 77,876. 72,715. 15 Other assets. See Part IV, line 11 15 1,636,850. 1,443,814. 16 Total assets. Add lines 1 through 15 (must equal line 34) 13,712. 9.334. 17 17 Accounts payable and accrued expenses 18 Grants payable 18 19 19 Deferred revenue 20 20 Tax-exempt bond liabilities Escrow or custodial account liability. Complete Part IV of Schedule D 21 21 Loans and other payables to current and former officers, directors, trustees, Liabilities key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L. 22 23 23 Secured mortgages and notes payable to unrelated third parties Unsecured notes and loans payable to unrelated third parties 24 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of 2,535. 2,408. Schedule D 16,247. 11,742. 26 Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958), check here 

X

and complete lines 27 through 29, and lines 33 and 34. **Net Assets or Fund Balances** 1,590,637. 1,351,851. 27 27 Unrestricted net assets 80,221. 29,966. Temporarily restricted net assets 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 1,620,603. 1,432,072. 33 Total net assets or fund balances 33 1,443,814. 1,636,850. Total liabilities and net assets/fund balances

Form 990 (2013)

	990 (2013) UNITED WAY OF CENTRAL LOUISIANA, INC.	72-04	62338	Pag	ge 12
Pa	t XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				<u></u>
	•				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,14		
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,33		
3	Revenue less expenses. Subtract line 2 from line 1	3			31.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,62	0,6	03.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	1,43	2,0	<u>72.</u>
Pa	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		.		
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Ο.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d 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	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audıt,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si				Ì
	Act and OMB Circular A-133?	-	3a		$\mathbf{x}$
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	red audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		

Form **990** (2013)

#### **SCHEDULE A**

(Form 990 or 990-EZ)

**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.

2013

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs gov/form990.

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

Employer identification number 72-0462338

Part I	Reason	for Public Char	rity Status (All organiz	ations mus	st complet	te this par	t.) See inst	tructions.			
The orga	nization is not a	private foundation	because it is: (For lines 1	1 through 1	1, check	only one b	ox.)				
1 🗀			s, or association of churc					).			
2 🗀	A school des	cribed in section 17	70(b)(1)(A)(ii). (Attach Sc	hedule E.)							
з 🗀			ital service organization of	•	in section	170(b)(1)	(A)(iii).				
4		•	operated in conjunction					(b)(1)(A)(ii	ii). Enter	the hospital's	s name.
	city, and stat	-			p			(= /\ ·/\· ·/\·	,		
5 🗀			benefit of a college or ur	niversity ov	vned or or	perated by	a govern	mental uni	t descrit	ned in	
• —	-	(b)(1)(A)(iv). (Comple		mroromy or	ou o. o,	, polatou D	a goronn	morna, am	it docome	, ca	
6 🗆			•	• docombo	d	- 470/h//	43/A3/)				
7 🗓	1		ent or governmental unit					6 41			
/ [43.]			eives a substantial part	or its supp	ort from a	governme	eritai uriit C	or irom the	general	public descri	ibea in
• —		b)(1)(A)(vi). (Comple		·O1-4-	D-4 11 \						
8	·		section 170(b)(1)(A)(vi). (		-						
9 📖	-	•	eives: (1) more than 33 1						•	-	•
			nctions - subject to certa								
			axable income (less sect	tion 511 ta	x) from bu	isinesses a	acquired b	y the orga	ınızatıon	after June 30	), 1975
		<b>509(a)(2).</b> (Complete	•								
10	_		perated exclusively to te	•	•			•			-
11 🗀	_	•	perated exclusively for th						•		
		•	ations described in section		•		2). See <b>se</b> e	ction 509(	<b>a)(3).</b> Ch	eck the box t	hat
			organization and comple		_						
	a L Type	ı <b>b</b> ∟⊥1	ype∥ c∐ Ty	ype III - Fui	nctionally	ıntegrated	•	<b>і</b> Ш Тур	e III - No	n-functionally	Integrated
e L	By checking	this box, I certify tha	at the organization is not	controlled	directly o	r indirectly	by one o	r more disc	qualified	persons other	er than
	foundation m	anagers and other t	han one or more publicly	y supporte	d organiza	ations des	cnbed in s	ection 509	9(a)(1) or	section 509(	a)(2).
f	If the organiz	ation received a writ	tten determination from t	the IRS tha	ıt ıt ıs a Ty	pe I, Type	II, or Type	ə III			
	supporting o	rganization, check th	nis box								
g	Since Augus	t 17, 2006, has the o	organization accepted ar	ny gift or co	ontribution	n from any	of the foll	owing pers	sons?	_	
	(i) A perso	n who directly or ind	lirectly controls, either al	one or tog	ether with	persons o	described	ın (ii) and (	(iii) below	, <u> </u>	Yes No
	the gov	eming body of the s	upported organization?			_				11g(i)	
	(ii) A family	member of a persor	n described ın (i) above?							11g(ii)	
	(iii) A 35% (	controlled entity of a	person described in (i) o	or (ii) above	?					11g(iii)	
h	Provide the f	ollowing information	about the supported or	ganization(	s).						
		J		,	•						
(i) Nam	e of supported	(ii) EIN	(iii) Type of organization	(iv) is the o	rganization	(v) Did vo	u notify the	(vi) Is	the	(vii) Amount o	of monetary
	anization	(11) C111	(described on lines 1-9	în col. (i) lis			ion in col.	organizatio	on in col.	supp	_
	,			governing o	document?	(i) of you	r support?	(i) organız U.S	.?	J	•••
			(see instructions))	Yes	No	Yes	No	Yes	No		
				<b></b>				<del></del>			
				1				ľ			
								<del> </del>			
		<u> </u>			<del></del>	<del>                                     </del>	<del>                                     </del>	<del>                                     </del>		<del></del>	
-				<del> </del>			<del>                                     </del>	<del>                                     </del>	-		
				-		<del>                                     </del>	<del>                                     </del>	<del>                                     </del>			
						ļ					

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2013

332021 09-25-13 Schedule A (Form 990 or 990-EZ) 2013 UNITED WAY OF CENTRAL LOUISIANA, INC. 72-0462338 Page 2

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.)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	2036926.	1962475.	1745525.	1861592.	1653003.	9259521.
2	Tax revenues levied for the organ-	_					
	ization's benefit and either paid to		ı				
	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	2036926.	1962475.	1745525.	1861592.	1653003.	9259521.
5	The portion of total contributions						
	by each person (other than a	i					
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the	]					
	amount shown on line 11,						
	column (f)						
6	Public support. Subtract line 5 from line 4						9259521.
Sec	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in) ►	(a) 2009	(b) 2010 1962475.	(c) 2011	(d) 2012	(e) 2013	(f) Total
7	Amounts from line 4	2036926.	1962475.	1745525.	1861592.	1653003.	9259521.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources	14,665.	13,622.	9,227.	6,992.	4,454.	48,960.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carned on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part IV.)	<363,222.	×430,979.	×428,457.	×398,462.	×510,325.	×2131445.
11	Total support. Add lines 7 through 10						7177036.
12	Gross receipts from related activities	, etc. (see instructi	ons)			12	- <u></u> -
13	First five years. If the Form 990 is fo	-	s first, second, thir	d, fourth, or fifth to	ax year as a sectio	n 501(c)(3)	
_	organization, check this box and sto			<del> </del>			
	ction C. Computation of Pub	<del></del>	<del>-</del>		<del></del>	r : . r	120 02
	Public support percentage for 2013 (		-	column (f))	•		129.02 %
	Public support percentage from 2012		•			<u> </u>	120.13 %
16a	33 1/3% support test - 2013. If the	•			14 is 33 1/3% or n	nore, check this bo	
	stop here. The organization qualifies		•	•			<b>▶</b> X
b	33 1/3% support test - 2012. If the	-			l line 15 is 33 1/3%	or more, check the	nis box
	and stop here. The organization qual	, ,	•				
17a	10% -facts-and-circumstances tes	_					•
	and if the organization meets the "fac			-	•	rt IV how the orgar	nization
	meets the "facts-and-circumstances"	test. The organiza	ation qualifies as a	publicly supported	d organization		▶□
b	10% -facts-and-circumstances tes	t - <b>2012.</b> If the org	janization did not o	check a box on line	e 13, 16a, 16b, or	17a, and line 15 is	10% or
	more, and if the organization meets t	he "facts-and-cırcu	ımstances" test, c	heck this box and	stop here. Explair	n in Part IV how the	·
	organization meets the "facts-and-cir	cumstances" test.	The organization	qualifies as a publi	cly supported orga	anızatıon	▶∐
18	Private foundation. If the organization	on did not check a	box on line 13, 16	a, 16b, 17a, or 17l	o, check this box a	and see instruction	ıs ▶□
					Sche	edule A (Form 990	or 990-EZ) 2013

## Schedule A (Form 990 or 990-EZ) 2013 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.)

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not			ļ			
	ınclude any "unusual grants.")					<u> </u>	
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				:	Ì	
	are not an unrelated trade or bus- iness under section 513						
4	Tax revenues levied for the organ-						
	ization'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	. <u>-</u>					
78	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						<del></del>
t	) 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						
	Add lines 7a and 7b			Ì			
	Public support (Subtract line 7c from line 6.)	1				,	
Se	ction B. Total Support	<u> </u>	****	* <u></u>		A	· · · ·
Cale	endar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
	Amounts from line 6				1		
10	a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
t	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975						
	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						į
	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
	Total support. (Add lines 9, 10c, 11, and 12)	<u> </u>	<u> </u>	<u> </u>	<u> </u>	504(-)(0)	
14	First five years. If the Form 990 is for	tne organization	s tirst, second, thi	ra, tourtn, or titth t	ax year as a section	on 501(c)(3) organi	zation,
50	check this box and stop here	io Support De	roontogo		•		
	ction C. Computation of Publ			(6)		45	
	Public support percentage for 2013 (			column (t))		15	<u>%</u>
	Public support percentage from 2012					16	%
_	ction D. Computation of Inve		<del>-</del>		-	[47]	
	Investment income percentage for 20			ne 13, column (f))		17	<u>%</u>
	Investment income percentage from					18	%
19:	a 33 1/3% support tests - 2013. If the						1/ IS not
ı	more than 33 1/3%, check this box a 33 1/3% support tests - 2012. If the	organization did	not check a box or	n line 14 or line 19	a, and line 16 is m	ore than 33 1/3%,	. —
	line 18 is not more than 33 1/3%, che	eck this box and s	<b>stop here.</b> The org	anızatıon qualıfıes	as a publicly supp	oorted organization	<b>▶</b> ∐
20	Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check t	this box and see in	structions	▶∟_

332023 09-25-13

	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12 Also complete this part for any additional information. (See instructions).
•	
·	
_	
•	
-	

#### SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

### **Political Campaign and Lobbying Activities**

For Organizations Exempt From Income Tax Under section 501(c) and section 527

Complete if the organization is described below. Attach to Form 990 or Form 990-EZ. ➤ See separate instructions. ➤ Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047 Open to Public Inspection

If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax) or Form 990-EZ, Part V, line 35c (Proxy Tax), then

			tions: Complete Part III.			
Nan	ne of organizatio					oloyer identification number
		UNITED	WAY OF CENTRAL I	LOUISIANA, II	NC.	72-0462338
P	artil-A. Con	nplete if the ore	ganization is exempt un	der section 501(c)	or is a section 527	organization.
1 2 3	Political expend	ditures	zation's direct and indirect politi	cal campaign activities i	n Part IV.	\$ 
Pa	art I-B Con	nplete if the org	anization is exempt un	der section 501(c)	[3].	
1			incurred by the organization un		<b>&gt;</b>	\$
			incurred by organization manage		•	
3			n 4955 tax, did it file Form 4720			Yes No
48	Was a correction	on made?				Yes No
t	o If "Yes," descri	be in Part IV.				
P	irt.l-C Con	nplete if the org	ganization is exempt un	der section 501(c),		
			d by the filing organization for s	•		\$
2	Enter the amou	int of the filing orgar	ization's funds contributed to o	ther organizations for se	ection 527	
	exempt functio	n activities				\$
3	•	unction expenditures	s. Add lines 1 and 2. Enter here	and on Form 1120-POL		
	line 17b				•	\$Yes \No
4	_	•	1120-POL for this year?			•
5			nployer identification number (E ition listed, enter the amount pa			
			omptly and directly delivered to			
	political action	committee (PAC). If	additional space is needed, pro	vide information in Part	IV.	
	(a) N	lame	(b) Address	(c) EIN	(d) Amount paid from	(e) Amount of political
	(-, -		<b>(,</b>		filing organization's	contributions received and
					funds. If none, enter -0-	promptly and directly delivered to a separate
						political organization.
						If none, enter -0-
					<u> </u>	
					-	
_						

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule C (Form 990 or 990-EZ) 2013

LHA 332041 11-08-13

Schedule C (Form 990 or 990-EZ) 2013 UP Part II-A Complete if the orga	inization is	AY OF CENTRAL exempt under section	LOUISIANA, on 501(c)(3) and fil		0462338 Page 2
(èlection under secti	ion 501(h)).				
A Check Lifthe filing organization	on belongs to a	n affiliated group (and list i	n Part IV each affiliated	group member's nar	me, address, EIN,
expenses, and share	of excess lobb	yıng expenditures).			
B Check 🕨 🔲 if the filing organization	on checked box	A and "limited control" pr	ovisions apply.		
	on Lobbying tures" means a	Expenditures amounts paid or incurred	.)	(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influe	ence public oni	non (grass roots lobbying)			<del> </del>
b Total lobbying expenditures to influe					
	•	o body (direct lobbying)	• •	-	
	•	•			
		ad 1d\		<del></del>	
e Total exempt purpose expenditures	•	•	th columns		<del> </del>
f Lobbying nontaxable amount. Enter				******	
If the amount on line 1e, column (a) or		e lobbying nontaxable an		•	,
Not over \$500,000	<del></del>	% of the amount on line 16			
Over \$500,000 but not over \$1,000,		00,000 plus 15% of the ex		•	•
Over \$1,000,000 but not over \$1,50		75,000 plus 10% of the ex			
Over \$1,500,000 but not over \$17,0	00,000 \$2	25,000 plus 5% of the exc	ess over \$1,500,000.		
Over \$17,000,000	\$1,	000,000.			,
g Grassroots nontaxable amount (ente	er 25% of line 1	f)			
h Subtract line 1g from line 1a. If zero			• •		
i Subtract line 1f from line 1c. If zero	•				
j If there is an amount other than zero	· · · · · · · · · · · · · · · · · · ·		zation file Form 4720		1
reporting section 4911 tax for this ye					Yes No
	tions that mad umns below. S	r Averaging Period Unde e a section 501(h) election ee the instructions for lin	on do not have to comp es 2a through 2f on pa		
	Lobbying E	xpenditures During 4-Ye	ear Averaging Period		
Calendar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount		-		<del></del>	
(150% of line 2a, column(e))					
c Total lobbying expenditures	-				
d Grassroots nontaxable amount					
e Grassroots celling amount			<del></del>		
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Schedule C (Form 990 or 990-EZ) 2013

Schedule C (Form 990 or 990-EZ) 2013 UNITED WAY OF CENTRAL LOUISIANA, INC. 72-0462338 Page 3
Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

Fore	each "Yes," response to lines 1a through 1i below, provide in Part IV a detailed description	(a	)	T 0	b)
	e lobbying activity.	Yes	No		ount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:				
а	Volunteers?	Х			
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		X		
C	Media advertisements?		X		
d	Mailings to members, legislators, or the public?	Х		_	
е	Publications, or published or broadcast statements?		X		
f	Grants to other organizations for lobbying purposes?		X		
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	X			
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		Х		
i	Other activities?		Х		
j	Total. Add lines 1c through 1i				0.
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X		
b	If "Yes," enter the amount of any tax incurred under section 4912				
С	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			ļ	
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				
Pai	t III-A Complete if the organization is exempt under section 501(c)(4), sect 501(c)(6).	ion 501(c)	(5), or s∈	ection	
				Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?		1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		2	_	
3	Did the organization agree to carry over lobbying and political expenditures from the prior year?		3		
Pai	t III-B Complete if the organization is exempt under section 501(c)(4), sect	ion 501(c)	(5), or se	ction	
	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answere	d "No," Of	R (b) Par	t III-A, lir	ne 3, is
	answered "Yes."				
1	Dues, assessments and similar amounts from members		1		
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political	tical		·	
	expenses for which the section 527(f) tax was paid).			ŀ	
а	Current year		2a		
b	Carryover from last year		2b		
С	Total	•	2c		
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3		
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the earth	xcess			
	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and	political			
	expenditure next year?	•	4	1	
5	Taxable amount of lobbying and political expenditures (see instructions)		5	<u> </u>	
Pai	t IV Supplemental Information				
Prov	ide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated grounds)	ip list): Part II	-A. line 2: a	and Part II-f	3. line 1.
	complete this part for any additional information.				•
PA	RT II-B, LINE 1, LOBBYING ACTIVITIES:				
	A				-
EX	PLANATION: THE UNITED WAY OF CENTRAL LOUISIANA, IN	C. INFF	REQUEN	TLY	
SE	NT EMAIL CORRESPONDENCE TO LEGISLATORS IN SUPPORT	OF LEGI	SLATI	VE	
				<del></del>	
BI	LLS THAT COULD HAVE A POSITIVE IMPACT ON THE ORGAN	IZATION	I'S AB	ILITY	
TΩ	ATTAIN ITS GOALS, AS WELL AS INFREQUENT EMAIL COR	RESPONT	ENCE	AGATN	<b>ሮ</b> ሞ
TH	OSE THAT COULD HINDER THE ATTAINMENT OF THE ORGANI			LS . 990 or 990	n_E7\ 0040
33204	3	Scriedu	o (Form	330 01 38	o-⊑∠) ∠U 13

11-08-13

Schedule C (Form 990 or 990-EZ) 2013 UNITED WAY OF CENTRAL LOUISIANA, INC. 72-0462338 Page 4  Part IV   Supplemental Information (continued)
PART II-B, LINE 1, VOLUNTEERS:
VOLUNTEERS OF THE UNITED WAY OF CENTRAL LOUISIANA, INC. DISCUSSED THE
ISSUE OF THE CHARITABLE DEDUCTION AND CONCLUDED THAT THE ORGANIZATION
WOULD SUPPORT MAINTAINING IT AGAINST EFFORTS TO ELIMINATE IT. ALSO,
SOME OF THE ORGANIZATION'S VOLUNTEERS SPOKE WITH LEGISLATORS TO
INDICATE THEIR SUPPORT OF THE CHARITABLE DEDUCTION.
PART II-B, LINE 1, DIRECT CONTACT WITH LEGISLATORS, THEIR STAFFS,
GOVERNMENT OFFICIALS, OR A LEGISLATIVE BODY:
THE UNITED WAY OF CENTRAL LOUISIANA, INC. SENT EMAILS TO SEVERAL
FEDERAL LEGISLATORS TO INDICATE ITS SUPPORT OF THE CHARITABLE
DEDUCTION. THE ORGANIZATION ALSO RESPONDED TO A SURVEY BY THE OFFICE OF
PERSONNEL MANAGEMENT INDICATING OPPOSITION TO PROPOSED CHANGES IN THE
RULES FOR THE COMBINED FEDERAL CAMPAIGN.

### **SCHEDULE D**

(Form 990)

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.

Information about Schedule D (Form 990) and its Instructions is at <a href="https://www.urs.gov/form990">www.urs.gov/form990</a>.

OMB No 1545-0047 OpenitoiPublic

Department of the Treasury Internal Revenue Service Name of the organization

UNITED WAY OF CENTRAL LOUISIANA, INC.

**Employer identification number** 72-0462338

Pai	Organizations Maintaining Donor Advise	ed Funds or Other Similar Fund	s or Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, line	e 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advi	sed 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 a	advisors in writing that grant funds can be	e used only
	for chantable purposes and not for the benefit of the donor of	or donor advisor, or for any other purpose	conferring
	impermissible private benefit?	·	Yes No
Pai	tall Conservation Easements. Complete if the org	ganization answered "Yes" to Form 990,	Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization	ion (check all that apply).	
	Preservation of land for public use (e.g., recreation or e	education)	storically important land area
	Protection of natural habitat	Preservation of a cei	rtified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form	n of a conservation easement on the last
	day of the tax year.		
			Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
C	Number of conservation easements on a certified historic str	ructure included in (a)	2c
d	Number of conservation easements included in (c) acquired	after 8/17/06, and not on a historic struc	ture
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, re	leased, extinguished, or terminated by th	ne organization during the tax
	year ▶		
4	Number of states where property subject to conservation ea	sement is located >	
5	Does the organization have a written policy regarding the pe	nodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements	t 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	_	
8	Does each conservation easement reported on line 2(d) about	ve satisfy the requirements of section 17	
	and section 170(h)(4)(B)(ii)?		L Yes L No
9	In Part XIII, describe how the organization reports conservat	·	
	include, if applicable, the text of the footnote to the organiza	tion's financial statements that describes	s the organization's accounting for
1000	conservation easements.	4 Aut Historiaal Tussaumas au 6	Other Cimiles Accets
Eai	Organizations Maintaining Collections o	•	otner Similar Assets.
	Complete if the organization answered "Yes" to Form	<del></del>	<del></del>
1a	If the organization elected, as permitted under SFAS 116 (AS		
	historical treasures, or other similar assets held for public ex		ance of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that descr		
b	If the organization elected, as permitted under SFAS 116 (AS		
	treasures, or other similar assets held for public exhibition, e	ducation, or research in furtherance of p	ublic 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 tre		ał gain, provide
	the following amounts required to be reported under SFAS 1	16 (ASC 958) relating to these items:	
	Revenues included in Form 990, Part VIII, line 1		. <b>&gt;</b> \$
b	Assets included in Form 990, Part X		<b>&gt;</b> \$

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

Schedule D (Form 990) 2013

		WAY OF CEN							62338	
	Organizations Maintaining C									
3	Using the organization's acquisition, accessi	on, and other record	ls, checl	any of the	following the	at are a si	gnificant	use of its	collection if	tems
	(check all that apply):									
а	Public exhibition	d			hange progr	ams				
b	Scholarly research	е	الله ا	Other						
C	Preservation for future generations									
4	Provide a description of the organization's co	ollections and explai	n how th	ney further tl	he organızat	ion's exer	mpt purp	ose in Par	t XIII.	
5	During the year, did the organization solicit of	r receive donations	of art, hı	storical trea	sures, or oth	ner simılar	assets	_	,	
	to be sold to raise funds rather than to be ma								Yes	No_
Pai	Escrow and Custodial Arran		ete if the	organizatio	n answered	"Yes" to	Form 990	), Part IV, I	ıne 9, or	
	reported an amount on Form 990, Pa	rt X, line 21.								
1a	Is the organization an agent, trustee, custod	ian or other intermed	diary for	contribution	s or other a	ssets not	ıncluded	_	_	
	on Form 990, Part X?		-					L	Yes	∟ No
ь	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing t	table:						
									Amount_	
С	Beginning balance						1c			
d	Additions during the year						1d			
е	Distributions during the year						1e			
f	Ending balance						1f			
2a	Did the organization include an amount on F	orm 990, Part X, line	217						Yes	No
	If "Yes," explain the arrangement in Part XIII.			n has been	provided in	Part XIII				
	Endowment Funds. Complete						0.			
		(a) Current year	(b) P	nor year	(c) Two year	rs back	(d) Three y	ears back	(e) Four ye	ars back
1a	Beginning of year balance					i i				
b	Contributions				i					
С	Net investment earnings, gains, and losses				1					
	Grants or scholarships									
	Other expenditures for facilities					<u> </u>				
•	and programs									
4	Administrative expenses					t	-			
	End of year balance									
9 2	Provide the estimated percentage of the cur	rent year end haland	re (line 1	a column (s	ı)) beld as.				l	
	Board designated or quasi-endowment	rent year end balanc	%	9, 001011111 (6	2)) 11610 03.					
	Permanent endowment	%	_″							
	Temporarily restricted endowment	% %								
C	The percentages in lines 2a, 2b, and 2c shou									
2-	•	•	otion the	st are bold o	nd administ	arad far ti	ho organi	zation		
Sa	Are there endowment funds not in the posse	ession of the organiz	auon ma	n are rielu a	ina aaminist	erea ioi ii	ne organi.	Zation	Ī√.	es No
	by:								<del></del>	65 140
	(i) unrelated organizations	·		•					3a(i)	<del></del>
	(ii) related organizations		٠.						3a(ii)	
, D	If "Yes" to 3a(ii), are the related organization:	•							3b	
IDai	Describe in Part XIII the intended uses of the		owment	tunas						
trei.			) Don't IV	lma 11a C	Farm 000	Don't V	l.m.a. 40			
	Complete if the organization answere	1				<del>,                                     </del>			405	
	Description of property	(a) Cost or o			or other	1	ccumulate		(d) Book v	alue
	Land	basis (investr	nem)	Dasis	(other)	uer	preciation			
	Land	1								
	Buildings					-				
	Leasehold improvements	02	221			-	70 1	20	10	100
	Equipment	82,	331.			<u> </u>	70,1	27.	12	,192.
_	Other					L		$\leftarrow$ $\vdash$	17	100
Total	. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part	X, colur	nn (B), line 1	(C).)				12	,192.

Schedule D (Form 990) 2013

Schedule D	(Form 990)	2013	UN
ocuedine D	(FUIII) 990	/ 2013	O.

UNITED	WAY	OF	CENTRAL	LOUISIANA,	INC.

Part VII Investments - Other Securities.	<del></del>			
Complete if the organization answered "Yes"				
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of va	aluation: Cost or end-	of-year market value
(1) Financial denvatives				
(2) Closely-held equity interests				
(3) Other				
_(A)			··· — — ···	
(B)				
(C)				
(D)	<del></del>			
(E)				
			· ···	
(G)				
(H)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)				
Part VIII Investments - Program Related.				
Complete if the organization answered "Yes"				of waar market value
(a) Description of investment	(b) Book value	(c) Method of Va	aluation: Cost or end-	or-year market value
(1) BENEFICIAL INTEREST IN (2) NET ASSETS OF CENTRAL LA				
	124,8	92 END OF V	EAR MARKET	TENT ITE
	124,0	62. END-OF-1.	EAR MARKET	VALUE
(4)				
(5)			· · · · · · · · · · · · · · · · · · ·	
	-			
(7)				·
(8)				
(9)	124,8	82		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶ Part IX Other Assets.	124,0	02.		
<del></del>	to Form 000 Bort IV	line 11d See Form 000 F	Port V line 15	
Complete if the organization answered "Yes"	Description	, iiile 11u. 366 Foilii 950, r	art X, line 15.	(b) Book value
(1) ADMINISTRATIVE FEES RECEI	<u>.</u>			11,000.
(2) OTHER RECEIVABLES	***************************************			61,530.
(3) DEPOSITS				185.
(4)			-	
(5)	<del></del>	<del> · · · · · · · · · · · · · · · · · ·</del>		
(6)	<u> </u>			
(7)				
(8)				
(9)				
Total. (Column (b) must equal Form 990, Part X, col. (B) line	e 15 )			72,715.
Part X Other Liabilities.				,
Complete if the organization answered "Yes"	to Form 990. Part IV	line 11e or 11f. See Form	990. Part X. line 25.	
1. (a) Description of liability	10 1 01111 000,1 11111	(b) Book value	000,1 01174, 11110 201	
(1) Federal income taxes		· · · · · · · · · · · · · · · · · · ·		
(2) DEPOSITS HELD ON BEHALF O	F OTHERS	2,408.		
(3)				
(4)				
(5)				
(6)				
(7)				
	e 25.)	2,408.		
(8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line	e 25.)	2,408.		

2. Liability for uncertain tax positions. 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

Schedule D (Form 990) 2013

SCHEDULE (Form 990) Department of the Treasury Internal Revenue Service

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

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

OMB No 1545-0047

▶ Attach to Form 990.

▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

Employer identification number 72-0462338

2 [] X Yes 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Reight 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 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 INC. UNITED WAY OF CENTRAL LOUISIANA, Partital General Information on Grants and Assistance critena used to award the grants or assistance? Name of the organization

recipient that received more than \$5,000. Part II can be duplic	\$5,000. Part II can	be duplicated if additive	ated if additional space is needed	Jed.			
1 (a) Name and address of organization or government	(p) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, EMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AMERICAN RED CROSS 1104 BILLY MITCHELL DRIVE ALEXANDRIA, LA 71303	72-0423602	50103	97,842.	0.			CRISIS RESOLUTION - EMERGENCY SERVICES
AVOYELLES SOCIETY FOR THE DEVELOPMENTALLY DISABLED - P.O. BOX 854 - MARKSVILLE, LA 71351	72-0679452	50103	11,858.	0.			STRONG FAMILIES - DAY HABILITATION
BOY SCOUTS, LOUISIANA PURCHASE COUNCIL - 2405 OLIVER ROAD - MONROE, LA 71201	72-0423632	50103	60,476.	0.			SUCCESSFUL CHILDREN - CUB E BOY SCOUTING/LEARNING FOR LIFE
GIRL SCOUTS OF LA-PINES TO THE GULF - 1720 KALISTE SALOOM RD, STE, C-1 - LAFAXETTE, LA 70508	72-0488660	501C3	60,108.	.0			SUCCESSFUL CHILDREN - YOUTH
HOPE HOUSE P.O. BOX 7477 ALEXANDRIA, LA 71306	72-1479693	501C3	112,609.	0			CRISIS RESOLUTION - TRANSITIONAL HOUSING
RAPIDES CHILDREN'S ADVOCACY CENTER P.O. BOX 228 ALEXANDRIA, LA 71309	72-1299269	501C3	79,362.	0			SUCCESSFUL CHILDREN - CHILDREN'S ADVOCACY CENTER/CASA

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

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

SEE PART IV FOR COLUMN (H) DESCRIPTIONS

332101 10-29-13

Schedule I (Form 990) (2013)

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	10), Part II.)
	hedule I (Form 990), Part II.)
	es (Sc
, INC.	ons in the United Stat
LOUISIANA	nts and Organizations
OF CENTRAL I	ce to Governme
OF	sistan
WAY	her As
UNITED	f Grants and Other As
e I (Form 990)	Continuation of
Scheduk	Partil

Parifill Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)	Assistance to Go	vernments and Orgar	izations in the U	nited States (Sche	edule I (Form 990), Par	t II.)	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
READING ED, FOR ADULT DEVELOPMENT P.O. BOX 246 OAKDALE, LA 71463	72-1419007	50103	13,452.	0.			STRONG PAMILIES - GOALS FOR GROWTH
THE SALVATION ARMY P.O. BOX 829 ALEXANDRIA, LA 71309	63-0288866	501C3	148,982.	0			CRISIS RESOULTION - EMERGENCY SERVICES/DAY SHELTER
VOLUNTEERS OF AMERICA 3900 LEE STREET ALEXANDRIA, LA 71302	72-0506820	50103	.976,976.	.0			STRONG FAMILIES - PREGNANCY & ADOPTION SERVICES/HOUSING FOR MENTALLY ILL
YMCA 724 SCOTT STREET ALEXANDRIA, LA 71301	72-0408980	501C3	69,822.	.0			SUCCESSFUL CHILDREN/STRONG FAMILIES - DRIVERS ED, YOUTH SPORTS, AQUATICS
YWCA 5912 JAMES STREET ALEXANDRIA, LA 71303	72-6001514	501C3	63,153.	0			SUCCESSFUL CHILDREN - YOUTH DEVELOPMENT
							Schedule I (Form 990)

Page 2

72-0462338

Schedule I (Form 990) (2013) UNITED WAY OF CENTRAL LOUISIANA, INC.

\*\*Reart | 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
Rantiv Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information	quired in Part I, Im	e 2, Part III, column	(b), and any other a	dditional Information	
PART I, LINE 2:					
EXPLANATION: THE UNITED WAY OF CEN	CENTRAL LOU	LOUISIANA, IN	INC. MONITORS	S THE USE OF	
GRANT FUNDS THROUGH AN ORGANIZED PROCESS		NVOLVING B	INVOLVING BOTH PROFESSIONAL	SIONAL STAFF	
AND UNPAID VOLUNTEERS. STAFF MAINTAI	FAIN ONGOING		RELATIONSHIPS WI	WITH FUNDED	
AGENCIES THAT INCLUDE ONSITE VISITS	rs. TEAMS	S OF VOLUNTEERS,	- 1	CALLED "GOAL	
AREA TEAMS," ALSO VISIT THE AGENCIES	AT	LEAST ANNUALLY	LY AS GROUPS	PS AND THEN	
FOLLOW UP AS INDIVIDUAL TEAM MEMBERS	•	AGENCIES SUBM	IIT COMPLET	SUBMIT COMPLETED FORMS EACH	
YEAR REPORTING THEIR USE OF OUR FUND	S AND	THEIR NEED	FOR FUNDS	IN THE	
COMING YEAR. AT ANY POINT, IF STAFF	_	OR VOLUNTEERS NOTE	OTE ISSUES	THAT NEED TO	
332102 10-29-13		31		I i	Schedule I (Form 990) (2013)

Schedule I (Form 990) UNITED WAY OF CENTRAL LOUISIANA, INC. 72-0462338 Page 2   Part IV   Supplemental Information
BE ADDRESSED, APPROPRIATE ACTION IS TAKEN TO SAFEGUARD THE COMMUNITY'S
DONATIONS.
PART II, LINE 1, COLUMN (H):
NAME OF ORGANIZATION OR GOVERNMENT: YMCA
(H) PURPOSE OF GRANT OR ASSISTANCE: SUCCESSFUL CHILDREN/STRONG FAMILIES
- DRIVERS ED, YOUTH SPORTS, AQUATICS ETC./MEMBERSHIP SUBSIDIES
<del></del>

### **SCHEDULE O**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

# Supplemental Information to Form 990 or 990-EZ complete to provide Information for responses to specific questions on

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

► Attach to Form 990 or 990-EZ. Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public

OMB No 1545-0047

Inspection

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

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES: MISCELLANEOUS ALLOCATIONS & EXPENSES REVENUE \$ 0. EXPENSES \$ 47,391. INCLUDING GRANTS OF \$ 0. FORM 990, PART VI, SECTION A, LINE 7A: EXPLANATION: DONORS AND VOLUNTEERS HAVE THE OPPORTUNITY TO VOTE ON NEW BOARD MEMBERS AND OFFICERS. FORM 990, PART VI, SECTION A, LINE 7B: EXPLANATION: DONORS AND VOLUNTEERS HAVE THE OPPORTUNITY TO VOTE ON DECISIONS MADE BY THE BOARD MEMBERS AND OFFICERS. FORM 990, PART VI, SECTION B, LINE 11: EXPLANATION: FORM 990 IS PREPARED FROM AUDITED FINANCIAL STATEMENTS PREVIOUSLY PRESENTED TO AND ACCEPTED BY THE GOVERNING BODY. FORM 990 IS REVIEWED AND APPROVED BY THE OPERATIONAL EXCELLENCE COMMITTEE, AND SUBMITTED TO THE FULL BOARD OF DIRECTORS FOR REVIEW AND COMMENT PRIOR TO ITS SUBMISSION. FORM 990, PART VI, SECTION B, LINE 12C: EXPLANATION: THE ORGANIZATION MONITORS AND ENFORCES COMPLIANCE WITH ITS CONFLICT OF INTEREST POLICY BY, FIRST, MAKING IT AVAILABLE AT THE BEGINNING OF THE YEAR FOR ITS VOLUNTEER TEAMS. BOARD MEMBERS ARE ASKED TO COMPLETE THE FORM, LISTING ANY POSSIBLE CONFLICTS, SIGN IT, AND TURN IT IN AT THE FIRST BOARD MEETING OF THE YEAR. THE STATEMENTS ARE KEPT ON FILE AS LONG AS

Schedule O (Form 990 or 990-EZ) (2013)

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

332211 09-04-13

THE PERSON SERVES ON THE BOARD. THE STATEMENTS ARE ALSO SIGNED AND

Name of the organization

UNITED WAY OF CENTRAL LOUISIANA, INC.

Employer identification number 72-0462338

COLLECTED FOR ALL GOAL AREA VOLUNTEERS, WHO MAKE FUNDING RECOMMENDATIONS

EACH YEAR. THOUGH THE POTENTIAL FOR CONFLICT IS SIGNIFICANTLY LESS IN OTHER

ROLES, THE ORGANIZATION SHARES THE POLICY WITH OTHER VOLUNTEERS AND DOES

NOT COLLECT SIGNED COPIES OF THE POLICY FROM THEM.

FORM 990, PART VI, SECTION B, LINE 15:

EXPLANATION: THE ORGANIZATION, THROUGH ITS OPERATIONAL EXCELLENCE

COMMITTEE, REVIEWS AND APPROVES THE COMPENSATION OF ALL OF ITS OFFICERS AND

EMPLOYEES. THIS PROCESS IS DOCUMENTED IN THE MINUTES OF THE COMMITTEE, AS

WELL AS THE MINUTES OF THE ENTIRE BOARD, WHICH ALSO APPROVES THE

COMPENSATION PACKAGES.

FORM 990, PART VI, SECTION C, LINE 19:

EXPLANATION: THE ORGANIZATION'S FINANCIAL STATEMENTS ARE AVAILABLE ON THE ORGANIZATION'S WEBSITE, UPON REQUEST, AND PUBLISHED IN ITS ANNUAL REPORT.

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

THE ORGANIZATION'S CONFLICT OF INTEREST POLICIES ARE AVAILABLE ON THE

ORGANIZATION'S WEBSITE, AVAILABLE TO THE PUBLIC UPON REQUEST, PROVIDED TO

MEMBER AGENCIES, AND PROVIDED IN PUBLIC WORKSHOPS ADMINISTERED BY THE

ORGANIZATION AND ITS DIRECTOR.

FORM 990, PART XII, LINE 2C:

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

# Roster: 2013 United Way of Central LA Board of Directors

	·		WORK PHONE	FAX
Baker	Ms.	Connie D.	379-2855 x 3601	379-2861
٠	TITLE:	Director of Human Resources		
	ORGANIZATION:	RoyOMartin - Plywood		
	ADDRESS:	P.O. Box 1110		
		Alexandria LA 71309		
	EMAIL:	connle.baker@royomartin.com		
	BOARD POSITION:	Goal Area Chair		
Baxter	Ms.	Carole	483-3842	·
	TITLE:			
	ORGANIZATION:	RoyOMartin Lumber		
	ADDRESS:	2189 Memorial Drive		
		Alexandria LA 71301		
	EMAIL:	carole.baxter@royomartin.com		
	BOARD POSITION:	Member		
Beatty	Mr.	Jim	769-3156	769-7575
	TITLE:	Chief Operating Officer		
	ORGANIZATION:	Rapides Regional Medical Center		
	ADDRESS:	211 Fourth St.		
		Alexandria LA 71301-8454		
	EMAIL:	jlm.beatty@hcahealthcare.com		
	BOARD POSITION:	Board Member		
Breaze	ale Mr.	Keith	443-2587	
	TITLE:			
	ORGANIZATION:	Credit Bureau Services		
	ADDRESS:	1244 Jackson Street		
		Alexandria LA 71301		
	EMAIL:	keithbreaz@aol.com		
	BOARD POSITION:	Member		
Campo	Ms.	Carmen	473-2906	473-2991
	TITLE:	Account Executive		
	ORGANIZATION:	Wright and Percy Insurance		
	ADDRESS:	109 Yorktown Drive, Ste. A		
		Alexandria LA 71303		
	EMAIL:	ccampo@bbcenla.com		
	BOARD POSITION:	Board Builders		
Epps	Ms.	Toma	487-2285	877-940-5766
<u> </u>	TITLE:	Merchant Advisor, Asst VP		
	ORGANIZATION:	Capital One Bank		
	ORGANIZATION: ADDRESS:	Capital One Bank 934 Third Street, 3rd Floor		
		-		
		934 Third Street, 3rd Floor		

			WORK PHONE	FAX_
Harris	Mr.	Brooks T.	442-8808	442-8665
	TITLE:			
	ORGANIZATION:	Brooks Harris Wealth Management		
	ADDRESS:	1234 Texas Avenue		
		Alexandria LA 71301		
	EMAIL:	brooks@brooksharriswealth.com		
	BOARD POSITION:	Chair 2012		
Harris	Ms.	Lisa	487-4722	427-4774
	TITLE:	CEO/Executive Director		
	ORGANIZATION:	YMCA		
	ADDRESS:	724 Scott Street		
	ADDITEOU.	Alexandria LA 71301		
	EMAIL:	harris.lisa10@yahoo.com		
	BOARD POSITION:			
Herzog	g Bishop	Ronald P.	445-2401 x 203	767-1230
	TITLE:	Bishop		
	ORGANIZATION:	Catholic Diocese of Alexandria		
	ADDRESS:	4400 Coliseum Blvd.		
	, 100, 100.	Alexandria LA 71303		
	EMAIL:	rherzog@diocesealex.org		
	BOARD POSITION:	Board Member		
Hoeflir	ng Mr.	Wade	484-7701	
· · · · · · · · · · · · · · · · · · ·	TITLE:			
	ORGANIZATION:	Cleco		
	ADDRESS:	PO Box 5000		
		Pineville LA 71361-5000		
	EMAIL:	wade.hoefling@cleco.com		
	BOARD POSITION:	Member		
Humpl	hries Ms.	Deborah	483-7641	448-9694
<del></del>	TITLE:	Accounting Manager	<u> </u>	
	ORGANIZATION:	Gilchrist Construction		
	ADDRESS:	5709 New York Ave		
	ADDRESS.	Alexandria LA 71302		
	EMAIL:	dhumphries@gilchristconstruction.com		
	BOARD POSITION:	Treasurer 2012		
Johns	on Mrs.	Chaquetta T.	487-5282 x 213	487-5338
	TITLE:	Regional Nurse Manager		<del></del>
		DHH/Office of Public Health		
	ORGANIZATION:	5604 - B Coliseum Blvd.		
	ADDRESS:	Alexandria LA 71303		
	EMANU.			
	EMAIL:	chaquetta.johnson@la.gov		
	BOARD POSITION:	Vice Chair 2012		

			WORK PHONE	FAX
Kent	Mr.	Eric	448-8600	448-8620
•	TITLE:	Financial Consultant		
	ORGANIZATION:	Pathways Advisors LLC		
	ADDRESS:	1446 Dorchester Drive		
		Alexandria LA 71301		
	EMAIL:	eric@pathwayadvisorsllc.com		
	BOARD POSITION:	Board Chair 2010		
Lemol	ne Ms.	Bonnle	419-3595	
	TITLE:			
	ORGANIZATION:	Procter and Gamble		
	ADDRESS:	885 Ridgeview Drive		
		Pineville LA 71360		
	EMAIL:	blemoine885@aol.com		
	BOARD POSITION:	Member		
Mire	Ms.	Alainna R.	449-5046	449-5019
	TITLE:	Assistant City Attorney		
	ORGANIZATION:	City of Alexandria		
	ADDRESS:	PO Box 71		
	ADDRESS.	Alexandria LA 71309-0071		
	EMAIL:	alainna.mire@cityofalex.com		
	BOARD POSITION:	Board Builders		
Morris	Mr.	Warren R.	561-4047	561-5887
	TITLE:			
	ORGANIZATION:	Red River Bank		
	ADDRESS:	1412 Centre Court Drive, Suite 501		
		Alexandria LA 71301		
	EMAIL:	wmorris@redriverbank.net		
	BOARD POSITION:	Board Member		
Norma	n Ms.	Lisa	729-6881	473-0778
	TITLE:	FIMR Region 8		
	ORGANIZATION:	Dept of Health and Hospitals		
	ADDRESS:	4203 Willowick Blvd.		
	ADDITEGO.	Alexandria LA 71303		
	EMAIL:	lisa@rosaliepecans.com		
	BOARD POSITION:	Board Member		
Ozier	Mrs.	Wanda		
	TITLE:			
	ORGANIZATION:	6133 Rachelle		
	ADDRESS:			
	ADDALOU.	Alexandria LA 71303		
	EMAIL:	wozier@suddenlink.net		
	BOARD POSITION:	Agency Exec		
	DUNIE I VOITION.	. Golloy Enco		

			WORK PHONE	FAX
Scott	Mr.	Thomas E.	473-0621	473-9366
	TITLE:	Operation Supervisor		
	ORGANIZATION:	Atmos Energy Louisiana		
	ADDRESS:	4323 Highway 28 East		
		Pineville LA 71360		
	EMAIL:	Thomas.Scott@atmosenergy.com		
	BOARD POSITION:	Past Goal Area Chair		
Seastru	unk Ms.	Jannease	561-5814	
	TITLE:			
	ORGANIZATION:	Red River Bank		
	ADDRESS:	1412 Centre Court		
		Alexandria LA 71301		
	EMAIL:	jseastrunk@redriverbank.net		
	BOARD POSITION:	Member		
Van Ste	eenbergh Mr.	Kent	640-7253	
	TITLE:	Finance Manager		
	ORGANIZATION:	Procter & Gamble Pineville Plant		
	ADDRESS:	3701 Monroe Highway		
		Pineville LA 71360		
	EMAIL:	vansteenbergh.sk@pg.com		
	BOARD POSITION:			
Vance	Mr.	Derick	427-3701	427-3710
	TITLE:	Branch Manager		
	ORGANIZATION:	Regions Bank		
	ADDRESS:	1439 Centre Court, Suite 100		
		Alexandria LA 71301		
	EMAIL:	derick.vance@regions.com		
	BOARD POSITION:	Member		
Wailace	e Mr.	William S.	448-0221	866-721-868
	TITLE:	Practice Administration & CEO		
	ORGANIZATION:	Wallace Eye Surgery		
	ADDRESS:	4110 Perliament Drive		
		Alexandria LA 71303		
	EMAIL:	wswallace@wallceeyesurgery.com		
	BOARD POSITION:	Board Member		
Wiggin	s Mr.	Randy	445-6566	445-1030
	TITLE:	Owner		
	ORGANIZATION:	State Farm Insurance		
	ADDRESS:	2146 North Mall Drive		
		Alexandria LA 71301		
	EMAIL:	randy@randywiggins.com		
	BOARD POSITION:	Resource Development		

### Form **8868**

(Rev. January 2014)

Department of the Treasury Internal Revenue Service

# Application for Extension of Time To File an Exempt Organization Return

▶ File a separate application for each return.

▶ Information about Form 8868 and its instructions is at www.irs.gov/form8868 ⋅

OMB No 1545-1709

If you	are filing for an Automatic 3-Month Extension, comple	te only Pa	urt I and check this box			• X
If you	are filing for an Additional (Not Automatic) 3-Month Ex	tension, c	complete only Part II (on page 2 of	this form).		
Do not d	omplete Part II unless you have already been granted a	an automa	itic 3-month extension on a previous	sly filed Fo	rm 8868.	
Electro	nic filing <sub>(e-file)</sub> . You can electronically file Form 8868 if y	ou need a	a 3-month automatic extension of tir	ne to file (	6 months for a corp	oration
required	to file Form 990-T), or an additional (not automatic) 3-mo	nth extens	sion of time. You can electronically f	ile Form 8	868 to request an o	extension
of time t	o file any of the forms listed in Part I or Part II with the exc	ception of	Form 8870, Information Return for	Transfers a	Associated With Co	ertain
Persona	Benefit Contracts, which must be sent to the IRS in pap	er format	(see instructions). For more details	on the elec	ctronic filing of this	form,
visit www	v irs.gov/efile and click on e-file for Charities & Nonprofits	i.				
Part I	Automatic 3-Month Extension of Time	Only s	submit original (no copies ne	eded).		
4 согро	ation required to file Form 990-T and requesting an autor	natic 6-mo	onth extension - check this box and	complete		
Part I on	ly .				•	<b></b>
	corporations (including 1120-C filers), partnerships, REM	IICs, and ti	rusts must use Form 7004 to reques	st an exter	sion of time	
to file ınd	come tax returns.			Enter file	er's identifying nu	mber
Type or	Name of exempt organization or other filer, see instru	ctions.		Employe	r identification num	ber (EIN) or
print						
	UNITED WAY OF CENTRAL LOUIS	SIANA	, INC.		72-04623	38
File by the due date fo	Number, street, and room or suite no. If a P.O. box, s	ee instruct	tions.	Social se	curity number (SS	N)
iling your eturn See	P. O. BOX 749					
nstructions	City, town or post office, state, and ZIP code. For a fo	oreign add	ress, see instructions.			
	ALEXANDRIA, LA 71309					
Enter the	Return code for the return that this application is for (file	a separa	te application for each return)			0 1
		•	,			
Applica	ion	Return	Application			Return
s For		Code	Is For			Code
Form 990 or Form 990-EZ 01 Form 990-T (corporation)						07
Form 990-BL 02 Form 1041-A						08
Form 4720 (individual)  03 Form 4720 (other than individual)						09
Form 990-PF 04 Form 5227 10						
	0-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11
	0-T (trust other than above)	06	Form 8870			12
0,,,,,	UNITED WAY OF					12
The b	ooks are in the care of > 1101 FOURTH STI			RTA	T.A 71309	
	hone No. ► 318-443-7203	,	Fax No. ▶	*****	111 /1505	
•		a in tha I le	-			
	organization does not have an office or place of business is for a Group Return, enter the organization's four digit			16 AL !- 6-	- 41	
	_	•				
00x <b>&gt;</b>	. If it is for part of the group, check this box				ers the extension i	s tor
1 Ir	equest an automatic 3-month (6 months for a corporation AUGUST 15, 2014 to file the exemp		•		<b>-</b>	
=		t organizai	tion return for the organization name	ed above.	The extension	
IS '	for the organization's return for:					
	X calendar year 2013 or					
	tax year beginning	, an	d ending		·	
2 If 1	he tax year entered in line 1 is for less than 12 months, c	heck reaso	on:	Fınal retur	n	
L	Change in accounting period					
	his application is for Forms 990-BL, 990-PF, 990-T, 4720,	or 6069, o	enter the tentative tax, less any			_
_	nrefundable credits. See instructions.			3a	\$	0.
b If t	his application is for Forms 990-PF, 990-T, 4720, or 6069	, enter any	y refundable credits and			
es	timated tax payments made. Include any prior year overp	ayment al	llowed as a credit.	3b	\$	0.
c Ba	lance due. Subtract line 3b from line 3a. Include your pa	yment wit	h this form, if required,			
	using EFTPS (Electronic Federal Tax Payment System).		-	3с	\$	0.
	If you are going to make an electronic funds withdrawal			3453-EO a	nd Form 8879-EO f	
nstruction	ons.					

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

LHA 323841 12-31-13 Form 8868 (Rev. 1-2014)