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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter Social Security numbers on this form as it may be made public By law, the IRS generally cannot redact the information on the form

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

OMB No 1545-0047

2013

Open to Public Inspection

A For the 2013 calendar year, or tax year beginning 01-01-2013 , 2013, and ending 12-31-2013

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

C Name of organization
UNITED WAY OF NORTHWEST LOUISIANA

Doing Business As

Number and street (or P O box if mail is not delivered to street address) | Room/suite
820 JORDAN STREET SUITE 370

City or town, state or province, country, and ZIP or foreign postal code
SHREVEPORT, LA 71101

D Employer identification number
72-0503930

E Telephone number
(318)677-2504

G Gross receipts $ 2,319,903

F Name and address of principal officer
BRUCE WILLSON JR
820 JORDAN STREET SUITE 370
SHREVEPORT,LA 71101

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

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

H(c) Group exemption number ▶

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

J Website: ▶ WWW UNITEDWAYNWLA ORG

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

L Year of formation 1923

M State of legal domicile LA

Part I Summary

1 Briefly describe the organization's mission or most significant activities
UWNWLA EXISTS TO MAXIMIZE ITS DONOR'S INVESTMENTS BY CLARIFYING THE HUMAN SERVICE NEEDS OF NORTHWEST LOUISIANA AND PROVIDING SOLUTIONS TO THOSE NEEDS

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

Activities & Governance

3	Number of voting members of the governing body (Part VI, line 1a)	**3**	27
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	26
5	Total number of individuals employed in calendar year 2013 (Part V, line 2a)	**5**	12
6	Total number of volunteers (estimate if necessary)	**6**	2,050
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	0
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	0

		Prior Year	Current Year
Revenue **8**	Contributions and grants (Part VIII, line 1h)	2,358,269	2,308,559
9	Program service revenue (Part VIII, line 2g)	0	0
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	24,968	5,093
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	55,800	6,251
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,439,037	2,319,903
Expenses **13**	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	1,974,235	1,806,419
14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	526,357	435,925
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶263,051		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	457,750	434,385
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	2,958,342	2,676,729
19	Revenue less expenses Subtract line 18 from line 12	-519,305	-356,826

		Beginning of Current Year	End of Year
Net Assets or Fund Balances **20**	Total assets (Part X, line 16)	2,353,041	1,946,605
21	Total liabilities (Part X, line 26)	467,879	395,114
22	Net assets or fund balances Subtract line 21 from line 20	1,885,162	1,551,491

Part II Signature Block

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

Sign Here

****** | 2014-11-03
Signature of officer | Date

BRUCE WILLSON JR PRESIDENT & CEO
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
COREY GILLIAM		2014-10-30		P00594946

Firm's name ▶ CARR RIGGS & INGRAM LLC — Firm's EIN ▶ 72-1396621

Firm's address ▶ 650 OLIVE STREET SHREVEPORT, LA 71104 — Phone no (318) 222-2222

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

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III . . . . . ☐

1 Briefly describe the organization's mission

TO MAXIMIZE OUR DONOR'S INVESTMENTS BY WORKING ON PRIORITY ISSUES IN ORDER TO CREATE MEASURABLE IMPACT, THEREBY IMPROVING LIVES IN OUR REGION

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? . . . . . ☐ Yes ☑ No

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

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? . . . . . ☐ Yes ☑ No

If "Yes," describe these changes on Schedule O

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code) (Expenses $ 1,806,419 including grants of $ 1,806,419) (Revenue $)

UNITED WAY OF NORTHWEST LOUISIANA PROVIDES THE FOLLOWING SERVICES A) ANNUAL, CENTRALIZED CAMPAIGN FOR FUNDS FOR THE BENEFIT OF AFFILIATED HEALTH AND WELFARE ORGANIZATIONS IN NORTHWEST LOUISIANA B) REVIEW OF REQUESTS OF AFFILIATES OR OTHER ORGANIZATIONS SEEKING FUNDING C) DISTRIBUTION OF FUNDS TO AFFILIATED ORGANIZATIONS ON THE BASIS OF PARTICIPATION AGREEMENTS AND APPROVED BUDGETS

4b (Code) (Expenses $ 29,624 including grants of $) (Revenue $)

THE VOLUNTEER CENTER OF NORTHWEST LOUISIANA THIS PROGRAM BUILDS CAPACITY FOR VOLUNTEERISM THROUGHOUT OUR 10 PARISH REGION WE WORK WITH NONPROFITS, GOVERNMENT ENTITIES, AND HIGHER EDUCATION TO IDENTIFY UNMET VOLUNTEER NEEDS, OFFER VOLUNTEER MANAGEMENT BEST PRACTICES AND THEN RECRUIT, MOBILIZE, AND RECOGNIZE VOLUNTEERS FOR THOSE POSITIONS

4c (Code) (Expenses $ 97,517 including grants of $) (Revenue $)

OTHER SIGNIFICANT PROGRAMS INCLUDE DAYS OF SERVICE, INDIVIDUAL VOLUNTEER AND AGENCY MATCHING, RECRUIT, TRAIN, RETAIN, AND ACKNOWLEDGMENT OF VOLUNTEERS

4d Other program services (Describe in Schedule O)

(Expenses $ including grants of $) (Revenue $)

4e **Total program service expenses** ▶ 1,933,560

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules *(continued)*

21	Did the organization report more than $5,000 of grants 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**	Yes	
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**		No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	**23**		No
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a*	**24a**		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	**24b**		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	**24c**		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	**24d**		
25a	**Section 501(c)(3) and 501(c)(4) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	**25a**		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	**25b**		No
26	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**		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part III*	**27**		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28a**		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28b**		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? *If "Yes," complete Schedule L, Part IV*	**28c**		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	**32**		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	**33**		No
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	**34**		No
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	**35a**		No
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	**35b**		
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	**36**		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	**37**		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? **Note.** All Form 990 filers are required to complete Schedule O	**38**	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response 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 . .	**1a**	0		
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	**1b**	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	**1c**		Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	**2a**	12		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note.** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	**2b**		Yes	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year? . . .	**3a**			No
b	If "Yes," has it filed a Form 990-T for this year? *If "No" 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**			No
b	If "Yes," enter the name of the foreign country ▶ _____ See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . .	**5a**			No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	**5b**			No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	**5c**			
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? . . .	**6a**			No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	**6b**			
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?	**7a**			No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	**7b**			
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	**7c**			No
d	If "Yes," indicate the number of Forms 8282 filed during the year	**7d**			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	**7e**			No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . .	**7f**			No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	**7g**			
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	**7h**			
8	**Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	**8**			
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the organization make any taxable distributions under section 4966?	**9a**			
b	Did the organization make a distribution to a donor, donor advisor, or related person?	**9b**			
10	**Section 501(c)(7) organizations.** Enter				
a	Initiation fees and capital contributions included on Part VIII, line 12 . . .	**10a**			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	**10b**			
11	**Section 501(c)(12) organizations.** Enter				
a	Gross income from members or shareholders	**11a**			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	**11b**			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?	**12a**			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	**12b**			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state? **Note.** See the instructions for additional information the organization must report on Schedule O	**13a**			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	**13b**			
c	Enter the amount of reserves on hand	**13c**			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	**14a**			No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O* . .	**14b**			

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

Check if Schedule O contains a response or note to any line in this Part VI . . . . . ☑

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	**1a**	27		
	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**	26		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	**2**			No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? .	**3**			No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	**4**			No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	**5**			No
6	Did the organization have members or stockholders?	**6**			No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	**7a**			No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	**7b**			No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following				
a	The governing body?	**8a**		Yes	
b	Each committee with authority to act on behalf of the governing body?	**8b**		Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O*	**9**			No

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

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

Section C. Disclosure

17 List the States with which a copy of this Form 990 is required to be filed ▶

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

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

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

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

▶THE ORGANIZATION 820 JORDAN STREET SUITE 370
SHREVEPORT, LA 71101 (318) 677-2504

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 with or within the organization's tax year

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) BRUCE WILLSON JR PRESIDENT AND CEO/BOARD SECRETARY	40 00	X		X				90,000	0	26,984
(2) PATTON FRITZE CHAIRMAN	50	X		X				0	0	0
(3) DON OLSON VICE CHAIRMAN	50	X		X				0	0	0
(4) JUDY MADISON VICE CHAIR FINANCES	80	X		X				0	0	0
(5) RON SMITH VICE CHAIR COMMUNITY IMPACT	50	X		X				0	0	0
(6) JACK ANDRES VICE CHAIR RESOURCE DEVELOPMENT	50	X		X				0	0	0
(7) KAREN BARNES IMMEDIATE PAST CHAIR	50	X		X				0	0	0
(8) ROYAL ALEXANDER DIRECTOR	30	X						0	0	0
(9) WILLIAM BRADFORD DIRECTOR	30	X						0	0	0
(10) DELLA COPP DIRECTOR	30	X						0	0	0
(11) DOUG HARTMAN DIRECTOR	30	X						0	0	0
(12) DR STEPHEN COX DIRECTOR	30	X						0	0	0
(13) DR JEROME COX DIRECTOR	30	X						0	0	0
(14) CHASE CRUMP DIRECTOR	30	X						0	0	0
(15) JIM HENDERSON DIRECTOR	30	X						0	0	0
(16) JENNIFER JOHNSON DIRECTOR	30	X						0	0	0
(17) KIM ETLAND DIRECTOR	30	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(18) LORELI LOPEZ DIRECTOR	30	X						0	0	0
(19) GREG LOTT DIRECTOR	30	X						0	0	0
(20) IAN MCELROY DIRECTOR	30	X						0	0	0
(21) PAUL PRATT DIRECTOR	30	X						0	0	0
(22) DARLENE ROSSUM DIRECTOR	30	X						0	0	0
(23) ALICE SAMPLE DIRECTOR	30	X						0	0	0
(24) FELTON SNEED DIRECTOR	30	X						0	0	0
(25) JANICE SNEED DIRECTOR	30	X						0	0	0
(26) PETE ZANMILLER DIRECTOR	30	X						0	0	0
(27) BRIAN WAGAMAN DIRECTOR	30	X						0	0	0

1b	**Sub-Total** . . . . . ▶			
c	**Total from continuation sheets to Part VII, Section A** . . . . ▶			
d	**Total (add lines 1b and 1c)** . . . . . ▶	90,000	0	26,984

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

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

Section B. Independent Contractors

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

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

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

Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII . . . . . ☐

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c				
	d Related organizations	1d				
	e Government grants (contributions)	1e				
	f All other contributions, gifts, grants, and similar amounts not included above	1f 2,308,559				
	g Noncash contributions included in lines 1a-1f $	103,483				
	h **Total.** Add lines 1a-1f		2,308,559			
Program Service Revenue		Business Code				
	2a					
	b					
	c					
	d					
	e					
	f All other program service revenue					
	g **Total.** Add lines 2a–2f					
	3 Investment income (including dividends, interest, and other similar amounts)		5,093			5,093
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
		(i) Real	(ii) Personal			
	6a Gross rents					
	b Less rental expenses					
	c Rental income or (loss)					
	d Net rental income or (loss)					
		(i) Securities	(ii) Other			
	7a Gross amount from sales of assets other than inventory					
	b Less cost or other basis and sales expenses					
	c Gain or (loss)					
	d Net gain or (loss)					
Other Revenue	8a Gross income from fundraising events (not including $ _____ of contributions reported on line 1c) See Part IV, line 18	a				
	b Less direct expenses	b				
	c Net income or (loss) from fundraising events					
	9a Gross income from gaming activities See Part IV, line 19	a				
	b Less direct expenses	b				
	c Net income or (loss) from gaming activities					
	10a Gross sales of inventory, less returns and allowances	a				
	b Less cost of goods sold	b				
	c Net income or (loss) from sales of inventory					
	Miscellaneous Revenue		Business Code			
	11a MISCELLANEOUS		900099	6,251			6,251
	b					
	c					
	d All other revenue					
	e **Total.** Add lines 11a–11d			6,251			
	12 **Total revenue.** See Instructions			2,319,903	0	0	11,344

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns All other organizations must complete column (A)

Check if Schedule O contains a response or note to any line in this Part IX . . . . . ☐

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the United States See Part IV, line 21	1,806,419	1,806,419		
2 Grants and other assistance to individuals in the United States See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	90,000	29,700	30,600	29,700
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	244,922	31,066	78,151	135,705
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	18,207	3,327	5,914	8,966
9 Other employee benefits	55,908	10,216	18,161	27,531
10 Payroll taxes	26,888	4,914	8,734	13,240
11 Fees for services (non-employees)				
a Management				
b Legal				
c Accounting	55,800		55,800	
d Lobbying				
e Professional fundraising services See Part IV, line 17				
f Investment management fees				
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)				
12 Advertising and promotion	111,209	36,975	74,234	
13 Office expenses	10,065	86	9,655	324
14 Information technology				
15 Royalties . .				
16 Occupancy	44,684		44,684	
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	14,151	1,847	8,691	3,613
20 Interest				
21 Payments to affiliates	24,001		24,001	
22 Depreciation, depletion, and amortization	6,763		6,763	
23 Insurance	6,750		6,750	
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a COMBINED FEDERAL CAMPAI	37,488		37,488	
b PRINTING	29,441	3,005	2,808	23,628
c EQUIPMENT RENTAL AND MA	24,778	2,360	22,282	136
d DUES AND SUBSCRIPTIONS	14,308	424	13,024	860
e All other expenses	54,947	3,221	32,378	19,348
25 **Total functional expenses.** Add lines 1 through 24e	2,676,729	1,933,560	480,118	263,051
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X . . . . . ☑

				(A) Beginning of year		(B) End of year
Assets	1	Cash–non-interest-bearing		458,899	1	408,418
	2	Savings and temporary cash investments		167,000	2	83,500
	3	Pledges and grants receivable, net		1,456,393	3	1,156,619
	4	Accounts receivable, net			4	
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L			5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges		4,070	9	4,313
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 116,026			
	b	Less accumulated depreciation	10b 85,468	19,617	10c	30,558
	11	Investments—publicly traded securities			11	
	12	Investments—other securities See Part IV, line 11			12	
	13	Investments—program-related See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11		247,062	15	263,197
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		2,353,041	16	1,946,605
Liabilities	17	Accounts payable and accrued expenses		21,699	17	15,215
	18	Grants payable			18	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D			21	
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L			22	
	23	Secured mortgages and notes payable to unrelated third parties			23	
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D		446,180	25	379,899
	26	**Total liabilities.** Add lines 17 through 25		467,879	26	395,114
Net Assets or Fund Balances		**Organizations that follow SFAS 117 (ASC 958), check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		224,138	27	477,128
	28	Temporarily restricted net assets		1,661,024	28	1,074,363
	29	Permanently restricted net assets			29	
		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		1,885,162	33	1,551,491
	34	Total liabilities and net assets/fund balances		2,353,041	34	1,946,605

Part XI Reconcilliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI . . . . . ☐

1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,319,903
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,676,729
3	Revenue less expenses Subtract line 2 from line 1	3	-356,826
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,885,162
5	Net unrealized gains (losses) on investments	5	23,155
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	1,551,491

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

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SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

▶ **Attach to Form 990 or Form 990-EZ.** ▶ **See separate instructions.**
▶ **Information about Schedule A (Form 990 or 990-EZ) and its instructions is at *www.irs.gov/form990*.**

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
UNITED WAY OF NORTHWEST LOUISIANA

Employer identification number
72-0503930

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II **Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")	2,718,153	2,793,470	3,013,426	2,358,269	2,308,559	13,191,877
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3	2,718,153	2,793,470	3,013,426	2,358,269	2,308,559	13,191,877
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 **Public support.** Subtract line 5 from line 4						13,191,877

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7 Amounts from line 4	2,718,153	2,793,470	3,013,426	2,358,269	2,308,559	13,191,877
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	51,302	33,970	-713	24,968	5,093	114,620
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)	8,765	4,965	11,705	55,800	6,251	87,486
11 **Total support** (Add lines 7 through 10)						13,393,983

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

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f))	**14**	98 490 %
15 Public support percentage for 2012 Schedule A, Part II, line 14	**15**	98 390 %

16a **33 1/3% support test—2013.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☑

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

17a **10%-facts-and-circumstances test—2013.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶☐

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

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 **Public support** (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 **Total support.** (Add lines 9, 10c, 11, and 12)						

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

Section C. Computation of Public Support Percentage

15	Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2012 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2013** (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from **2012** Schedule A, Part III, line 17	18	

19a **33 1/3% support tests—2013.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

b **33 1/3% support tests—2012.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

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

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

Facts And Circumstances Test		
Return Reference	Explanation	

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b
▶ Attach to Form 990. ▶ See separate instructions. ▶ Information about Schedule D (Form 990) and its instructions is at *www.irs.gov/form990*.

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
UNITED WAY OF NORTHWEST LOUISIANA

Employer identification number
72-0503930

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

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	3	1
2	Aggregate contributions to (during year)	100,185	368,703
3	Aggregate grants from (during year)	29,492	343,725
4	Aggregate value at end of year	591,954	460,363

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII and complete the following table

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

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

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

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

		(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a	Beginning of year balance	247,062	233,465	236,899	218,396	175,158
b	Contributions		1,000	1,000	1,000	10,391
c	Net investment earnings, gains, and losses	27,757	23,233	6,111	28,749	34,973
d	Grants or scholarships	9,248	8,544	8,610	9,255	
e	Other expenditures for facilities and programs					
f	Administrative expenses	2,374	2,092	1,935	1,991	2,126
g	End of year balance	263,197	247,062	233,465	236,899	218,396

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

- a Board designated or quasi-endowment ▶
- b Permanent endowment ▶ 100 000 %
- c Temporarily restricted endowment ▶

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

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

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

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

Part VI Land, Buildings, and Equipment. Complete if the organization answered 'Yes' to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		116,026	85,468	30,558
e Other				
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* ▶				30,558

Part VII **Investments—Other Securities.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
Other		
Total. *(Column (b) must equal Form 990, Part X, col (B) line 12)* ▶		

Part VIII **Investments—Program Related.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

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

Part IX **Other Assets.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 11d See Form 990, Part X, line 15

(a) Description	(b) Book value
(1) BENEFICIAL INTEREST IN ASSETS OF FOUNDATION	263,197
Total. *(Column (b) must equal Form 990, Part X, col.(B) line 15.)* . . . . . ▶	263,197

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	(b) Book value
Federal income taxes	
ALLOCATIONS PAYABLE	379,899
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25)* ▶	379,899

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 ☑

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements			1	1,814,747
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains on investments	2a	23,155		
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII)	2d			
e	Add lines **2a** through **2d**			2e	23,155
3	Subtract line **2e** from line **1**			3	1,791,592
4	Amounts included on Form 990, Part VIII, line 12, but not on line **1**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII)	4b	528,311		
c	Add lines **4a** and **4b**			4c	528,311
5	Total revenue Add lines **3** and **4c.** (This must equal Form 990, Part I, line 12)			5	2,319,903

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements			1	2,118,267
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIII)	2d			
e	Add lines **2a** through **2d**			2e	0
3	Subtract line **2e** from line **1**			3	2,118,267
4	Amounts included on Form 990, Part IX, line 25, but not on line **1:**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII)	4b	558,462		
c	Add lines **4a** and **4b**			4c	558,462
5	Total expenses Add lines **3** and **4c.** (This must equal Form 990, Part I, line 18)			5	2,676,729

Part XIII Supplemental Information

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

Return Reference	Explanation
PART IV, LINE 1B	UNITED WAY OF NORTHWEST LOUISIANA HOLDS CERTAIN CONTRIBUTIONS MADE DURING THE FALL CAMPAIGN THAT ARE DESIGNATED BY THE DONOR FOR SPECIFIC UNITED WAY AGENCIES AND CASH ACCOUNTS FOR OTHER ENTITIES IN ADDITION, UNITED WAY CONDUCTS THE AREA'S ANNUAL COMBINED FEDERAL CAMPAIGN, WHICH IS THE CHARITABLE FUNDRAISING PROGRAM OF EMPLOYEES IN THE FEDERAL WORKPLACE PLEDGES RAISED THROUGH THIS CAMPAIGN ARE ALSO DESIGNATED BY DONOR ACCORDINGLY, AS UNITED WAY HAS NO DISCRETIONARY AUTHORITY OVER THESE DESIGNATED PLEDGES, SUCH AMOUNTS ARE HELD IN AN AGENCY RELATIONSHIP BY UNITED WAY, AND ACCOUNTED FOR AS OFFSETTING ASSETS AND LIABILITIES UNTIL DISBURSED TO THE SPECIFIED BENEFICIARIES
PART IV, LINE 2B	PLEASE SEE EXPLANATION FOR LINE 1B
PART V, LINE 4	THE UNITED WAY ESTABLISHED AN ENDOWMENT FUND IN 1998, THE INCOME OF WHICH IS INTENDED INITIALLY TO HELP FUND THE COST OF AN ADDITIONAL STAFF MEMBER AT UNITED WAY, AND TO EVENTUALLY EXPAND INTO AN OVERALL OPERATIONS ENDOWMENT BY FUNDING MOST OR ALL OF THE ANNUAL COST OF ADMINISTERING UNITED WAY UNITED WAY TRANSFERRED CONTROL OF THIS ENDOWMENT FUND TO THE COMMUNITY FOUNDATION OF SHREVEPORT BOSSIER DURING 1999 UNDER THE TERMS OF THE AGREEMENT, VARIANCE POWER AND LEGAL OWNERSHIP OF THE FUNDS REST WITH THE FOUNDATION WITH UNITED WAY OF NORTHWEST LOUISIANA AS THE BENEFICIARY OF THE RECIPROCAL TRANSFER
PART X, LINE 2	UNITED WAY IS EXEMPT FROM FEDERAL INCOME TAXES UNDER SECTION 501(A) OF THE INTERNAL REVENUE CODE (IRC) AS A PUBLIC SOCIETY BENEFIT DESCRIBED IN IRC SECTION 501(C)(3) ACCORDINGLY, NO PROVISION FOR INCOME TAXES HAS BEEN MADE, HOWEVER, SHOULD UNITED WAY ENGAGE IN ACTIVITIES UNRELATED TO ITS EXEMPT PURPOSE, TAXABLE INCOME COULD RESULT UNITED WAY HAD NO MATERIAL UNRELATED BUSINESS INCOME FOR THE CALENDAR YEAR ENDED DECEMBER 31, 2013 ON JULY 1, 2009, UNITED WAY ADOPTED THE PROVISIONS OF THE ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES TOPIC OF THE FASB ASC, WHICH CLARIFIES THE ACCOUNTING AND RECOGNITION FOR INCOME TAX POSITIONS TAKEN OR EXPECTED TO BE TAKEN AS A RESULT OF THIS ADOPTION, UNITED WAY BELIEVES THERE IS NO IMPACT TO THE FINANCIAL STATEMENTS AND DID NOT RECORD AN ADJUSTMENT TO THE BEGINNING BALANCE OF NET ASSETS ON THE STATEMENT OF FINANCIAL POSITION UNITED WAY IS NO LONGER SUBJECT TO INCOME TAX EXAMINATIONS BY THE U S FEDERAL, STATE OR LOCAL TAX AUTHORITIES FOR YEARS BEFORE 2010
PART XI, LINE 4B - OTHER ADJUSTMENTS	REVENUE FROM FEDERAL CAMPAIGN & DESIGNATED CONTRIBUTIONS 528,311
PART XII, LINE 4B - OTHER ADJUSTMENTS	ALLOCATIONS TO AGENCIES FROM FEDERAL CAMPAIGN AND DESIGNATED CONTRIBUTIONS 558,462

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493314019554

Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

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

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

▶ **Attach to Form 990**

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

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
UNITED WAY OF NORTHWEST LOUISIANA

Employer identification number
72-0503930

Part I General Information on Grants and Assistance

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

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

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

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

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

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . ▶ 39

3 Enter total number of other organizations listed in the line 1 table . . . . . ▶ 0

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

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

Part IV **Supplemental Information.** Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

Return Reference	Explanation
PART I, LINE 2	THE IMPACT COUNCIL MEETS DURING THE APPLICATION PROCESS AND GOES THROUGH EACH PROGRAM FOR EACH CHARITY TO DECIDE THE ELIGIBILITY AND AMOUNTS BASED ON A SCORING SYSTEM EACH APPLICATION MUST EXPLAIN "OUTCOMES" FOR THEIR PROGRAMS FROM THE YEAR BEFORE, NOTING STATISTICS ON HOW THEIR PROGRAMS PERFORMED ALSO, MEMBERS OF THE IMPACT COUNCIL DO A SURPRISE VISIT TO EACH PROGRAM DURING THE YEAR

Additional Data

Software ID:
Software Version:
EIN: 72-0503930
Name: UNITED WAY OF NORTHWEST LOUISIANA

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
AMERICAN RED CROSS 4221 LINWOOD AVE SHREVEPORT,LA 71108	53-0196605	501(C)3	127,612				SERVICE TO ARMED FORCES PROVIDED EMERGENCY COMMUNICATIONS, MEDICAL AND DEATH VERIFICATION TO MILITARY FAMILIES AND PROVIDED EMERGENCY FINANCIAL ASSISTANCE REACHED OVER 3500 MILITARY MEMBERS AND FAMILIES WITH INFORMATION ON RED CROSS SERVICES TAUGHT COPING WITH DEPLOYMENT DISASTER SERVICES ASSIST FAMILIES HAVING HOME FIRES, TRAIN VOLUNTEERS IN DISASTER SERVICES, OFFERED COMMUNITY DISASTER EDUCATION AND DEVELOP HURRICANE EVACUATION PLANS AND OTHER LARGE SCALE DISASTER PLANNING

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
THE ARC OF CADDO-BOSSIER 351 JORDON ST SHREVEPORT,LA 71101	72-0482891	501(C)3	51,842				QUALITY CHILD CARE OF ALL DISABLED AND NON-DISABLED CHILDREN ATTEND INDIVIDUALIZED, SMALL GROUP, DEVELOPMENTALLY APPROPRIATE ACTIVITIES IN AN INCLUSIVE CHILD CARE SETTING STAFF AND ADMINISTRATIVE COSTS

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
BIOMEDICAL RESEARCH FOUNDATION 1505 KINGS HWY SHREVEPORT,LA 71103	58-1711612	501(C)3	7,976				FAMILY-SUSTAINING EMPLOYMENT THE COLLEGE NAVIGATOR-TO CONTINUE TO HELP STUDENTS BY ASSESSING THEIR CAREER INTERESTS, HELPING THEM SELECT POST-SECONDARY EDUCATION INSTITUTIONS, ASSISTING WITH SCHOLARSHIPS, AND HELPING FAMILIES COMPLETE PAPERWORK AND PROCEDURES FOR COLLEGE ACCEPTANCE

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
BOSSIER COUNCIL ON AGING 706 BEARCAT BOSSIER CITY,LA 71111	72-0822231	501(C)3	10,368				DELIVER MEALS TO HOMEBOUND SENIORS MAIN PROVIDER OF TRANSPORTAION TO THE RURAL AREAS OF BOSSIER PARISH

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
BOY SCOUTS - NORWELA COUNCIL P O BOX 4341 SHREVEPORT,LA 71134	72-0423629	501(C)3	71,782				SCOUTING EARN CUB SCOUT, BOY SCOUT, AND VENTURING RANK ADVANCEMENTS, MERIT BADGES AND CAMP EXPERIENCES

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
CADDO COUNCIL ON AGING 4015 GREENWOOD ROAD SHREVEPORT,LA 71109	72-0715821	501(C)3	12,727				MEALS ON WHEELS SERVE HOT WELL-BALANCED NUTRITIOUS MEALS DAILY TO HOMEBOUND SENIORS

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
CATHOLIC CHARITIES OF SHREVEPORT 331 E 71ST ST SHREVEPORT,LA 71106	32-0315500	501(C)3	16,970				SEEKING SUPPORT TO IMPLEMENT THE FAMILY STRENGTHENING PROGRAM THE PURPOSE OF THIS PROGRAM IS TO ENABLE FAMILIES TO BREAK THE CYCLE OF POVERTY BY HELPING THEM ACQUIRE THE KNOWLEDGE AND SKILLS TO BETTER MANAGE THEIR HOME AND FINANCIAL SITUATIONS, AND TO MAKE THE MOST OF THEIR FAMILY LIFE

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
THE CENTER FOR FAMILIES 864 OLIVE ST SHREVEPORT,LA 71104	72-0443101	501(C)3	35,891				PROFESSIONAL COUSELING INDIVIDUAL OR FAMILY TREATMENT PLANS WITH SESSION AND AFTERCARE GOALS RESOURCES ARE PROVIDED FOR ANY NEED TAHT DOES NOT INVOLVE MENTAL HEALTH

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
CHRISTUS SCHUMPERT FOUNDATION ONE SAINT MARY PLACE SHREVEPORT,LA 71101	72-1219280	501(C)3	19,939				ACCESS TO HEALTH CARE CHRISTUS SCHUMPERT SCHOOL-BASED HEALTH CENTERS GOAL IS TO PROVIDE ACCESSIBLE, HIGH QUALITY, COMPREHENSIVE HEALTH CARE TO UNDERSERVED STUDENTS SUPPORT PROVIDES FINANCIAL STABILITY TO THE PROGRAM WHICH WILL ALLOW FOR THE CONTINUATION OF MEETING THE CRITICAL HEALTH NEEDS IN THE COMMUNITY

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
CINCO DE MAYO - LA CIMA P O BOX 5042 BOSSIER CITY,LA 71171	72-1486076	501(C)3	7,976				LA CIMA (THE SUMMIT) EXISTS TO IMPART LEADERSHIP AND LIFE SKILLS TO LATINO YOUTH, SUPPORT WILL FUND 2 STUDENT LEADERSHIP CAMPS ANNUALLY WITH 40 TO 50 STUDENTS PER CAMP THAT WILL HELP HISPANIC STUDENTS UNDERSTAND THE IMPORTANCE OF EDUCATION AND THE BENEFITS THAT HIGHER EDUCATION PROVIDES THEM AND SOCIETY

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
COMMUNITY FOUNDATION 401 EDWARDS ST STE 105 SHREVEPORT,LA 71101	72-6022365	501(C)3	10,000				WORKFORCE FUNDER'S COLLABORATIVE-A REGIONAL FUNDING COLLABORATIVE WORKING TOGETHER TO CREATE CAREER PATHWAYS FOR UNDEREMPLOYED INDIVIDUALS AND JOBSEEKERS AND PROMOTE ECONOMIC VITALITY IN NORTHWEST LOUISIANA, WINLA'S VISION IS TO CREATE EMPLOYER-LED WORKFORCE PARTNERSHIPS THAT ALIGN, LINK, AND LEVERAGE REGIONAL ASSETS TO IMPROVE SKILLS, PARTNERSHIPS WILL ENGAGE EMPLOYER AND EDUCATION/TRAINING PARNTERS TO SERVE UNDER-CREDENTIALED INDIVIDUALS IN THE SURROUNDING PARISHES

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
COMMUNITY RENEWAL 2760 FAIRFIELD AVE SHREVEPORT,LA 71104	72-1213057	501(C)3	15,951				INTERNAL CARE UNIT FRIENDSHIP HOUSES COMMUNITY BASED PROGRAM FOR AT-RISK INDIVIDUALS LINKING THEM TO EXTERNAL RESOURCES ESTABLISHING MUTUALLY ENHANCED RELATIONSHIPS BETWEEN AND AMONG THE NEIGHBORHOOD RESIDENTS ASSISTANCE AND INCENTIVE BASED ACTIVITIES ARE PROVIDED ADULT RENEWAL AT-RISK INDIVIDUALS ATTEND GED, LIFE SKILLS, AND COLLEGE LEVEL COURSES IN THEIR NEIGHBORHOODS

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
COUNCIL ON ALCOHOLISM AND DRUG ABUSE 2000 FAIRFIELD AVE SHREVEPORT,LA 71104	72-0544581	501(C)3	15,951				S T E P S ASSIST CLIENTS IN DIFFICULT FIRST DAYS OF UNCOMPLICATED WITHDRAWELS AND IS AN ENTRY POINT INTO NW LOUISIANA'S CONTINUUM OF CARE

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

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DAVID RAINES COMMUNITY HEALTH CENTER 1625 DAVID RAINES ROAD SHREVEPORT,LA 71107	58-2000630	501(C)3	7,976				MEDICAL HOME SCHOOL INITIATIVE PROVIDES A JOINT COLLABORATIVE VENTURE WITH CADDO PARISH SCHOOL BOARD AND NORTHSIDE ELEMENTARY SCHOOL TO PROVIDE SERVICES INCLUDING INDIVIDUALS, GROUP ASSESSMENTS, INTERVENTIONS AND REFERRALS

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
FORENSIC NURSE EXAMINERS 249 ATKINS AVE SHREVEPORT,LA 71104	35-2262163	501(C)3	23,927				SEXUAL ASSAULT NURSE EXAMINERS PROVIDE A "VICTIM CENTERED" APPROACH TO COLLECT PHYSICAL DNA AND VISUAL EVIDENCE AFTER A SEXUAL ASSAULT OR VIOLENT CRIME PROVIDE PEDIATRIC SAFE TRAINING AND SERVICES TRAIN NURSES TO TESTIFY AS FORENSIC EXPERTS IN CRIMINAL COURT CASES EDUCATED THE COMMUNITY AND HEALTH CARE PROVIDERS ABOUT PROTOCOL TO FOLLOW IN SEXUAL ASSAULT AND OTHER VIOLENT ASSAULT CASES

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
GINGERBREAD HOUSE 1700 BUCKNER SQUARE STE 101 SHREVEPORT,LA 71101	72-1390471	501(C)3	23,927				CHILD ADVOCACY PROGRAM CHILDREN WHO EXPERIENCE SEXUAL OR PHYSICAL ASSAULT RECEIVE FORENSIC INTERVIEWS, MULTIDISCIPLINARY INVESTIGATIONS, AND FAMILY ADVOCACY SERVICES CHILD VICTIMS AND THEIR NON-OFFENDING CAREGIVERS RECEIVED COUNSELING SERVICES CONDUCT OUTREACH PREVENTION EFFORTS

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

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GOODWILL INDUSTRIES 800 WEST 70TH ST SHREVEPORT,LA 71106	72-0460816	501(C)3	114,545				OUTREACH PLACEMENT CLIENTS AER TRAINED THROUGH A LIVE JOB READINESS TRAINING THAT COVERS TOPICS FROM APPLYING TO INTERVIEWING TO GAINING AND MAINTAINING THE JOB THEY ALSO CREATED A VIRTUAL TRAINING THAT ALLOWS THEM TO TEACH JOB READINESS BY COMPUTER OPEN PLACEMENT PROVIDES JOB READINESS TRAINING, PLACEMENT, & JOB RETENTION SERVICES FOR PEOPLE WITH BARRIERS TO EMPLOYMENT MENTAL HEALTH SERVICES, CRISIS INTERVENTION, MEDIATION & MEDICAL OR PSYCHIATRIC CASE MANAGEMENT SERVICES WERE PROVIDED TO EMPLOYEES ON AN INDIVIDUAL BASIS ON PRN SCHEDULE EDUCATIONAL MATERIALS ARE DISSEMINATED THROUGH INFORMATIONAL PRESENTATIONS & NEWSLETTERS EX-OFFENDER PROVIDES JOB READINESS TRAINING, JOB PLACEMENT & JOB RETENTION SERVICES TO EX-OFFENDERS ALSO PROVIDES JOB READINESS TRAINING FOR OFFENDERS WHO ARE INCARCERATED AT CADDO CORRECTION CENTER TRANSPORTATION CLIENTS WITH TRANSPORTATION BARRIERS ARE ALLOWED TO PARTICIPATE IN JOB SEARCH ACTIVITIES SUCH AS APPLYING, INTERVIEWING & STARTING THEIR JOB

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
HOPE FOR THE HOMELESS 762 AUSTIN PLACE SHREVEPORT,LA 71101	72-1476208	501(C)3	16,970				FUNDING TO SUPPORT A SUPPORTIVE SERVICES TECHNICIAN AND AN INTAKE COORDINATOR/DATA ENTRY SPECIALIST BOTH POSITIONS ARE REQUIRED IN ORDER TO ENSURE APPROPRIATE CLIENT PLACEMENT AND HOUSING SUCCESS IN COORDINATING PROGRAM, TO DETERMINE PROGRAM OUTCOMES AND EFFICACY, AND TO CREATE CLIENT INDEPENDENCE THROUGH EDUCATION, INCOME, AND HEALTH

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

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IMPACT PARTNERSHIPS (PART OF GOODWILL INDUSTRIES) 800 WEST 70TH ST SHREVEPORT,LA 71106	72-0460816	501(C)3	60,000				FUNDING TO SUPPORT THE COORDINATION OF THE MENTORING PARTNERSHIP, ASSET BUILDING COALITION, LITERACY COALITION AND THE VOLUNTEER CENTER

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
LEGAL SERVICES OF NORTH LOUISIANA INC 720 TRAVIS ST SHREVEPORT,LA 71101	72-0827452	501(C)3	16,545				LEGAL AID LEGAL ADVOCACY, PROVIDES CLIENTS WITH COUNSEL, ADVICE AND LEGAL BRIEF SERVICES

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
LITERACY VOLUNTEERS CENTENARY COLLEGE P O BOX 41188 SHREVEPORT,LA 71134	72-1124343	501(C)3	14,356				ADULT LITERACY HELPED ADULTS TO UNDERSTAND THE MEDICAL FIELD, CARE-GIVERS INSTRUCTIONS, MEDICINE LABELS, FOLLOW DIRECTIONS MEASURING DOSAGES CORRECTLY, USE MEASUREMENT TOOLS, MONITOR SYMPTOMS AND IMPROVE THE ABILILTY TO COMMUNICATE WITH HEALTH CARE PROFESSIONALS

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
LSUS - CERT ONE UNIVERSITY PLACE SHREVEPORT,LA 71115	72-1434632	501(C)3	21,212				ENERGY CAMP AND YOUTH DAY EXPANSION TO INCLUDE RURAL PARISHES 200 HIGH SCHOOL STUDENTS ARE INTRODUCED TO INFORMATION ABOUT CAREER OPPORTUNITIES IN THE ENERGY INDUSTRY AS WELL AS ENERGY EFFICIENCY AND CONSERVATION THROUGH ENGAGEMENT USING A BALANCE OF ENERGY DISCUSSION, HANDS-ON EXPERIMENTS, LAB-BASED LEARNING AND FIELD TRIPS TO MAKE THE CAMP EXPERIENCE BOTH FUN AND EDUCATIONAL "TEACHER OBSERVERS" FROM PARTICIPATING SCHOOLS GAIN CURRICULUM AND EXPERIENCE IN PROJECT-BASED LEARNING

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

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MLK HEALTH CENTER 1233 SPRAGUE ST SHREVEPORT,LA 71101	72-1079721	501(C)3	31,903				MEDICAL HOME CONDUCT CLINICAL CARE ENCOUNTERS, LABORATORY TESTING, PACKAGING AND LABELING FOR MEDICATIONS & SUPPLIES, MEDICATION REVIEW & DIRECTIONS AND APPROPRIATE REFERRALS FOR SPECIALTY SERVICES

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

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NATCHITOCHES PARISH COUNCIL ON AGING 1016 KEYSER AVE NATCHITOCHES,LA 71457	72-0793183	501(C)3	5,982				SUPPORT FOR THE MEALS ON WHEELS PROGRAM IS FOR THE PURPOSES OF OBTAINING FUNDING TO PROVIDE 2,200 ADDITIONAL MEALS TO SERVE 94 ADDITIONAL SENIORS WITH A NUTRITIOUS MEAL MONDAY THRU FRIDAY

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

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NORTH LOUISIANA FOOD BANK 2307 TEXAS AVE SHREVEPORT,LA 71103	72-1328890	501(C)3	35,891				DISASTER RELIEF PROVIDES KID FRIENDLY MRE TO SHELTERING/DISASTER EVENTS BACKPACK PROGRAM PROVIDES LOW INCOME STUDENTS WTIH A BACKPACK OF FOOD FOR THE WEEKEND EMERGENCY FOOD INDIVIDUALS AND FAMILIES IN NEED OF FOOD AND FOOD ITEMS ARE PROVIDED IMMEDIATE RELIEF THE FOOD IS DISTRIBUTED THROUGH A COOPERATIVE PARTNERSHIP WITH CENTERPOINT 211 RURAL FOOD DISTRIBUTION PROVIDES FOOD TO FOOD PANTRIES IN RURAL PARISHES FOOD TRANSPORTATION PROGRAM ALLOWS PROVISION OF FOOD FOR AGENCIES FREE OF CHARGE

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

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NORTHWEST LOUISIANA INTERFAITH PHARMACY 1725 ELIZABETH AVE SHREVEPORT,LA 71101	72-1479289	501(C)3	19,939				PRESCRIPTION HELP FOR THE UNINSURED HEALTHCARE FOR LOW INCOME CLIENTS PRESCRIPTIONS ARE REVIEWED AND RESOURCES ARE FOUND TO PROVIDE ALL MEDICINES (EXCEPT NARCOTICS)

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

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PHILADELPHIA CENTER 2020 CENTENARY BLVD SHREVEPORT,LA 71104	72-1204252	501(C)3	15,951				ASSISTANCE WITH FUNDING TOWARDS A FOOD BANK TO TEH RURAL HIV/AIDS CONSUMERS IN SABINE, NATCHITOCHES, AND DESOTO PARISHES, SUPPORT WILL GO TOWARDS PURCHASING A MEDICAL VAN WITH A LIFT AND EMERGENCY HOUSING FOR THOSE LIVING WITH HIV/AIDS THAT WILL INCLUDE PAYMENT FOR EVICTION NOTICES, DEPOSITS, AND FIRST MONTH RENT

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

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PINES TO THE GULF COUNCIL OF GIRL SCOUTS 3921 SOUTHERN AVE SHREVEPORT,LA 71106	72-0488660	501(C)3	31,903				SCOUTING THE GIRLS RECEIVE ASSISTANCE IN ACADEMIC STABILITY AND ACHIEVEMENT, CHARACTER BUILDING AND LEARN LIFE SKILLS

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

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PROJECT CELEBRATION 580 MAIN STREET MANY,LA 71449	72-1144152	501(C)3	7,976				FUNDING TO SUPPORT THE SEXUAL ASSAULT ADVOCATE PROGRAM FOR INDIVIDUALS WHO HAVE BEEN SEXUALLY ASSAULTED

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

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PROVIDENCE HOUSE 814 COTTON ST SHREVEPORT,LA 71101	72-1205164	501(C)3	31,903				SEXUAL ASSAULT VICTIM ADVOCACY CONFIDENTIAL AND FREE SERVICES TO VICTIMS OF SEXUAL ASSAULT INCLUDING TELEPHONE CRISIS HOTLINE, HOSPITAL ADVOCACY, EMERGENCY SAFE SHELTER, HOUSING FOR UP TO 45 DAYS, SAFETY PLANNING, PROTECTIVE ORDERS AND LEGAL ADVOCACY, REFERRALS FOR OTHER BENEFITS, COUNSELING AND SUPPORT GROUPS, CLASSES AND TRAINING FOR JOBS, LIFE SKILLS AND CASE MANAGEMENT DOMESTIC VIOLENCE/SAFE HOUSE CONFIDENTIAL AND FREE SERVICES TO VICTIMS OF DOMESTIC VIOLENCE INCLUDING TELEPHONE CRISIS HOTLINE, HOSPITAL ADVOCACY, EMERGENCY SAFE SHELTER, HOUSING FOR UP TO 45 DAYS, SAFETY PLANNING, PROTECTIVE ORDERS AND LEGAL ADVOCACY, REFERRALS FOR OTHER BENEFITS, COUNSELING AND SUPPORT GROUPS, CLASSES AND TRAINING FOR JOBS, LIFE SKILLS AND CASE MANAGEMENT BREAKING THE HOMELESS CYCLE PROVIDES SHELTER, BASIC NEEDS, TRAINING AND COUNSELING TO HOMELESS FAMILIES

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

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SALVATION ARMY 200 EAST STONER AVE SHREVEPORT,LA 71101	63-0288866	501(C)3	83,576				MERKLE'S MEN'S SHELTER FOOD, SHELTER, AND LIFE SKILLS CLASSES FOR HOMELESS MEN SAINTS ALIVE/SENIORS DAY PROGRAM SENIOR DAY PROGRAM WITH 2 MEALS AND EDUCATIONAL SEMINARS PHYSICAL EXERCISE & SOCIALIZATION WOMEN AND FAMILIES SHELTER LIFE SKILLS CLASSES, SHELTER, FINANCIAL EDUCATION, SPRIRITUAL DEVELOPMENT SOCIAL SERVICES ASSESSING & MEETING NEEDS THROUGH RENTAL ASSISTANCE, UTILITY ASSISTANCE, FOOD ASSISTANCE AND CLOTHING BOYS & GIRLS CLUBS IMPLEMENTED THE FOLLOWING EDUCATIONAL PROGRAMS CLUB TECH, HEALTHY HABITS, CAREER LAUNCH, TORCH CLUB, KEYSTONE CLUB

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

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SHREVEPORT RESCUE MISSION 901 MCNEIL ST SHREVEPORT,LA 71101	23-7050551	501(C)3	17,945				ROLLIN' TOWARDS SUCCESS BUS PASSES FOR HOMELESS PERSONS TO ASSIST EMPLOYABILITY OPERATION HEALTHY HOMELESS PROVIDES FREE MEDICAL, DENTAL, AND HEALTH EDUCATION CLASSES TO THE HOMELESS POPULATION ADDRESSING DOMESTIC VIOLENCE INTAKE RECORDS AND QUESTIONNAIRE PROVIDE INITIAL INFORMATION FOR DOMESTIC VIOLENCE SCREENING GOT MILK PROVIDES MILK TO ALL RESIDENTS FOR BREAKFAST AND ALL DAY TO WOMEN AND CHILDREN

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

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STRATEGIC ACTION COUNCIL 631 MILAM ST STE 105 SHREVEPORT,LA 71101	20-8105116	501(C)3	16,970				HELPING MINORITY OWNED BUSINESSES TO BUILD THEIR ABILITY TO OBTAIN, PRODUCE, AND PROFIT FROM MORE BUSINESS WITH THE LARGER MAJORITY OWNED FIRMS IN THE AREA THE CORE CAPACITY BUILDING EFFORTS WILL BE FOCUSED ON SUPPLIER DEVELOPMENT, START-UP ASSISTANCE, AND ACCESS TO CAPITAL

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

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TRAINING EDUCATION AND MEDIATION FOR STUDENTS 1545 LINE AVE STE 228 SHREVEPORT,LA 71101	80-0204842	501(C)3	33,939				EXPAND SERVICES TO RURAL PARISHES IN NW LOUISIANA OFFERING ADVOCACY FOR STUDENTS WITH UNIQUE LEARNING NEEDS, AT-RISK, OR ALREADY INVOLVED IN THE COURT SYSTEM, TO ADDRESS MANY OF THE "DISCARDED AND FORGOTTEN" YOUTH

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

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VOLUNTEERS FOR YOUTH JUSTICE 900 JORDAN ST STE 301 SHREVEPORT,LA 71101	72-1057695	501(C)3	19,939				SUPPORT WILL FUND STAFF SALARIES FOR THE TRUANCY PROGRAM AND HELP ENSURE THAT THE PROGRAM WILL CONTINUE TO OPERATE AND SERVE OVER 8,000 CHILDREN AND FAMILIES

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

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VOLUNTEERS OF AMERICA 360 JORDAN ST SHREVEPORT,LA 71101	72-1057695	501(C)3	149,163				LIGHTHOUSE PROGRAMS REACHES OUT TO FAMILIES LIVING IN OUR POOREST NEIGHBORHOODS WE SERVE 600 CHILDREN IN SEVEN COMMUNITY-BASED SITES AND 3 SCHOOL SITES

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

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WEBSTER COUNCIL ON AGING P O BOX 913 MINDEN,LA 71058	72-0686969	501(C)3	8,485				MEALS DELIVERED TO FRAIL, ISOLATED, HOME-BOUND ELDERLY

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

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YMCA 400 MCNEIL ST SHREVEPORT,LA 71101	72-0408997	501(C)3	15,951				BROADMOOR AFTER SCHOOL PROGRAM FAB FIVE FITNESS CURRICULUM, NUTRITION CLASSES, AND HOMEWORK ASSISTANCE SUMMER DAY CAMP SERVES AS A 10 WEEK SUMMER DAY CARE HELD A 2 WEEK HOLIDAY CAMP DURING CHRISTMAS BREAK

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SCHEDULE M (Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

▶Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
▶ Attach to Form 990.
▶Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
UNITED WAY OF NORTHWEST LOUISIANA

Employer identification number
72-0503930

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded				
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (ADVERTISING)	X	1	70,784	FAIR MARKET VALUE
26 Other ▶ (SUPPLIES)	X	35	21,139	FAIR MARKET VALUE
27 Other ▶ (COPIER)	X	1	5,000	FAIR MARKET VALUE
28 Other ▶ (OFFICE FURNIT)	X	4	4,260	FAIR MARKET VALUE
Other ▶ (WEBSITE HOSTI)	X	1	1,800	FAIR MARKET VALUE
Other ▶ (MEETING SPACE)	X	1	500	FAIR MARKET VALUE

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

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

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

Return Reference	Explanation

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93493314019554

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.
▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
UNITED WAY OF NORTHWEST LOUISIANA

Employer identification number
72-0503930

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11	THE FINANCE COMMITTEE REVIEWS THE FORM 990 THEN THE FORM 990 IS PRESENTED TO THE REST OF THE BOARD MEMBERS PRIOR TO FILING WITH THE IRS
FORM 990, PART VI, SECTION B, LINE 12C	A CONFLICT OF INTEREST STATEMENT MUST BE SIGNED ANNUALLY BY BOARD MEMBERS AND STAFF EACH PERSON IS REQUIRED TO DISCLOSE ANY POTENTIAL CONFLICT OF INTEREST SUCH AS FINANCIAL RELATI ONSHIP, AGENCY BOARD MEMBER, ETC
FORM 990, PART VI, SECTION B, LINE 15	THE PROCESS FOR DETERMINING COMPENSATION OF THE ORGANIZATION'S KEY EMPLOYEES INCLUDES A RE VIEW AND APPROVAL BY THE BOARD OF DIRECTORS, COMPARABILITY DATA, AND CONTEMPORANEOUS SUBST ANTIATION OF THE DELIBERATION AND DECISION
FORM 990, PART VI, SECTION C, LINE 18	THE ORGANIZATION MAKES ITS FORM 1023 AND FORM 990 AVAILABLE FOR PUBLIC INSPECTION UPON REQUEST
FORM 990, PART VI, SECTION C, LINE 19	THE GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS ARE KEPT ON FILE IN OUR OFFICE AND ARE AVAILABLE FOR ANYONE TO REVIEW UPON REQUEST