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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 07-01-2013 , 2013, and ending 06-30-2014

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

C Name of organization
THE CHILDREN'S COALITION FOR NORTHEAST LOUISIANA INC

Doing Business As

Number and street (or P O box if mail is not delivered to street address) 1363 LOUISVILLE AVENUE

Room/suite

City or town, state or province, country, and ZIP or foreign postal code
MONROE, LA 71201

D Employer identification number
72-1502186

E Telephone number
(318) 323-8775

G Gross receipts $ 1,856,768

F Name and address of principal officer
LYNN CLARK
1363 LOUISVILLE AVENUE
MONROE,LA 71201

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 CHILDRENSCOALITION ORG

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

L Year of formation 2000

M State of legal domicile LA

Part I Summary

1 Briefly describe the organization's mission or most significant activities
TO ACT AS A COORDINATING AGENCY TO DEVELOP A COMPREHENSIVE AND INTEGRATED SYSTEM OF RESOURCES THAT SUPPORT CHILDREN AND THEIR FAMILIES AS THEY LIVE AND GROW TO THEIR FULL POTENTIAL

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**	19
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	19
5	Total number of individuals employed in calendar year 2013 (Part V, line 2a)	**5**	28
6	Total number of volunteers (estimate if necessary)	**6**	80
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	0
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	1,281,989	1,546,038
9	Program service revenue (Part VIII, line 2g)	261,972	262,204
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	699	699
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	13,541	-1,108
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,558,201	1,807,833
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	74,888	80,588
14	Benefits paid to or for members (Part IX, column (A), line 4)		0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	1,072,755	984,789
16a	Professional fundraising fees (Part IX, column (A), line 11e)		0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶51,886		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	382,046	420,456
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	1,529,689	1,485,833
19	Revenue less expenses Subtract line 18 from line 12	28,512	322,000

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	412,629	653,411
21	Total liabilities (Part X, line 26)	172,637	91,419
22	Net assets or fund balances Subtract line 21 from line 20	239,992	561,992

Part II Signature Block

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

Sign Here

****** — Signature of officer — 2015-02-27 — Date

LYNN CLARK EXECUTIVE DIRECTOR — Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
FRANCIS I HUFFMAN		2015-02-27		P01404670

Firm's name ▶ HUFFMAN & SOIGNIER (APAC) — Firm's EIN ▶

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

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission

TO ACT AS A COORDINATING AGENCY TO DEVELOP A COMPREHENSIVE AND INTEGRATED SYSTEM OF RESOURCES THAT SUPPORT CHILDREN AND THEIR FAMILIES AS THEY LIVE AND GROW TO THEIR FULL POTENTIAL

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 $ 36,397 including grants of $) (Revenue $)

HEALTH CARE THE NURSE FAMILY PARTNERSHIP PROGRAM IS FUNDED THROUGH THE LOUISIANA DEPARTMENT OF HEALTH AND HOSPITALS-BUREAU OF FAMILY HEALTH THE COALITION ADMINISTERED ONE TEAM OF TWO RNS WHO IMPLEMENTED THIS HOME VISITING PROGRAM IN MOREHOUSE AND OUACHITA PARISHES THIS PROGRAM IS FOR FIRST TIME MOTHERS AND CAN WORK WITH THE FAMILY FOR UP TO TWO YEARS THIS PROGRAM COMBINES HEALTH CARE, PARENT EDUCATION AND CONNECTION TO COMMUNITY RESOURCES FOR THESE FAMILIES MID-YEAR THIS CONTRACT WAS CONSOLIDATED AND REORGANIZED BY BUREAU OF FAMILY HEALTH AND TRANSFERRED TO SOUTHEAST AHEC THE SAFE AND HEALTHY KIDS PROGRAM WAS FUNDED THROUGH A GRANT FROM THE LIVING WELL FOUNDATION, LOCAL SPONSORSHIPS AND GENERAL FUNDS A CHILD SAFETY COORDINATOR CONDUCTED TRAINING AND EDUCATION SESSIONS THROUGH FIVE PARISHES IN THE REGION SIGNIFICANT OUTREACH TO THE HISPANIC POPULATION WAS PART OF THIS INITIATIVE INCLUDING ORGANIZING THE DIA DE LA FAMILIA FAMILY FUN DAY IN UNION PARISH THE COORDINATOR CONDUCTED TRAINING ON CAR SEAT SAFETY, SAFE SLEEP AND WATER SAFETY THE PROGRAM INVOLVED PROVIDING CAR SEATS AND PACK AND PLAYS TO ANYONE ELIGIBLE A SAFE SLEEP SUMMIT WAS HELD IN THE FALL WITH THE EMPHASIS THIS YEAR ON THE AFRICAN AMERICAN FAITH BASED BEREAVEMENT INITIATIVE AN ADDITIONAL ACTIVITY INCLUDED COORDINATING AND FACILITATING THE SHARE GRIEF SUPPORT GROUP FOR MOTHERS WHO HAVE LOST AN INFANT

4b (Code) (Expenses $ 1,059,017 including grants of $ 80,588) (Revenue $ 262,204)

EARLY CHILDHOOD EDUCATION NORTHEAST LOUISIANA CHILD CARE CONNECTIONS THIS INITIATIVE PROVIDES THE CHILD CARE RESOURCE AND REFERRAL AGENCY FOR THE 12 PARISHES IN NORTHEAST LOUISIANA LOUISIANA DEPARTMENT OF CHILDREN AND FAMILY SERVICES PROVIDES FUNDING FOR THESE EFFORTS THROUGH CHILD DEVELOPMENT BLOCK GRANT FUNDS CHILD CARE CONNECTIONS PROVIDES CONSUMER EDUCATION AND REFERRAL SERVICES, TRAINING FOR CHILD CARE PROVIDERS AND STAFF AND TECHNICAL ASSISTANCE IN CHILD CARE CENTERS AND IN FAMILY CHILD CARE HOMES A MAJOR FOCUS IS PROVIDING SUPPORT FOR CENTERS WHO VOLUNTARILY PARTICIPATE IN THE QUALITY START RATING SYSTEM FOR CHILD CARE AND THOSE PARTICIPATING IN THE COMMUNITY NETWORK PILOT FOR ACT 3 AS THE RESOURCE AND REFERRAL AGENCY, THE CHILDREN'S COALITION IS ELIGIBLE TO RECEIVE LOUISIANA SCHOOL READINESS TAX CREDIT FUNDS FROM BUSINESSES AND CORPORATIONS TO SUPPORT CHILD CARE AND THE QUALITY START RATING SYSTEM THESE FUNDS ARE USED TO SUPPORT THE EARLY CHILDHOOD EFFORTS OF THE COALITION AND DISTRIBUTED TO CHILD CARE CENTERS THROUGH A GRANT PROGRAM MENTAL HEALTH CONSULTATION A MENTAL HEALTH CONSULTANT IS MADE AVAILABLE TO CHILD CARE CENTERS FOR UP TO SIX MONTHS TO WORK WITH STAFF TO IMPROVE THE SOCIAL EMOTIONAL DEVELOPMENT OF CHILDREN IN CHILD CARE CENTERS THIS EFFORT IS FUNDED THROUGH THE TULANE INSTITUTE FOR INFANT AND EARLY CHILDHOOD MENTAL HEALTH FROM A GRANT WITH THE LOUISIANA DEPARTMENT OF CHILDREN AND FAMILY SERVICES OUACHITA PARISH EARLY CHILDHOOD NETWORK (OPENETWORK) WITH FUNDING FROM THE LOUISIANA DEPARTMENT OF EDUCATION, THE CHILDREN'S COALITION SERVES AS THE COORDINATING PARTNER OF THE COMMUNITY NETWORK PILOT FOR OUACHITA PARISH (INCLUDES MONROE CITY AND OUACHITA PARISH SCHOOLS, CHILD CARE, NSECD PROGRAMS AND HEAD START PROGRAMS)IN THE FIRST COHORT OF PILOTS IN THE STATE TO BEGIN THE IMPLEMENTATION OF ACT 3, THE LOUISIANA EARLY CHILDHOOD EDUCATION ACT AS PART OF THE FIRST COHORT OF PILOTS, THE OPENETWORK WAS CHARGED WITH BEGINNING THE NAVIGATION OF THE NEW SYSTEM, PROVIDING FEEDBACK TO LDE AND SERVING AS A MODEL AND RESOURCE FOR OTHER COMMUNITIES IN THE STATE THIS INVOLVED EXTENSIVE TRAINING AND TECHNICAL ASSISTANCE AS WELL AS THE PURCHASE AND DISTRIBUTION OF TECHNOLOGY FOR EARLY CHILDHOOD CLASSROOMS DEVELOPING A COMMON ENROLLMENT SYSTEM FOR ALL PUBLICLY FUNDED SLOTS IS ONE PART OF THE CHARGE FOR THIS PILOT MOREHOUSE PARISH EARLY CHILDHOOD NETWORK AT THE REQUEST OF MOREHOUSE PARISH SCHOOLS, THE CHILDREN'S COALITION SERVES AS THE COORDINATING PARTNER IN THE IMPLEMENTATION OF THE MOREHOUSE PARISH COMMUNITY NETWORK PILOT IN THE SECOND COHORT OF PILOTS TO IMPLEMENT ACT 3 BASED UPON THE EXPERTISE GAINED IN THE FIRST COHORT IN OUACHITA PARISH, THE CHILDREN'S COALITION PROVIDES EXTENSIVE TRAINING AND TECHNICAL ASSISTANCE AS WELL AS PROVIDING THE PURCHASE AND DISTRIBUTION OF TECHNOLOGY TO PARTNERS IN THE NETWORK AL'S PALS KIDS MAKING HEALTHY CHOICES FUNDED ORIGINALLY THROUGH THE LOUISIANA DEPARTMENT OF HEALTH AND HOSPITALS-OFFICE OF BEHAVIORAL HEALTH AND WITH A PARTNERSHIP WITH MONROE CITY SCHOOLS AND THEIR STRIVING READERS COMPREHENSIVE LITERACY GRANT, AL'S PALS IS A LIFE SKILLS PROGRAM FOR 4 YEAR OLDS EVERY STUDENT IN THE PRESCHOOL PROGRAMS OF MONROE CITY SCHOOLS AS WELL AS 4 YEAR OLDS IN 10 CHILD CARE CENTERS ARE INVOLVED IN THIS PROGRAM THE PROGRAM ALSO INCLUDES 4 YEAR OLDS IN OUACHITA PARISH SCHOOLS, MOREHOUSE PARISH SCHOOLS AND LINCOLN PARISH HEAD START DURING THIS FISCAL YEAR, THIS CONTRACT AND FUNDING WAS TRANSFERRED TO THE NORTHEAST DELTA HUMAN SERVICES AUTHORITY WHICH NOW FUNDS THIS EVIDENCE-BASED PROGRAM

4c (Code) (Expenses $ 91,435 including grants of $) (Revenue $)

YOUTH DEVELOPMENT LOUISIANA PARTNERSHIP FOR YOUTH SUICIDE PREVENTION COALITION, REGION 8 THE LOUISIANA YOUTH SUICIDE PREVENTION COALITION WAS FORMED WITH FUNDING FROM LA-DHH-OFFICE OF BEHAVIORAL HEALTH IN RESPONSE TO A SUICIDE CLUSTER IN OUACHITA PARISH THE COALITION HAS EXPANDED TO INCLUDE MOREHOUSE PARISH TRAINING IN ASIST AND SAFE TALK WERE CONDUCTED, TRAINING PROVIDERS AND PEERS ON HOW TO TALK ABOUT SUICIDE AND IDENTIFY THOSE AT RISK DURING THIS FISCAL YEAR THIS CONTRACT AND FUNDING FOR THIS INITIATIVE WAS TRANFERRED TO THE NORTHEAST DELTA HUMAN SERVICES AUTHORITY WHICH NOW FUNDS THE EFFORTS OF THIS COALITION S O S - SIGNS OF SUICIDE ORGANIZATIONAL SUICIDE PREVENTION EFFORTS TRANSITIONED THIS YEAR FROM TEEN SCREEN TO SIGNS OF SUICIDE, AN EVIDENCE- BASED PROGRAM THE GOAL OF SOS IS TO HELP STUDENTS IDENTIFY SIGNS OF DEPRESSION, SELF-INJURY, AND SUICIDE IN THEMSELVES AND OTHERS AND TO RESPOND EFFECTIVELY THE MAIN MESSAGE OF THIS PROGRAM IS TO ACT ACKNOWLEDGE, CARE AND TELL MAIN ACTIVITIES INCLUDE EDUCATION/TRAINING AND SCREENING FOR RISK FACTORS FUNDING FOR THIS PROGRAM WAS INITIALLY THROUGH THE LOUISIANA DEPARTMENT OF HEALTH AND HOSPITALS - OFFICE OF BEHAVIORAL HEALTH AUTHORITY FOR THE CONTRACTING AND FUNDING OF THIS PROGRAM WAS TRANSFERRED TO THE NORTHEAST DELTA HUMAN SERVICES AUTHORITY JUVENILE JUSTICE REFORM MACARTHUR MODELS FOR CHANGE INITIATIVE THE MACARTHUR FOUNDATION PROVIDED FUNDING THROUGH THE BATON ROUGE AREA FOUNDATION FOR THE CONTINUATION OF THE MODELS FOR CHANGE IN JUVENILE JUSTICE EFFORTS OF THIS PHASE INVOLVED PRIORITIZING COMMUNITY PROGRAM NEEDS FOR YOUTH AND ENGAGING COMMUNITY PARTNERS TO SELECT EVIDENCE BASED PROGRAMS TO MEET THOSE NEEDS EMPHASIS WAS PLACED ON IMPLEMENTING AND SUSTAINING EFFORTS POST MACARTHUR FUNDING A REGIONAL ADVISORY COMMITTEE WAS FORMED TO GIVE INPUT TO A PLAN TO ADDRESS GAPS IN SERVICES IN NELA A STRATEGIC PLAN FOR IMPLEMENTING AND SUSTAINING EVIDENCE BASED PROGRAMS IN PRIORITIZED AREAS WAS COMPLETED LITERACY PLUS A SUMMER LITERACY PROGRAM WAS DEVELOPED FOR CHILDREN IN MONROE HOUSING AUTHORITY IN THE BURG JONES LANE AREA WITH FUNDING FROM MONROE HOUSING AUTHORITY AND LOCAL SPONSORSHIPS, THIS FOUR WEEK PROGRAM INVOLVED PARENTS IN FAMILY LITERACY NIGHTS, K-2 STUDENTS IN A SUMMER LITERACY PROGRAM AT BERG JONES ELEMENTARY SCHOOL AND K-6 STUDENTS IN AFTERNOON ENRICHMENT AT MONROE HOUSING AUTHORITY WITH 13 COMMUNITY ORGANIZATIONS INVOLVED, THE CHILDREN'S COALITION SERVED AS THE FISCAL AGENT, FACILITATOR, COORDINATOR AND "BRIDGE" AMONG THESE DIFFERENT PROGRAMS

(Code) (Expenses $ 21,537 including grants of $) (Revenue $)

PARENT EDUCATION THE PARENTING INITIATIVE IS PARTIALLY FUNDED THROUGH A LOUISIANA CHILDREN'S TRUST FUND AND THE SISTERS OF CHARITY OF THE INCARNATE WORD FUND AND GENERAL FUNDS THIS PROGRAM DEVELOPS PARENT TRAINING OPPORTUNITIES IN THE COMMUNITY TO ENHANCE CHILDHOOD LITERACY, QUALITY CARE, SUCCESS IN SCHOOL AND STRENGHTHENING THE FAMILY A SUPPORT GROUP FOR PREGNANT AND PARENTING TEENS CALLED JUST 4 ME HAS BEEN AN OUTGROWTH OF THESE EFFORTS WITH LEADERSHIP FROM THE PARENT EDUCATION DIRECTOR EVIDENCE-BASED CURRICULUMS ARE USED SUCH A NUTURING PARENTING AND TRIPLE P

4d Other program services (Describe in Schedule O)

(Expenses $ 21,537 including grants of $) (Revenue $)

4e Total program service expenses ▶ 1,208,386

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		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? *If "Yes," complete Schedule D, Part II*	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10		No
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If "Yes," complete Schedule D, Part VI.*	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII*	11b		No
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII*	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX*	11d		No
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e	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	Yes	
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**		No
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	18		
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	28		
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			No
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h			No
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**	19		
	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**	19		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	**2**			No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? .	**3**			No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	**4**			No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	**5**			No
6	Did the organization have members or stockholders?	**6**		Yes	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	**7a**		Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	**7b**		Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following				
a	The governing body?	**8a**		Yes	
b	Each committee with authority to act on behalf of the governing body?	**8b**		Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O*	**9**			No

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

			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	**10a**		No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	**10b**		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	**11a**		No
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

▶LYNN CLARK 1363 LOUISVILLE AVENUE
MONROE,LA 71201 (318) 323-8775

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) STALANDA BUTCHER DIRECTOR		X						0	0	0
(2) PATTI NELSON DIRECTOR		X						0	0	0
(3) BURTON WADE PRESIDENT-EL		X		X				0	0	0
(4) BETH RICKS DIRECTOR		X						0	0	0
(5) LOIS JORDAN DIRECTOR		X						0	0	0
(6) JACQUELINE MATTHEWS DIRECTOR		X						0	0	0
(7) MARY KATE SMITH DIRECTOR		X						0	0	0
(8) JULIE WEAVER DIRECTOR		X						0	0	0
(9) MARY CRANDALL DIRECTOR		X						0	0	0
(10) MARGARET BROCK DIRECTOR		X						0	0	0
(11) ADRIAN FISHER DIRECTOR		X						0	0	0
(12) CAROLINE CASCIO TREASURER		X		X				0	0	0
(13) FELICIA KOSTELKA DIRECTOR		X						0	0	0
(14) DARIAN ATKINS DIRECTOR		X						0	0	0
(15) BONNIE ROBINETTE PRESIDENT		X		X				0	0	0
(16) CARLENE RILEY DIRECTOR		X						0	0	0
(17) DONNA UNDERWOOD DIRECTOR		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) JODY STRATTON SECRETARY		X		X				0	0	0
(19) MICHELLE SAUCER DIRECTOR		X						0	0	0
(20) LYNDA GAVIOLI EXECUTIVE DI	40 00			X				77,503	0	0

1b	**Sub-Total** . . . . . ▶			
c	**Total from continuation sheets to Part VII, Section A** . . . . ▶			
d	**Total (add lines 1b and 1c)** . . . . . ▶	77,503		

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

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

Section B. Independent Contractors

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

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

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

Part VIII Statement of Revenue

Check if Schedule O contains a response 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	24,520			
	c	Fundraising events	1c				
	d	Related organizations . . .	1d				
	e	Government grants (contributions)	1e	672,979			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	848,539			
	g	Noncash contributions included in lines 1a-1f $					
	h	**Total.** Add lines 1a-1f . . . . . ▶		1,546,038			
Program Service Revenue			Business Code				
	2a	VENDOR GRANTS		223,955	223,955		
	b	REGISTRATION & TUITION FEES		33,517	33,517		
	c	MISCELLANEOUS		4,732	4,732		
	d						
	e						
	f	All other program service revenue					
	g	**Total.** Add lines 2a–2f . . . . . ▶		262,204			
	3	Investment income (including dividends, interest, and other similar amounts) . . . . . ▶		699			699
	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		47,827			
	b	Less direct expenses . . . b		48,935			
	c	Net income or (loss) from fundraising events . . ▶		-1,108			-1,108
	9a	Gross income from gaming activities See Part IV, line 19 . . . a					
	b	Less direct expenses . . . b					
	c	Net income or (loss) from gaming activities . . ▶					
	10a	Gross sales of inventory, less returns and allowances . a					
	b	Less cost of goods sold . . b					
	c	Net income or (loss) from sales of inventory . . ▶					
		Miscellaneous Revenue	Business Code				
	11a						
	b						
	c						
	d	All other revenue					
	e	**Total.** Add lines 11a–11d . . . . . ▶					
	12	**Total revenue.** See Instructions . . . . . ▶		1,807,833	262,204		-409

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	80,588	80,588		
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	79,995	26,260	31,597	22,138
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	799,007	674,292	103,599	21,116
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	35,726	22,173	10,268	3,285
10 Payroll taxes	70,061	55,837	10,776	3,448
11 Fees for services (non-employees)				
a Management				
b Legal				
c Accounting	13,622	8,000	5,622	
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)	35,287	29,576	5,711	
12 Advertising and promotion	76,392	64,816	11,576	
13 Office expenses	81,168	68,656	12,512	
14 Information technology	10,106	7,354	2,752	
15 Royalties				
16 Occupancy	94,435	81,888	12,547	
17 Travel	33,628	33,066	562	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	17,914	12,031	5,883	
20 Interest	7,316		7,316	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	28,992	22,762	4,331	1,899
23 Insurance	2,043	1,569	474	
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 TRAINING	12,916	12,881	35	
b PROFESSIONAL DEVELOPMENT	6,637	6,637		
c				
d				
e All other expenses				
25 **Total functional expenses.** Add lines 1 through 24e	1,485,833	1,208,386	225,561	51,886
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			1	
	2	Savings and temporary cash investments		179,547	2	385,045
	3	Pledges and grants receivable, net		127,920	3	165,587
	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		7,273	9	8,034
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 255,917			
	b	Less accumulated depreciation	10b 161,172	97,889	10c	94,745
	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			15	
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		412,629	16	653,411
Liabilities	17	Accounts payable and accrued expenses		10,263	17	16,024
	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		148,170	24	69,499
	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		14,204	25	5,896
	26	**Total liabilities.** Add lines 17 through 25		172,637	26	91,419
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		206,908	27	541,161
	28	Temporarily restricted net assets		33,084	28	20,831
	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		239,992	33	561,992
	34	Total liabilities and net assets/fund balances		412,629	34	653,411

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	1,807,833
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,485,833
3	Revenue less expenses Subtract line 2 from line 1	3	322,000
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	239,992
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	561,992

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	Yes	
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	Yes	

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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
THE CHILDREN'S COALITION FOR NORTHEAST LOUISIANA INC

Employer identification number
72-1502186

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 ")	1,625,805	1,352,667	1,163,508	1,281,989	1,550,430	6,974,399
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	1,625,805	1,352,667	1,163,508	1,281,989	1,550,430	6,974,399
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)						192,055
6 **Public support.** Subtract line 5 from line 4						6,782,344

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	1,625,805	1,352,667	1,163,508	1,281,989	1,550,430	6,974,399
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	1,868	1,768	697	699	699	5,731
9 Net income from unrelated business activities, whether or not the business is regularly carried on		39,814	16,018	12,541		68,373
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11 **Total support** (Add lines 7 through 10)						7,048,503

12	Gross receipts from related activities, etc (see instructions)	12	355,982

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	96 220 %
15	Public support percentage for 2012 Schedule A, Part II, line 14	15	93 190 %

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
PART II, LINE 10	MISCELLANEOUS REVENU 0

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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
THE CHILDREN'S COALITION FOR
NORTHEAST LOUISIANA INC

Employer identification number
72-1502186

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part VI Land, Buildings, and Equipment. 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		19,830	10,191	9,639
d Equipment		136,523	83,572	52,951
e Other		99,564	67,409	32,155
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* ▶				94,745

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
Total. *(Column (b) must equal Form 990, Part X, col.(B) line 15.)* . . . . . ▶	

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	
CAPITAL LEASES PAYABLE - CURRENT	5,896
CAPITAL LEASES PAYABLE - LONG-TERM	
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25)* ▶	5,896

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	1,861,160
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains on investments	2a			
b	Donated services and use of facilities	2b	4,392		
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII)	2d	48,935		
e	Add lines **2a** through **2d**			2e	53,327
3	Subtract line **2e** from line **1**			3	1,807,833
4	Amounts included on Form 990, Part VIII, line 12, but not on line **1**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII)	4b			
c	Add lines **4a** and **4b**			4c	
5	Total revenue Add lines **3** and **4c.** (This must equal Form 990, Part I, line 12)			5	1,807,833

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	1,539,160
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
a	Donated services and use of facilities	2a	4,392		
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIII)	2d	48,935		
e	Add lines **2a** through **2d**			2e	53,327
3	Subtract line **2e** from line **1**			3	1,485,833
4	Amounts included on Form 990, Part IX, line 25, but not on line **1:**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII)	4b			
c	Add lines **4a** and **4b**			4c	
5	Total expenses Add lines **3** and **4c.** (This must equal Form 990, Part I, line 18)			5	1,485,833

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
SCHEDULE D, PAGE 3, PART X	THE COALITION IS EXEMPT FROM INCOME TAX UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE BUT MUST FILE AN ANNUAL RETURN WITH THE INTERNAL REVENUE SERVICE THAT CONTAINS INFORMATION ON ITS FINANCIAL OPERATIONS THE COALITION IS REQUIRED TO REVIEW VARIOUS TAX POSITIONS IT HAS TAKEN WITH RESPECT TO ITS EXEMPT STATUS AND DETERMINE WHETHER IN FACT IT CONTINUES TO QUALIFY AS A TAX EXEMPT ENTITY IT MUST ALSO CONSIDER WHETHER IT HAS NEXUS IN JURISDICTIONS IN WHICH IT HAS INCOME AND WHETHER A TAX RETURN IS REQUIRED IN THOSE JURISDICTIONS IN ADDITION, AS A TAX EXEMPT ENTITY, THE COALITION MUST ASSESS WHETHER IT HAS ANY TAX POSITIONS ASSOCIATED WITH UNRELATED BUSINESS INCOME SUBJECT TO INCOME TAX THE COALITION DOES NOT EXPECT ANY OF THESE TAX POSITIONS TO CHANGE SIGNIFICANTLY OVER THE NEXT TWELVE MONTHS ANY PENALTIES RELATED TO LATE FILING OR OTHER REQUIREMENTS WOULD BE RECOGNIZED AS PENALTIES EXPENSE IN THE COALITION'S ACCOUNTING RECORDS THE COALITION IS REQUIRED TO FILE U S FEDERAL FORM 990 FOR INFORMATIONAL PURPOSES ITS FEDERAL INCOME TAX YEARS 2010 AND BEYOND REMAIN SUBJECT TO EXAMINATION BY THE INTERNAL REVENUE SERVICE AS OF JUNE 30, 2014 THE COALITION HAD NO UNCERTAIN TAX POSTIONS THAT QUALIFY FOR EITHER RECOGNITION OR DISCLOSURE IN THE FINANCIAL STATEMENTS CONTRIBUTIONS TO THE COALITION ARE TAX DEDUCTIBLE WITHIN THE LIMITATION PRESCRIBED BY THE CODE
SCHEDULE D, PAGE 4, PART XI, LINE 2D	DIRECT COSTS OF FUND RAISING EVENTS 48,935
SCHEDULE D, PAGE 4, PART XII, LINE 2D	DIRECT COSTS OF FUND RAISING EVENT 48,935

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

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SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than $15,000 on Form 990-EZ, line 6a.

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

Information about Schedule G (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
THE CHILDREN'S COALITION FOR
NORTHEAST LOUISIANA INC

Employer identification number
72-1502186

Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities Check all that apply

- **a** ☐ Mail solicitations
- **b** ☐ Internet and email solicitations
- **c** ☐ Phone solicitations
- **d** ☐ In-person solicitations
- **e** ☐ Solicitation of non-government grants
- **f** ☐ Solicitation of government grants
- **g** ☐ Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ **Yes** ☐ **No**

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least $5,000 by the organization

	(i) Name and address of individual or entity (fundraiser)	**(ii)** Activity	**(iii)** Did fundraiser have custody or control of contributions? Yes	No	**(iv)** Gross receipts from activity	**(v)** Amount paid to (or retained by) fundraiser listed in col **(i)**	**(vi)** Amount paid to (or retained by) organization
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
Total . . . . . ▶							

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing

Part II **Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than $15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than $5,000.

		(a) Event #1 FASHION FUSION (event type)	(b) Event #2 (event type)	(c) Other events (total number)	(d) Total events (add col (a) through col (c))
Revenue	1 Gross receipts	47,827			47,827
	2 Less Contributions				
	3 Gross income (line 1 minus line 2)	47,827			47,827
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs	9,653			9,653
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	39,282			39,282
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				(48,935)
	11 Net income summary Subtract line 10 from line 3, column (d) ▶				-1,108

Part III **Gaming.** Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than $15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Non-cash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	☐ Yes ____% ☐ No	☐ Yes ____% ☐ No	☐ Yes ____% ☐ No	
	7 Direct expense summary Add lines 2 through 5 in column (d) ▶				
	8 Net gaming income summary Subtract line 7 from line 1, column (d) ▶				

9 Enter the state(s) in which the organization operates gaming activities _____

a Is the organization licensed to operate gaming activities in each of these states? ☐ Yes ☐ No

b If "No," explain _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? ☐ Yes ☐ No

b If "Yes," explain _____

11

Does the organization operate gaming activities with nonmembers? . . . . . ☐ Yes ☐ No

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? . . . . . ☐ Yes ☐ No

13 Indicate the percentage of gaming activity operated in

a	The organization's facility	13a	%
b	An outside facility	13b	%

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records

Name ▶ .....

Address ▶ .....

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? . . . . . ☐ Yes ☐ No

b If "Yes," enter the amount of gaming revenue received by the organization ▶ $ _____ and the amount of gaming revenue retained by the third party ▶ $ _____

c If "Yes," enter name and address of the third party

Name ▶ .....

Address ▶ .....

16 Gaming manager information

Name ▶ .....

Gaming manager compensation ▶ $ .....

Description of services provided ▶ .....

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? . . . . . ☐ Yes ☐ No

b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ $

Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

Return Reference	Explanation

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Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

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

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

▶ **Attach to Form 990**

▶ **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
THE CHILDREN'S COALITION FOR NORTHEAST LOUISIANA INC

Employer identification number
72-1502186

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

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

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

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
SCHEDULE I, PAGE 1, PART I, LINE 2	GRANTS ARE GIVEN TO CHILD CARE CENTERS BASED ON THE CENTERS ERS SCORES AND THEIR QUALITY START STAR RATING THE GRANTS ARE USED FOR CLASSROOM IMPROVEMENTS, EQUIPMENT AND INTERNET INSTALLATION AND FEES

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SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.
▶ 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
THE CHILDREN'S COALITION FOR NORTHEAST LOUISIANA INC

Employer identification number
72-1502186

Return Reference	Explanation
FORM 990, PAGE 2, PART III, LINE 4A	THE SAFE AND HEALTHY KIDS PROGRAM WAS FUNDED THROUGH A GRANT FROM THE LIVING WELL FOUNDATION, LOCAL SPONSORSHIPS AND GENERAL FUNDS A CHILD SAFETY COORDINATOR CONDUCTED TRAINING AND EDUCATION SESSIONS THROUGH FIVE PARISHES IN THE REGION SIGNIFICANT OUTREACH TO THE HISPANIC POPULATION WAS PART OF THIS INITIATIVE INCLUDING ORGANIZING THE DIA DE LA FAMILIA FAMILY FUN DAY IN UNION PARISH THE COORDINATOR CONDUCTED TRAINING ON CAR SEAT SAFETY, SAFE SLEEP AND WATER SAFETY THE PROGRAM INVOLVED PROVIDING CAR SEATS AND PACK AND PLAYS TO ANYONE ELIGIBLE A SAFE SLEEP SUMMIT WAS HELD IN THE FALL WITH THE EMPHASIS THIS YEAR ON THE AFRICAN AMERICAN FAITH BASED BEREAVEMENT INITIATIVE AN ADDITIONAL ACTIVITY INCLUDED COORDINATING AND FACILITATING THE SHARE GRIEF SUPPORT GROUP FOR MOTHERS WHO HAVE LOST AN INFANT

Return Reference	Explanation
FORM 990, PAGE 2, PART III, LINE 4B	COMMUNITY NETWORK PILOT FOR ACT 3 AS THE RESOURCE AND REFERRAL AGENCY, THE CHILDREN'S COALITION IS ELIGIBLE TO RECEIVE LOUISIANA SCHOOL READINESS TAX CREDIT FUNDS FROM BUSINESSES AND CORPORATIONS TO SUPPORT CHILD CARE AND THE QUALITY START RATING SYSTEM THESE FUNDS ARE USED TO SUPPORT THE EARLY CHILDHOOD EFFORTS OF THE COALITION AND DISTRIBUTED TO CHILD CARE CENTERS THROUGH A GRANT PROGRAM MENTAL HEALTH CONSULTATION A MENTAL HEALTH CONSULTANT IS MADE AVAILABLE TO CHILD CARE CENTERS FOR UP TO SIX MONTHS TO WORK WITH STAFF TO IMPROVE THE SOCIAL EMOTIONAL DEVELOPMENT OF CHILDREN IN CHILD CARE CENTERS THIS EFFORT IS FUNDED THROUGH THE TULANE INSTITUTE FOR INFANT AND EARLY CHILDHOOD MENTAL HEALTH FROM A GRANT WITH THE LOUISIANA DEPARTMENT OF CHILDREN AND FAMILY SERVICES OUACHITA PARISH EARLY CHILDHOOD NETWORK (OPENETWORK) WITH FUNDING FROM THE LOUISIANA DEPARTMENT OF EDUCATION, THE CHILDREN'S COALITION SERVES AS THE COORDINATING PARTNER OF THE COMMUNITY NETWORK PILOT FOR OUACHITA PARISH (INCLUDES MONROE CITY AND OUACHITA PARISH SCHOOLS, CHILD CARE, NSECD PROGRAMS AND HEAD START PROGRAMS)IN THE FIRST COHORT OF PILOTS IN THE STATE TO BEGIN THE IMPLEMENTATION OF ACT 3, THE LOUISIANA EARLY CHILDHOOD EDUCATION ACT AS PART OF THE FIRST COHORT OF PILOTS, THE OPENETWORK WAS CHARGED WITH BEGINNING THE NAVIGATION OF THE NEW SYSTEM, PROVIDING FEEDBACK TO LDE AND SERVING AS A MODEL AND RESOURCE FOR OTHER COMMUNITIES IN THE STATE. THIS INVOLVED EXTENSIVE TRAINING AND TECHNICAL ASSISTANCE AS WELL AS THE PURCHASE AND DISTRIBUTION OF TECHNOLOGY FOR EARLY CHILDHOOD CLASSROOMS DEVELOPING A COMMON ENROLLMENT SYSTEM FOR ALL PUBLICLY FUNDED SLOTS IS ONE PART OF THE CHARGE FOR THIS PILOT MOREHOUSE PARISH EARLY CHILDHOOD NETWORK AT THE REQUEST OF MOREHOUSE PARISH SCHOOLS, THE CHILDREN'S COALITION SERVES AS THE COORDINATING PARTNER IN THE IMPLEMENTATION OF THE MOREHOUSE PARISH COMMUNITY NETWORK PILOT IN THE SECOND COHORT OF PILOTS TO IMPLEMENT ACT 3 BASED UPON THE EXPERTISE GAINED IN THE FIRST COHORT IN OUACHITA PARISH, THE CHILDREN'S COALITION PROVIDES EXTENSIVE TRAINING AND TECHNICAL ASSISTANCE AS WELL AS PROVIDING THE PURCHASE AND DISTRIBUTION OF TECHNOLOGY TO PARTNERS IN THE NETWORK AL'S PALS KIDS MAKING HEALTHY CHOICES FUNDED ORIGINALLY THROUGH THE LOUISIANA DEPARTMENT OF HEALTH AND HOSPITALS-OFFICE OF BEHAVIORAL HEALTH AND WITH A PARTNERSHIP WITH MONROE CITY SCHOOLS AND THEIR STRIVING READERS COMPREHENSIVE LITERACY GRANT, AL'S PALS IS A LIFE SKILLS PROGRAM FOR 4 YEAR OLDS EVERY STUDENT IN THE PRESCHOOL PROGRAMS OF MONROE CITY SCHOOLS AS WELL AS 4 YEAR OLDS IN 10 CHILD CARE CENTERS ARE INVOLVED IN THIS PROGRAM THE PROGRAM ALSO INCLUDES 4 YEAR OLDS IN OUACHITA PARISH SCHOOLS, MOREHOUSE PARISH SCHOOLS AND LINCOLN PARISH HEAD START DURING THIS FISCAL YEAR, THIS CONTRACT AND FUNDING WAS TRANSFERRED TO THE NORTHEAST DELTA HUMAN SERVICES AUTHORITY WHICH NOW FUNDS THIS EVIDENCE-BASED PROGRAM

Return Reference	Explanation
FORM 990, PAGE 2, PART III, LINE 4C	S O S - SIGNS OF SUICIDE ORGANIZATIONAL SUICIDE PREVENTION EFFORTS TRANSITIONED THIS YEAR FROM TEEN SCREEN TO SIGNS OF SUICIDE, AN EVIDENCE- BASED PROGRAM THE GOAL OF SOS IS TO HELP STUDENTS IDENTIFY SIGNS OF DEPRESSION, SELF-INJURY, AND SUICIDE IN THEMSELVES AND OTHERS AND TO RESPOND EFFECTIVELY THE MAIN MESSAGE OF THIS PROGRAM IS TO ACT ACKNOWLEDGE, CARE AND TELL MAIN ACTIVITIES INCLUDE EDUCATION/TRAINING AND SCREENING FOR RISK FACTORS FUNDING FOR THIS PROGRAM WAS INITIALLY THROUGH THE LOUISIANA DEPARTMENT OF HEALTH AND HOSPITALS - OFFICE OF BEHAVIORAL HEALTH AUTHORITY FOR THE CONTRACTING AND FUNDING OF THIS PROGRAM WAS TRANSFERRED TO THE NORTHEAST DELTA HUMAN SERVICES AUTHORITY JUVENILE JUSTICE REFORM MACARTHUR MODELS FOR CHANGE INITIATIVE THE MACARTHUR FOUNDATION PROVIDED FUNDING THROUGH THE BATON ROUGE AREA FOUNDATION FOR THE CONTINUATION OF THE MODELS FOR CHANGE IN JUVENILE JUSTICE EFFORTS OF THIS PHASE INVOLVED PRIORITIZING COMMUNITY PROGRAM NEEDS FOR YOUTH AND ENGAGING COMMUNITY PARTNERS TO SELECT EVIDENCE BASED PROGRAMS TO MEET THOSE NEEDS EMPHASIS WAS PLACED ON IMPLEMENTING AND SUSTAINING EFFORTS POST MACARTHUR FUNDING A REGIONAL ADVISORY COMMITTEE WAS FORMED TO GIVE INPUT TO A PLAN TO ADDRESS GAPS IN SERVICES IN NELA A STRATEGIC PLAN FOR IMPLEMENTING AND SUSTAINING EVIDENCE BASED PROGRAMS IN PRIORITIZED AREAS WAS COMPLETED LITERACY PLUS A SUMMER LITERACY PROGRAM WAS DEVELOPED FOR CHILDREN IN MONROE HOUSING AUTHORITY IN THE BURG JONES LANE AREA WITH FUNDING FROM MONROE HOUSING AUTHORITY AND LOCAL SPONSORSHIPS, THIS FOUR WEEK PROGRAM INVOLVED PARENTS IN FAMILY LITERACY NIGHTS, K-2 STUDENTS IN A SUMMER LITERACY PROGRAM AT BERG JONES ELEMENTARY SCHOOL AND K-6 STUDENTS IN AFTERNOON ENRICHMENT AT MONROE HOUSING AUTHORITY WITH 13 COMMUNITY ORGANIZATIONS INVOLVED, THE CHILDREN'S COALITION SERVED AS THE FISCAL AGENT, FACILITATOR, COORDINATOR AND "BRIDGE" AMONG THESE DIFFERENT PROGRAMS

Return Reference	Explanation
FORM 990, PAGE 2, PART III, LINE 4D	PARENT EDUCATION THE PARENTING INITIATIVE IS PARTIALLY FUNDED THROUGH A LOUISIANA CHILDREN'S TRUST FUND AND THE SISTERS OF CHARITY OF THE INCARNATE WORD FUND AND GENERAL FUNDS THIS PROGRAM DEVELOPS PARENT TRAINING OPPORTUNITIES IN THE COMMUNITY TO ENHANCE CHILDHOOD LITERACY, QUALITY CARE, SUCCESS IN SCHOOL AND STRENGHTHENING THE FAMILY A SUPPORT GROUP FOR PREGNANT AND PARENTING TEENS CALLED JUST 4 ME HAS BEEN AN OUTGROWTH OF THESE EFFORTS WITH LEADERSHIP FROM THE PARENT EDUCATION DIRECTOR EVIDENCE-BASED CURRICULUMS ARE USED SUCH A NUTURING PARENTING AND TRIPLE P

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 6	THE CHILDREN'S COALITION HAS MEMBERS WHO MAKE A DONATION AS A FEE FOR MEMBERSHIP

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 7A	THE MEMBERS OF THE CHILDREN'S COALITION MAY NOMINATE MEMBERS TO THE BOARD OF DIRECTORS NOMINATIONS ARE SINGLE SLATED BY A NOMINATING TASK FORCE WITH BOARD MEMBERS BEING ELECTED AT AN ANNUAL MEETING HELD DURING THE FIRST QUARTER OF THE CALENDAR YEAR

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 7B	THE DECISIONS MADE BY THE GOVERNING BODY THAT ARE SUBJECT TO APPROVAL BY THE COALITION MEMBERS ARE THE ELECTION OF BOARD MEMBERS ALL OTHER DECISIONS ARE MADE BY THE BOARD OF DIRECTORS

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 11B	KEY ADMINISTRATIVE STAFF PARTICIPATE IN THE PREPARATION OF THE FORM 990 WITH THE ACCOUNTANT THE EXECUTIVE DIRECTOR THEN REVIEWS IT AND IS AUTHORIZED BY THE BOARD OF DIRECTORS TO SIGN ON THEIR BEHALF

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 12C	BOARD OF DIRECTORS FOR THE CHILDREN'S COALITION, AS WELL AS ALL EMPLOYEES SIGN A CONFLICT OF INTEREST POLICY ON AN ANNUAL BASIS THE BOARD OF DIRECTORS REQUIRES ANY BOARD MEMBER WITH A DECLARED CONFLICT TO REFRAIN FROM VOTING ON OR DISCUSSING ANY MATTER IN WHICH THEY MAY HAVE A CONFLICT OF INTEREST

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 15A	SALARIES OF THE THREE KEY ADMINISTRATIVE STAFF ARE REVIEWED BY THE BOARD OF DIRECTORS IN AN EXECUTIVE SESSION AND APPROVED BY THEM REMAINING STAFF SALARIES ARE SET ACCORDING TO A SALARY SCHEDULE ADOPTED BY THE BOARD OF DIRECTORS BOTH ITEMS, KEY STAFF AND SALARY SCHEDULES ARE DOCUMENTED, WITHOUT SPECIFICS, IN MINUTES OF THE ORGANIZATION THE EXECUTIVE AND FINANCE COMMITTEES OF THE BOARD REVIEW SPECIFIC SALARIES SET BY THE EXECUTIVE DIRECTOR ACCORDING TO THE SALARY SCHEDULE

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 15B	SEE INFORMATION PART VI LINE 15A

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 19	GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND ALL FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST AN ANNUAL REPORT TO THE PUBLIC AT-LARGE IS ISSUED WITH A FINANCIAL SUMMARY WITH THE STATEMENT THAT "AUDITED STATEMENTS ARE AVAILABLE UPON REQUEST"

Return Reference	Explanation
FORM 990, PART XI, LINE 9	DIRECT COSTS OF FUND RAISING EVENTS 48,935 DIRECT COSTS OF FUND RAISING EVENT -48,935