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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
▶ Information about Form 990 and its instructions is at www.irs.gov/foi/m990

OMB No 1545-0047

2015

Open to Public Inspection

A For the 2015 calendar year, or tax year beginning 07-01-2015, and ending 06-30-2016

B Check if applicable

☐ Address change

☐ Name change

☐ Initial return

☐ Final 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) Room/suite

1363 LOUISVILLE AVENUE

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

MONROE, LA 71201

F Name and address of principal officer

LYNN CLARK

D Employer identification number

72-1502186

E Telephone number

(318) 323-8775

G Gross receipts \$ 3,279,049

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 ▶

H(a) Is this a group return for subordinates?

No

☐ Yes ☒

H(b) Are all subordinates included?

☐ Yes ☐ No

If "No," attach a list (see instructions)

H(c) Group exemption number ▶

L Year of formation 2000

M State of legal domicile LA

Part I Summary				
Activities & Governance	<div>1 Briefly describe the organization's mission or most significant activities</div> <div>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</div>			
	<div>2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets</div>			
	3	Number of voting members of the governing body (Part VI, line 1a)	24	
	4	Number of independent voting members of the governing body (Part VI, line 1b)	24	
	5	Total number of individuals employed in calendar year 2015 (Part V, line 2a)	63	
Revenue	6	Total number of volunteers (estimate if necessary)	334	
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	0	
	b	Net unrelated business taxable income from Form 990-T, line 34		
	8	Contributions and grants (Part VIII, line 1h)	1,967,506	2,477,242
	9	Program service revenue (Part VIII, line 2g)	717,733	691,863
Expenses	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,114	1,268
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-1,890	35,368
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,684,463	3,205,741
	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	81,299	164,973
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0
Net Assets or Fund Balances	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	1,535,758	1,989,150
	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶48,248		
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	783,153	1,016,305
	18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	2,400,210	3,170,428
	19	Revenue less expenses Subtract line 18 from line 12	284,253	35,313
	20	Total assets (Part X, line 16)	896,869	954,476
	21	Total liabilities (Part X, line 26)	50,624	72,918
	22	Net assets or fund balances Subtract line 21 from line 20	846,245	881,558

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

LYNN CLARK EXECUTIVE DIRECTOR

Type or print name and title

2017-02-23

Date

Paid Preparer Use Only

Print/Type preparer's name

FRANCIS I HUFFMAN

Firm's name ▶ HUFFMAN & SOIGNIER (APAC)

Firm's address ▶ 1100 N 18TH ST STE 200

MONROE, LA 71201

Preparer's signature

FRANCIS I HUFFMAN

Firm's EIN ▶ 72-1403835

Phone no (318) 387-2672

Date

2017-02-23

Check ☐ if self-employed

PTIN P01404670

May the IRS discuss this return with the preparer shown above? (see instructions)

☒ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 11282Y

Form990(2015)

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 \$ 111,000 including grants of \$) (Revenue \$ 121,859)

HEALTHY LIVING AL'S PALS KIDS MAKING HEALTHY CHOICES (NEDHSA, REGIONAL HEALTH CONTRACTS) AL'S PALS IS A LIFE SKILLS PROGRAM FOR 4 AND 5 YEAR OLDS THE BI-WEEKLY PROGRAM SERVES PRE-K AND KINDERGARTEN STUDENTS IN 41 SCHOOLS WITH 97 CLASSROOMS, AS WELL AS 4-YEAR-OLDS IN NINE CHILD CARE CENTERS IN OUACHITA, MOREHOUSE, AND UNION PARISHES FUNDING FOR THIS PROGRAM WAS INITIALLY THROUGH THE LOUISIANA DEPARTMENT OF HEALTH AND HOSPITALS - OFFICE OF BEHAVIORAL HEALTH, BUT AUTHORITY FOR CONTRACTING AND FUNDING WAS TRANSFERRED TO THE NORTHEAST DELTA HUMAN SERVICES AUTHORITY IN 2014 SCHOOL READINESS TAX CREDITS ALSO SUPPORT THE PROGRAM IN 12 FAMILY CHILD CARE HOMES AND 11 PRE-K CLASSROOMS IN CALDWELL PARISH, AND REGIONAL HEALTH CONTRACTS WITH THE UNION SCHOOL BOARD FOR ADDITIONAL CLASSROOMS IN UNION PARISH

4b

(Code) (Expenses \$ 2,207,311 including grants of \$ 164,673) (Revenue \$ 553,492)

EARLY CHILDHOOD EDUCATION NORTHEAST LOUISIANA CHILD CARE CONNECTIONS (LDOE) CURRENTLY FUNDED THROUGH THE LOUISIANA DEPARTMENT OF EDUCATION THROUGH CHILD DEVELOPMENT BLOCK GRANT FUNDS, THIS INITIATIVE WAS ORIGINALLY FUNDED THROUGH THE DEPARTMENT OF CHILDREN AND FAMILY SERVICES (DCFS) CHILD CARE CONNECTIONS IS THE CHILD CARE RESOURCE AND REFERRAL AGENCY FOR 11 PARISHES IN NORTHEAST LOUISIANA AND 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 IN THE PAST YEAR HAS BEEN ASSISTING CHILDCARE CENTERS AND CONSUMERS TO NAVIGATE THE CHANGES IN THE SYSTEM AS PART OF THE IMPLEMENTATION OF ACT 3 OF 2012 AS THE RESOURCE AND REFERRAL AGENCY FOR NORTHEAST LOUISIANA, THE CHILDREN'S COALITION IS ELIGIBLE TO RECEIVE LOUISIANA SCHOOL READINESS TAX CREDIT FUNDS FROM BUSINESSES AND CORPORATIONS THESE FUNDS ARE USED TO SUPPORT QUALITY IN AND AWARENESS OF EARLY CARE AND EDUCATION OUACHITA PARISH EARLY HEAD START (ACF, CACFP, UW) FUNDING FROM THE OFFICE OF HEAD START - ADMINISTRATION FOR CHILDREN AND FAMILIES (ACF) PROVIDED SIXTY SLOTS FOR INFANTS AND TODDLERS IN THREE CENTERS AND HOME-BASED CARE IN OUACHITA PARISH EARLY HEAD START (EHS) TARGETS LOW-INCOME PREGNANT WOMEN AND FAMILIES WITH CHILDREN FROM BIRTH THROUGH AGE 3, MOST OF WHOM ARE AT OR BELOW THE FEDERAL POVERTY LEVEL OR WHO ARE ELIGIBLE FOR PART C SERVICES UNDER THE INDIVIDUALS WITH DISABILITIES EDUCATION ACT IN THEIR STATE THE PROGRAM PROVIDES EARLY, CONTINUOUS, INTENSIVE, AND COMPREHENSIVE CHILD DEVELOPMENT AND FAMILY SUPPORT SERVICES FUNDING FROM THE CACFP FEEDING PROGRAM IS USED AS A SUPPLEMENT FOR FOOD COSTS, AND A GRANT FROM UNITED WAY FOR FORMULA AND DIAPERS IS PART OF THE NON-FEDERAL MATCH MENTAL HEALTH CONSULTATION (TULANE) FUNDING FROM THE TULANE INSTITUTE FOR INFANT AND EARLY CHILDHOOD MENTAL HEALTH PROVIDES A MENTAL HEALTH CONSULTANT TO CHILD CARE CENTERS FOR UP TO SIX MONTHS THE PROGRAM IS MADE POSSIBLE BY A GRANT FROM THE LOUISIANA DEPARTMENT OF EDUCATION (FORMALLY FROM THE LOUISIANA DEPARTMENT OF CHILDREN AND FAMILY SERVICES) OUACHITA PARISH EARLY CHILDHOOD NETWORK (LDOE) IN ITS FOURTH YEAR WITH FUNDING FROM THE LOUISIANA DEPARTMENT OF EDUCATION, THE CHILDREN'S COALITION SHIFTS FROM A "PILOT" TO LEAD AGENCY FOR ALL PUBLICLY FUNDED EARLY CHILDHOOD PROGRAMS IN OUACHITA PARISH TYPE III CHILD CARE CENTERS, PUBLIC SCHOOL PRE-K, NSECD, HEAD START AND EARLY HEAD START THE LEAD AGENCY IS CHARGED TO COORDINATE ENROLLMENT AND ASSESSMENT AS PART OF THE FULL IMPLEMENTATION OF THE LOUISIANA EARLY CHILDHOOD ACT (ACT 3 OF 2012) MOREHOUSE PARISH EARLY CHILDHOOD NETWORK (LDOE) IN ITS THIRD YEAR WITH FUNDING FROM THE LOUISIANA DEPARTMENT OF EDUCATION, THE CHILDREN'S COALITION SHIFTS FROM A "PILOT" TO LEAD AGENCY FOR ALL PUBLICLY FUNDED EARLY CHILDHOOD PROGRAMS IN MOREHOUSE PARISH TYPE III CHILD CARE CENTERS, PUBLIC AND CHARTER SCHOOL PRE-K, AND HEAD START THE LEAD AGENCY IS CHARGED TO COORDINATE ENROLLMENT AND ASSESSMENT AS PART OF THE FULL IMPLEMENTATION OF THE LOUISIANA EARLY CHILDHOOD ACT (ACT 3 OF 2012) RICHLAND PARISH EARLY CHILDHOOD NETWORK (LDOE) IN ITS SECOND YEAR WITH FUNDING FROM THE LOUISIANA DEPARTMENT OF EDUCATION, THE CHILDREN'S COALITION IS THE LEAD AGENCY FOR ALL PUBLICLY FUNDED EARLY CHILDHOOD PROGRAMS IN RICHLAND PARISH TYPE III CHILD CARE CENTERS, PUBLIC SCHOOL PRE-K, HEAD START AND EARLY HEAD START THE LEAD AGENCY IS CHARGED TO COORDINATE ENROLLMENT AND ASSESSMENT AS PART OF THE FULL IMPLEMENTATION OF THE LOUISIANA EARLY CHILDHOOD ACT (ACT 3 OF 2012) PRE-K EXPANSION CLASSROOMS (LDOE) LOUISIANA WAS ONE OF 13 STATES AWARDED BY THE DEPARTMENT OF EDUCATION (DOE) TO EXPAND HIGH-QUALITY PRESCHOOL PROGRAMS IN TARGETED COMMUNITIES THAT WOULD SERVE AS MODELS FOR EXPANDING PRESCHOOL TO ALL 4-YEAR-OLDS FROM LOW- AND MODERATE-INCOME FAMILIES OUACHITA PARISH WAS ONE OF SIX COMMUNITY NETWORKS CHOSEN BY LDOE TO IMPLEMENT THE PK-EXPANSION GRANT IN MONROE CITY SCHOOLS THE GRANT IS A FOUR-YEAR AWARD THAT PROVIDES 50 PK SLOTS TO FAMILIES WITH AT-RISK CHILDREN IN A QUALITY EARLY LEARNING CENTER WITH A CREDENTIALAED TEACHER WHO RECEIVES COACHING AND PROFESSIONAL DEVELOPMENT THE GRANT IS IN ITS FIRST YEAR OF IMPLEMENTATION ANCILLARY TEACHING CERTIFICATE/BELIEVE AND PREPARE (LDOE) THIS IS A PILOT PROGRAM TO DEVELOP AND IMPLEMENT CURRICULA IN SUPPORT OF EARLY CHILDHOOD EDUCATORS WHO ARE PURSUING THEIR ANCILLARY TEACHING CERTIFICATE AND NATIONAL CDA CERTIFICATION THE ANCILLARY TEACHING CERTIFICATE IMPLEMENTATION IS FUNDED BY PATHWAYS SCHOLARSHIPS FOR A COHORT OF 20 EARLY EDUCATORS WHICH WILL BEGIN FY 2016-2017, HOWEVER, START UP AND CURRICULUM DEVELOPMENT FUNDING FROM A ONE-TIME BELIEVE AND PREPARE GRANT BEGAN IN SPRING OF FY 2015-2016 DIAPER AND WIPES (UNITED WAY FLOOD RECOVERY FUND) IN MARCH 2016 OUACHITA, MOREHOUSE, UNION, AND CALDWELL PARISHES WERE FLOODED AFTER A HEAVY RAINSTORM UNITED WAY ESTABLISHED A FLOOD RECOVERY FUND AND AWARDED CCNELA A GRANT TO PROVIDE DIAPERS AND WIPES TO FAMILIES IN AREAS AFFECTED BY FLOODING CCNELA WORKED WITH PARTNERS IN OUACHITA, MOREHOUSE, UNION, AND CALDWELL PARISHES TO DISTRIBUTE DIAPERS AND WIPES VIA COMMUNITY CENTERS, FOOD BANKS, AND CHILD CARE CENTERS

4c

(Code) (Expenses \$ 259,548 including grants of \$) (Revenue \$)

YOUTH DEVELOPMENT S O S - SIGNS OF SUICIDE (LIVING WELL, REGIONAL YOUTH CONTRACT) AN EVIDENCE-BASED PROGRAM, SIGNS OF SUICIDE PROVIDES THE EDUCATION AND SCREENING FOR STUDENTS IN MONROE CITY AND OUACHITA PARISH MIDDLE SCHOOLS TO IDENTIFY SIGNS OF DEPRESSION, SELF-INJURY AND SUICIDE IN THEMSELVES AND OTHERS AND RESPOND EFFECTIVELY FUNDING FOR THIS PROGRAM WAS INITIALLY THROUGH THE LOUISIANA DEPARTMENT OF HEALTH AND HOSPITALS - OFFICE OF BEHAVIORAL HEALTH, BUT AUTHORITY FOR CONTRACTING AND FUNDING WAS TRANSFERRED TO THE NORTHEAST DELTA HUMAN SERVICES AUTHORITY IN 2014 FUNDING WAS CUT SUDDENLY AT THE BEGINNING OF FY 2015-2016 AND A SMALL GRANT FROM LIVING WELL WITH MATCHING FUNDS FROM SCHOOLS PARTICIPATING IN THE PROJECT ALLOWED THE PROGRAM TO CONTINUE MATCHING FUNDING FROM UNION PARISH SCHOOL BOARD, BASTROP HIGH SCHOOL, LEE MIDDLE SCHOOL, AND OUACHITA JR HIGH ENABLED THE PROGRAM TO BE DELIVERED TO MIDDLE SCHOOLS STUDENTS IN UNION, MOREHOUSE, AND OUACHITA PARISHES LITERACY PLUS (MHA, LEH, CAPITAL ONE) AN EARLY LITERACY PROGRAM THAT PROVIDES OUT-OF-SCHOOL ACTIVITIES FOR CHILDREN AND FAMILIES WHO RESIDE WITHIN THE MONROE HOUSING AUTHORITY, LITERACY PLUS IS FUNDED IN PART BY THE MONROE HOUSING AUTHORITY AS PART OF A HOUSING AND URBAN DEVELOPMENT (HUD) GRANT, THE HOUSING AUTHORITY SUPPORTS A 75% STAFF MEMBER AT THE COALITION TO COORDINATE SERVICES AND PROVIDES PASS-THROUGH FUNDS FOR A PRE-K - 2ND GRADE AFTER-SCHOOL AND SUMMER PROGRAM AT BERG JONES ELEMENTARY SCHOOL, WHICH BORDERS ON A HOUSING AUTHORITY COMMUNITY ADDITIONAL FUNDING FROM THE LOUISIANA ENDOWMENT FOR THE HUMANITIES PROVIDES SUPPORT FOR THE PRIMETIME FAMILY LITERACY NIGHTS AT BERG JONES ELEMENTARY SCHOOL, AND FUNDS FROM CAPITAL ONE PROVIDE SUPPORT FOR A MIDDLE SCHOOL ROBOTICS PROGRAM FOR STUDENTS AT CARROLL JR HIGH SCHOOL THESE PROGRAMS REQUIRE 50% PARTICIPATION BY MONROE HOUSING AUTHORITY RESIDENTS IN ADJACENT COMMUNITIES U-ACT (LAPFS) FUNDED BY THE LOUISIANA PARTNERSHIP FOR SUCCESS AS PART OF A SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES ADMINISTRATION (SAMSHA) GRANT, AND ADMINISTERED BY THE NORTHEAST DELTA HUMAN SERVICES AUTHORITY, U-ACT IS A COMMUNITY COALITION BASED IN UNION PARISH THAT WORKS TOGETHER TO DEVELOP A 5-YEAR PLAN THAT WILL ADDRESS UNDERAGE DRINKING AND PRESCRIPTION DRUG ABUSE MAPPING ADOLESCENT HEALTH (LPHI) FUNDED BY LOUISIANA PUBLIC HEALTH AS PART OF A LARGER CAPACITY-BUILDING INITIATIVE TO ADDRESS ADOLESCENT REPRODUCTIVE HEALTH, THIS INITIATIVE COLLECTED AND ANALYZED LOCAL DATA FROM THREE SECTORS (MEDICAL, EDUCATIONAL, AND COMMUNITY-BASED ORGANIZATIONS) TO EXAMINE GAPS AND REDUNDANCIES IN ADOLESCENT REPRODUCTIVE HEALTH CARE AND EDUCATION IN OUACHITA PARISH LPHI IS FUNDED IN PART BY A GRANT FROM THE PACKARD FOUNDATION THAT SUPPORTS THIS WORK OUACHITA YOUTH LEADERSHIP SUMMIT (JR LEAGUE OF MONROE) A ONE-DAY SUMMIT IN OCTOBER 2015 FOR MIDDLE AND HIGH SCHOOL YOUTH FROM 34 PUBLIC AND PRIVATE SCHOOLS IN OUACHITA PARISH STUDENTS WERE SELECTED BY SCHOOL COUNSELORS TO ATTEND TEN SCHOOLS ALSO PARTICIPATED IN A PARISH-WIDE VOLUNTEER PROJECT THAT COLLECTED 1800 PAIRS OF PAJAMAS FOR AREA CHARITIES

See Additional Data

4d

Other program services (Describe in Schedule O)

(Expenses \$ 116,113 including grants of \$ 300) (Revenue \$ 16,512)

4e

Total program service expenses ▶ 2,693,972

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	No
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f 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 domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21	Yes	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	22	Yes	
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? <i>If "Yes," complete Schedule J</i>	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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	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), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</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? <i>If "Yes," complete Schedule L, Part I</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? <i>If "Yes," complete Schedule L, Part II</i>	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? <i>If "Yes," complete Schedule L, Part III</i>	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? <i>If "Yes," complete Schedule L, Part IV</i>	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	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? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	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? <i>If "Yes," complete Schedule R, Part I</i>	33		No
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	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)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	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? <i>If "Yes," complete Schedule R, Part VI</i>	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	29	
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	63	
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 FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year.	7d		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring 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 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O	1a 24		
b Enter the number of voting members included in line 1a, above, who are independent	1b 24		
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		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, address, and telephone number of the person who possesses the organization's books and records
 ►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 PAST PRESIDE	X		X				0	0	0
(2) PATTI NELSON DIRECTOR	X						0	0	0
(3) LOIS JORDAN DIRECTOR	X						0	0	0
(4) MARY KATE SMITH PRESIDENT	X		X				0	0	0
(5) JULIE WEAVER DIRECTOR	X						0	0	0
(6) MARGARET BROCK DIRECTOR	X						0	0	0
(7) ADRIAN FISHER DIRECTOR	X						0	0	0
(8) DARIAN ATKINS DIRECTOR	X						0	0	0
(9) JODY STRATTON PRESIDENT EL	X		X				0	0	0
(10) AIMEE ANTHONY DIRECTOR	X						0	0	0
(11) GAIL AUTREY SECRETARY	X		X				0	0	0
(12) LISA LONGENBAUGH DIRECTOR	X						0	0	0
(13) JAY MITCHELL DIRECTOR	X						0	0	0
(14) LYNN MORRIS 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			
(15) MARK PARRISH TREASURER		X		X				0	0	0
(16) ELLEN PRATHER DIRECTOR		X						0	0	0
(17) MICHELLE SAUCER DIRECTOR		X						0	0	0
(18) MARK BOYLE DIRECTOR		X						0	0	0
(19) TERRY LEVINE DIRECTOR		X						0	0	0
(20) ANNA ARNOLD DIRECTOR		X						0	0	0
(21) JANIS BARRAZA DIRECTOR		X						0	0	0
(22) CYNTHIA RODRIGUEZ DIRECTOR		X						0	0	0
(23) CARMEN SIMS DIRECTOR		X						0	0	0
(24) FLINT SMITH DIRECTOR		X						0	0	0
(25) LYNN CLARK EXECUTIVE DI	40 00			X				80,452	0	6,142
1b Sub-Total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								80,452		6,142
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? <i>If "Yes," complete Schedule J for such individual</i>		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? <i>If "Yes," complete Schedule J for such individual</i>		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? <i>If "Yes," complete Schedule J for such person</i>		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	29,604			
	c	Fundraising events	1c				
	d	Related organizations	1d				
	e	Government grants (contributions)	1e	2,118,910			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	328,728			
	g	Noncash contributions included in lines 1a-1f \$		12,284			
	h	Total. Add lines 1a-1f			2,477,242		
Program Service Revenue			Business Code				
	2a	VENDOR GRANTS		675,351	675,351		
	b	REGISTRATION & TUITION FEES		15,202	15,202		
	c	MISCELLANEOUS		1,310	1,310		
	d						
	e						
	f	All other program service revenue					
	g	Total. Add lines 2a-2f			691,863		
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		1,268			1,268
	4	Income from investment of tax-exempt bond proceeds . . .					
	5	Royalties					
	6a	Gross rents					
		(i) Real		(ii) Personal			
	b	Less rental expenses					
	c	Rental income or (loss)					
	d	Net rental income or (loss)					
	7a	Gross amount from sales of assets other than inventory					
		(i) Securities		(ii) Other			
	b	Less cost or other basis and sales expenses					
	c	Gain or (loss)					
	d	Net gain or (loss)					
	8a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18 . . .					
		a		108,676			
		b		73,308			
		c		Net income or (loss) from fundraising events . . .	35,368		
	9a	Gross income from gaming activities See Part IV, line 19					
		a					
		b		Less direct expenses			
		c		Net income or (loss) from gaming activities			
	10a	Gross sales of inventory, less returns and allowances . .					
		a					
		b		Less cost of goods sold			
c		Net income or (loss) from sales of inventory . . .					
Miscellaneous Revenue		Business Code					
11a							
b							
c							
d	All other revenue						
e	Total. Add lines 11a-11d						
12	Total revenue. See Instructions			3,205,741	691,863		36,636

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 domestic organizations and domestic governments. See Part IV, line 21	157,973	157,973		
2	Grants and other assistance to domestic individuals. See Part IV, line 22	7,000	7,000		
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	87,981	27,131	39,026	21,824
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	1,640,339	1,361,322	258,471	20,546
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	22,442	19,327	2,498	617
9	Other employee benefits	101,736	99,582	1,274	880
10	Payroll taxes	136,652	109,975	23,415	3,262
11	Fees for services (non-employees)				
a	Management				
b	Legal				
c	Accounting	13,865	9,192	4,673	
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)	292,965	278,232	14,733	
12	Advertising and promotion	15,799	6,505	9,294	
13	Office expenses	263,238	230,792	32,446	
14	Information technology	14,717	9,324	5,393	
15	Royalties				
16	Occupancy	168,245	156,496	11,749	
17	Travel	77,433	75,494	1,939	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	17,247	9,755	7,492	
20	Interest	361		361	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	32,009	26,905	3,985	1,119
23	Insurance	11,328	6,381	4,947	
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	93,326	93,326		
b	PROFESSIONAL DEVELOPMENT	14,722	8,260	6,462	
c	CONTRIBUTIONS	1,050	1,000	50	
d	VOLUNTEER FRINGE BENEFITS				
e	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	3,170,428	2,693,972	428,208	48,248
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 <input type="checkbox"/> 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)		(B)
					Beginning of year		End of year
Assets	1	Cash—non-interest-bearing				1	
	2	Savings and temporary cash investments			610,019	2	511,383
	3	Pledges and grants receivable, net			195,432	3	369,594
	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			15,203	9	25,090
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D.	10a	218,222			
	b	Less: accumulated depreciation	10b	169,813	76,215	10c	48,409
	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).			896,869	16	954,476
Liabilities	17	Accounts payable and accrued expenses			35,788	17	72,918
	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			14,836	24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D.				25	
	26	Total liabilities. Add lines 17 through 25.			50,624	26	72,918
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.						
	27	Unrestricted net assets			827,086	27	838,665
	28	Temporarily restricted net assets			19,159	28	42,893
	29	Permanently restricted net assets				29	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> 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			846,245	33	881,558
	34	Total liabilities and net assets/fund balances			896,869	34	954,476

Part XI

Reconciliation 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	3,205,741
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,170,428
3	Revenue less expenses Subtract line 2 from line 1	3	35,313
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	846,245
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	881,558

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 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		No
b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	Yes	
c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	Yes	
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?	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	Yes	

Additional Data

Software ID:

Software Version:

EIN: 72-1502186

Name: THE CHILDREN'S COALITION FOR
NORTHEAST LOUISIANA INC

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

(Code) (Expenses \$	116,113	including grants of \$	300) (Revenue \$	16,512)
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PARENT EDUCATION JUS4ME TEEN PARENTING (UHC, LCTF) FUNDED BY A ONE-TIME GRANT FROM UNITED HEALTHCARE WITH MATCHING FUNDS FROM LOUISIANA CHILDREN'S TRUST FUND, THE JUS4ME TEEN PARENTING PROGRAM SERVED 52 PREGNANT AND PARENTING TEENS IN FIVE SCHOOLS IN OUACHITA, MOREHOUSE, MADISON, AND UNION PARISHES THE PROGRAM USES AN EVIDENCE-BASED PARENTING CURRICULUM IN WEEKLY SESSIONS HELD ON THE SCHOOL SITE TO PROVIDE SUPPORT FOR HEALTHY PREGNANCY OUTCOMES, CONNECTION TO COMMUNITY RESOURCES, INCLUDING QUALITY CHILD CARE, AND HIGH SCHOOL GRADUATION FOR TEEN MOTHERS FAMILY RESOURCE CENTER FOR NORTHEAST LOUISIANA (DCFS) BEGINNING FEBRUARY 1, 2016, CCNELA WAS AWARDED A 20-MONTH GRANT FOR THE MONROE SERVICE AREA FAMILY RESOURCE CENTER BY THE DEPARTMENT OF CHILDREN AND FAMILY SERVICES AFTER THAT TIME AN ONGOING CONTRACT WILL BE AWARDED IF THE CCNELA IN IN COMPLIANCE THE FAMILY RESOURCE CENTER WORKS CLOSELY WITH DCFS TO SUPPORT FAMILIES IN THEIR SYSTEM WHO ARE IN THE REUNIFICATION PROCESS THE CENTER PROVIDES PARENTING CLASSES, CASE MANAGEMENT, VISIT COACHING, AND SUPPORTIVE SERVICES SUCH AS LIFE SKILLS AND PEER-PARENTING FATHERHOOD (SOC) THE FATHERHOOD INITIATIVE WAS FUNDED THROUGH THE SISTERS OF CHARITY OF THE INCARNATE WORD IN FY 2014-2015 AND THERE ARE SOME ROLLOVER FUNDS FOR ADDITIONAL KITS THE EVIDENCE-BASED PROGRAM NURTURING FATHERS DEVELOPS TRAINING OPPORTUNITIES IN THE COMMUNITY SPECIFICALLY FOR MEN WHO LEAD GROUPS IN SUPPORT OF FATHERS

SCHEDULE A
(Form 990 or 990EZ)

Public Charity Status and Public Support

OMB No 1545-0047

2015

Open to Public Inspection

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

Department of the Treasury
Internal Revenue Service

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 (Form 990 or 990-EZ))

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 in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g

a

☐

Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization **You must complete Part IV, Sections A and B.**

b

☐

Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) **You must complete Part IV, Sections A and C.**

c

☐

Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) **You must complete Part IV, Sections A, D, and E.**

d

☐

Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) **You must complete Part IV, Sections A and D, and Part V.**

e

☐

Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization

f

Enter the number of supported organizations

g

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 (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			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)2011	(b)2012	(c)2013	(d)2014	(e)2015	(f)Total
1 Gifts, grants, contributions, and membership fees received (Do not include any unusual grants)	1,163,508	1,281,989	1,550,430	1,967,506	2,477,242	8,440,675
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	1,163,508	1,281,989	1,550,430	1,967,506	2,477,242	8,440,675
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4						8,440,675

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a)2011	(b)2012	(c)2013	(d)2014	(e)2015	(f)Total
7 Amounts from line 4	1,163,508	1,281,989	1,550,430	1,967,506	2,477,242	8,440,675
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	697	699	699	1,114	1,268	4,477
9 Net income from unrelated business activities, whether or not the business is regularly carried on	16,018	12,541			34,368	62,927
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
11 Total support. Add lines 7 through 10						8,508,079

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

12691,863

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f))	14	99 210 %
15 Public support percentage for 2014 Schedule A, Part II, line 14	15	98 940 %

- 16a 33 1/3% support test—2015.**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—2014.**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—2015.**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 VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ☐
- b 10%-facts-and-circumstances test—2014.**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 VI 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)2011	(b)2012	(c)2013	(d)2014	(e)2015	(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)2011	(b)2012	(c)2013	(d)2014	(e)2015	(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 VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ► <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2015 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2014 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2015 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2014 Schedule A, Part III, line 17	18	

19a 33 1/3% support tests—2015. 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—2014. 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 Supporting Organizations

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1	
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2	
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.	3a	
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.	3b	
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3c	
4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.	4a	
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b	
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.	4c	
5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a	
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b	
c Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c	
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .	6	
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).	7	
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part II of Schedule L (Form 990).	8	
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .	9a	
b Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .	9b	
c Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .	9c	
10a Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer b below.	10a	
b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)	10b	
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a	
b A family member of a person described in (a) above?	11b	
c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c	

Part IV

Supporting Organizations (continued)

Section B. Type I Supporting Organizations

	Yes	No
<div>1</div> <div>Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i></div>		
<div>2</div> <div>Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.</i></div>		

Section C. Type II Supporting Organizations

	Yes	No
<div>1</div> <div>Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i></div>		

Section D. All Type III Supporting Organizations

	Yes	No
<div>1</div> <div>Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?</div>		
<div>2</div> <div>Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i></div>		
<div>3</div> <div>By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i></div>		

Section E. Type III Functionally-Integrated Supporting Organizations

<div>1</div> <div>Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)</div> <div><div>a</div><div><input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.</div></div> <div><div>b</div><div><input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.</div></div> <div><div>c</div><div><input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).</div></div>		
<div>2</div> <div>Activities Test. Answer (a) and (b) below.</div>		
<div>a</div> <div>Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i></div>		
<div>b</div> <div>Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i></div>		
<div>3</div> <div>Parent of Supported Organizations. Answer (a) and (b) below.</div>		
<div>a</div> <div>Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.</div>		
<div>b</div> <div>Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.</div>		

Part V

Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1

Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov 20, 1970 **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E

☐

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1	
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI) _____		
2	Acquisition indebtedness applicable to non-exempt use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount		Current Year	
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions) <input type="checkbox"/>		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI) See instructions	
7 Total annual distributions. Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
9 Distributable amount for 2015 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015
1 Distributable amount for 2015 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2015 (reasonable cause required--see instructions)			
3 Excess distributions carryover, if any, to 2015			
a			
b			
c			
d From 2013.			
e From 2014.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2015 distributable amount			
i Carryover from 2010 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2015 from Section D, line 7 \$			
a Applied to underdistributions of prior years			
b Applied to 2015 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2015, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2015 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 Excess distributions carryover to 2016. Add lines 3j and 4c			
8 Breakdown of line 7			
a			
b			
c Excess from 2013.			
d From 2014.			
e From 2015.			

Part VI Supplemental Information.

Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Return Reference

Explanation

SCHEDULE D

(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization THE CHILDREN'S COALITION FOR NORTHEAST LOUISIANA INC	Employer identification number 72-1502186
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Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate value of contributions to (during year)	
3	Aggregate value of 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? <div><input type="checkbox"/> Yes<input type="checkbox"/> No</div>	
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? <div><input type="checkbox"/> Yes<input type="checkbox"/> No</div>	

Part II Conservation Easements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1	Purpose(s) of conservation easements held by the organization (check all that apply) <div><input type="checkbox"/> Preservation of land for public use (e g , recreation or education)<div><input type="checkbox"/> Protection of natural habitat<input type="checkbox"/> Preservation of open space</div><input type="checkbox"/> Preservation of an historically important land area<input type="checkbox"/> Preservation of a certified historic structure</div>
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
a	Total number of conservation easements
b	Total acreage restricted by conservation easements
c	Number of conservation easements on a certified historic structure included in (a)
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register
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? <div><input type="checkbox"/> Yes<input type="checkbox"/> No</div>
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ►
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, 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)? <div><input type="checkbox"/> Yes<input type="checkbox"/> No</div>
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" on 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)	Revenue included on 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	Revenue included on 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

d

☐ Loan or exchange programs

b

☐ Scholarly research

e

☐ Other

c

☐ Preservation for future generations

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" on 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
d	Additions during the year
e	Distributions during the year
f	Ending balance

2a

Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?

☐ 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	b (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 on 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

(i)

unrelated organizations

(ii)

related organizations

	Yes	No
3a(i)		
3a(ii)		
3b		

b

If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R?

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	13,495	6,335
d	Equipment	105,433	73,297	32,136
e	Other	92,959	83,021	9,938
Total.	Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c))			48,409

Part XI

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements		1	3,525,061
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12			
a	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b	246,012	
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII)	2d	73,308	
e	Add lines 2a through 2d		2e	319,320
3	Subtract line 2e from line 1		3	3,205,741
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	3,205,741

Part XII

Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements		1	3,489,748
2	Amounts included on line 1 but not on Form 990, Part IX, line 25			
a	Donated services and use of facilities	2a	246,012	
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII)	2d	73,308	
e	Add lines 2a through 2d		2e	319,320
3	Subtract line 2e from line 1		3	3,170,428
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	3,170,428

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 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 RETURNS FOR THE TAX YEARS 2012 AND BEYOND REMAIN SUBJECT TO EXAMINATION BY THE INTERNAL REVENUE SERVICE. AS OF JUNE 30, 2016, THE COALITION HAD NO UNCERTAIN TAX POSITIONS THAT QUALIFY FOR EITHER RECOGNITION OR DISCLOSURE IN THE FINANCIAL STATEMENTS. CONTRIBUTIONS TO THE COALITION ARE TAX DEDUCTIBLE WITHIN THE LIMITATIONS PRESCRIBED BY THE CODE.

Part XIII **Supplemental Information** *(continued)*

Return Reference	Explanation
SCHEDULE D, PAGE 4, PART XII, LINE 2D	DIRECT COSTS OF FUND RAISING EVENT 73,308

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" on 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

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

OMB No 1545-0047

2015

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" on 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

e ☐ Solicitation of non-government grants

b ☐ Internet and email solicitations

f ☐ Solicitation of government grants

c ☐ Phone solicitations

g ☐ Special fundraising events

d ☐ In-person solicitations
- 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?		(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
		Yes	No			
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" on 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	(b)Event #2	(c)Other events	(d)
		FASHION FUSION (event type)	DRAGON BOAT (event type)	(total number)	Total events (add col (a) through col (c))
Revenue	1 Gross receipts	73,618	32,308		105,926
	2 Less Contributions				
	3 Gross income (line 1 minus line 2)	73,618	32,308		105,926
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	37,434	23,713		61,147
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				61,147
	11 Net income summary Subtract line 10 from line 3, column (d) ▶				44,779

Part III Gaming.

Complete if the organization answered "Yes" on 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				
	2 Cash prizes				
Direct Expenses	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> 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 conducts gaming activities _____

a Is the organization licensed to conduct 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 conduct 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 conducted in

a

The organization's facility

b

An outside facility

13a

%

13b

%

14

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

11

Does the organization conduct 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 conducted in

a

The organization's facility

b

An outside facility

13a

%

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 G (Form 990 or 990-EZ) 2015

Open to Public Inspection

Employer identification number
72-1502186

Part III

Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on 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
(1) SCHOLARSHIPS	3	7,000			

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 UNIVERSALLY TO ANY TYPE 3 CENTER THAT APPLIES AND COMPETITIVELY BASED ON DEMONSTRATED NEED AND MERIT THE GRANTS ARE USED FOR INSTRUCTIONAL SUPPORT MATERIALS, TEACHER STIPENDS FOR TRAINING, AND CLASSROOM RESOURCES GRANTS ARE AWARDED TO INDIVIDUALS IN THE FORM OF UNIVERSITY SCHOLARSHIPS GIVEN TO STUDENTS INVOLVED IN AT LEAST ONE OF CCNELA'S PROGRAMS THE SCHOLARSHIP CHECK IS WRITTEN TO THE SCHOOL AND RECIPIENT AT THE END OF EACH SEMESTER, THE STUDENT MUST PROVIDE CCENLA WITH A SCHOOL DOCUMENT SHOWING HE OR SHE WAS ENROLLED FOR THAT SEMESTER

SCHEDULE O
(Form 990 or
990-EZ)Department of the
Treasury
Internal Revenue
Service**Supplemental Information to Form 990 or 990-EZ**Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

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

OMB No 1545-0047

2015**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 4AHOMES AND 11 PRE-K CLASSROOMS IN CALDWELL PARISH, AND REGIONAL HEALTH CONTRACTS WITH THE
UNION SCHOOL BOARD FOR ADDITIONAL CLASSROOMS IN UNION PARISH

Return Reference	Explanation
FORM 990, PAGE 2, PART III, LINE 4B	<p>SYSTEM AS PART OF THE IMPLEMENTATION OF ACT 3 OF 2012 AS THE RESOURCE AND REFERRAL AGENCY FOR NORTHEAST LOUISIANA, THE CHILDREN'S COALITION IS ELIGIBLE TO RECEIVE LOUISIANA SCHOOL READINESS TAX CREDIT FUNDS FROM BUSINESSES AND CORPORATIONS THESE FUNDS ARE USED TO SUPPORT QUALITY IN AND AWARENESS OF EARLY CARE AND EDUCATION OUACHITA PARISH EARLY HEAD START (ACF, CACFP, UW) FUNDING FROM THE OFFICE OF HEAD START - ADMINISTRATION FOR CHILDREN AND FAMILIES (ACF) PROVIDED SIXTY SLOTS FOR INFANTS AND TODDLERS IN THREE CENTERS AND HOME-BASED CARE IN OUACHITA PARISH EARLY HEAD START (EHS) TARGETS LOW-INCOME PREGNANT WOMEN AND FAMILIES WITH CHILDREN FROM BIRTH THROUGH AGE 3, MOST OF WHOM ARE AT OR BELOW THE FEDERAL POVERTY LEVEL OR WHO ARE ELIGIBLE FOR PART C SERVICES UNDER THE INDIVIDUALS WITH DISABILITIES EDUCATION ACT IN THEIR STATE THE PROGRAM PROVIDES EARLY, CONTINUOUS, INTENSIVE, AND COMPREHENSIVE CHILD DEVELOPMENT AND FAMILY SUPPORT SERVICES FUNDING FROM THE CACFP FEEDING PROGRAM IS USED AS A SUPPLEMENT FOR FOOD COSTS, AND A GRANT FROM UNITED WAY FOR FORMULA AND DIAPERS IS PART OF THE NON-FEDERAL MATCH MENTAL HEALTH CONSULTATION (TULANE) FUNDING FROM THE TULANE INSTITUTE FOR INFANT AND EARLY CHILDHOOD MENTAL HEALTH PROVIDES A MENTAL HEALTH CONSULTANT TO CHILD CARE CENTERS FOR UP TO SIX MONTHS THE PROGRAM IS MADE POSSIBLE BY A GRANT FROM THE LOUISIANA DEPARTMENT OF EDUCATION (FORMALLY FROM THE LOUISIANA DEPARTMENT OF CHILDREN AND FAMILY SERVICES) OUACHITA PARISH EARLY CHILDHOOD NETWORK (LDOE) IN ITS FOURTH YEAR WITH FUNDING FROM THE LOUISIANA DEPARTMENT OF EDUCATION, THE CHILDREN'S COALITION SHIFTS FROM A "PILOT" TO LEAD AGENCY FOR ALL PUBLICLY FUNDED EARLY CHILDHOOD PROGRAMS IN OUACHITA PARISH TYPE III CHILD CARE CENTERS, PUBLIC SCHOOL PRE-K, NSECD, HEAD START AND EARLY HEAD START THE LEAD AGENCY IS CHARGED TO COORDINATE ENROLLMENT AND ASSESSMENT AS PART OF THE FULL IMPLEMENTATION OF THE LOUISIANA EARLY CHILDHOOD ACT (ACT 3 OF 2012) MOREHOUSE PARISH EARLY CHILDHOOD NETWORK (LDOE) IN ITS THIRD YEAR WITH FUNDING FROM THE LOUISIANA DEPARTMENT OF EDUCATION, THE CHILDREN'S COALITION SHIFTS FROM A "PILOT" TO LEAD AGENCY FOR ALL PUBLICLY FUNDED EARLY CHILDHOOD PROGRAMS IN MOREHOUSE PARISH TYPE III CHILD CARE CENTERS, PUBLIC AND CHARTER SCHOOL PRE-K, AND HEAD START THE LEAD AGENCY IS CHARGED TO COORDINATE ENROLLMENT AND ASSESSMENT AS PART OF THE FULL IMPLEMENTATION OF THE LOUISIANA EARLY CHILDHOOD ACT (ACT 3 OF 2012) RICHLAND PARISH EARLY CHILDHOOD NETWORK (LDOE) IN ITS SECOND YEAR WITH FUNDING FROM THE LOUISIANA DEPARTMENT OF EDUCATION, THE CHILDREN'S COALITION IS THE LEAD AGENCY FOR ALL PUBLICLY FUNDED EARLY CHILDHOOD PROGRAMS IN RICHLAND PARISH TYPE III CHILD CARE CENTERS, PUBLIC SCHOOL PRE-K, HEAD START AND EARLY HEAD START THE LEAD AGENCY IS CHARGED TO COORDINATE ENROLLMENT AND ASSESSMENT AS PART OF THE FULL IMPLEMENTATION OF THE LOUISIANA EARLY CHILDHOOD ACT (ACT 3 OF 2012) PRE-K EXPANSION CLASSROOMS (LDOE) LOUISIANA WAS ONE OF 13 STATES AWARDED BY THE DEPARTMENT OF EDUCATION (DOE) TO EXPAND HIGH-QUALITY PRESCHOOL PROGRAMS IN TARGETED COMMUNITIES THAT WOULD SERVE AS MODELS FOR EXPANDING PRESCHOOL TO ALL 4-YEAR-OLDS FROM LOW- AND MODERATE-INCOME FAMILIES OUACHITA PARISH WAS ONE OF SIX COMMUNITY NETWORKS CHOSEN BY LDOE TO IMPLEMENT THE PK-EXPANSION GRANT IN MONROE CITY SCHOOLS THE GRANT IS A FOUR-YEAR AWARD THAT PROVIDES 50 PK SLOTS TO FAMILIES WITH AT-RISK CHILDREN IN A QUALITY EARLY LEARNING CENTER WITH A CREDENTIALLED TEACHER WHO RECEIVES COACHING AND PROFESSIONAL DEVELOPMENT THE GRANT IS IN ITS FIRST YEAR OF IMPLEMENTATION ANCILLARY TEACHING CERTIFICATE/BELIEVE AND PREPARE (LDOE) THIS IS A PILOT PROGRAM TO DEVELOP AND IMPLEMENT CURRICULA IN SUPPORT OF EARLY CHILDHOOD EDUCATORS WHO ARE PURSUING THEIR ANCILLARY TEACHING CERTIFICATE AND NATIONAL CDA CERTIFICATION THE ANCILLARY TEACHING CERTIFICATE IMPLEMENTATION IS FUNDED BY PATHWAYS SCHOLARSHIPS FOR A COHORT OF 20 EARLY EDUCATORS WHICH WILL BEGIN FY 2016-2017, HOWEVER, START UP AND CURRICULUM DEVELOPMENT FUNDING FROM A ONE-TIME BELIEVE AND PREPARE GRANT BEGAN IN SPRING OF FY 2015-2016 DIAPER AND WIPES (UNITED WAY FLOOD RECOVERY FUND) IN MARCH 2016 OUACHITA, MOREHOUSE, UNION, AND CALDWELL PARISHES WERE FLOODED AFTER A HEAVY RAINSTORM UNITED WAY ESTABLISHED A FLOOD RECOVERY FUND AND AWARDED CCNELA A GRANT TO PROVIDE DIAPERS AND WIPES TO FAMILIES IN AREAS AFFECTED BY FLOODING CCNELA WORKED WITH PARTNERS IN OUACHITA, MOREHOUSE, UNION, AND CALDWELL PARISHES TO DISTRIBUTE DIAPERS AND WIPES VIA COMMUNITY CENTERS, FOOD BANKS, AND CHILD CARE CENTERS</p>

Return Reference	Explanation
FORM 990, PAGE 2, PART III, LINE 4C	<p>FROM LIVING WELL WITH MATCHING FUNDS FROM SCHOOLS PARTICIPATING IN THE PROJECT ALLOWED THE PROGRAM TO CONTINUE MATCHING FUNDING FROM UNION PARISH SCHOOL BOARD, BASTROP HIGH SCHOOL, LEE MIDDLE SCHOOL, AND OUACHITA JR HIGH ENABLED THE PROGRAM TO BE DELIVERED TO MIDDLE SCHOOLS STUDENTS IN UNION, MOREHOUSE, AND OUACHITA PARISHES LITERACY PLUS (MHA, LEH, CAPITAL ONE) AN EARLY LITERACY PROGRAM THAT PROVIDES OUT-OF-SCHOOL ACTIVITIES FOR CHILDREN AND FAMILIES WHO RESIDE WITHIN THE MONROE HOUSING AUTHORITY , LITERACY PLUS IS FUNDED IN PART BY THE MONROE HOUSING AUTHORITY AS PART OF A HOUSING AND URBAN DEVELOPMENT (HUD) GRANT, THE HOUSING AUTHORITY SUPPORTS A 75% STAFF MEMBER AT THE COALITION TO COORDINATE SERVICES AND PROVIDES PASS-THROUGH FUNDS FOR A PRE-K - 2ND GRADE AFTER-SCHOOL AND SUMMER PROGRAM AT BERG JONES ELEMENTARY SCHOOL, WHICH BORDERS ON A HOUSING AUTHORITY COMMUNITY ADDITIONAL FUNDING FROM THE LOUISIANA ENDOWMENT FOR THE HUMANITIES PROVIDES SUPPORT FOR THE PRIMETIME FAMILY LITERACY NIGHTS AT BERG JONES ELEMENTARY SCHOOL, AND FUNDS FROM CAPITAL ONE PROVIDE SUPPORT FOR A MIDDLE SCHOOL ROBOTICS PROGRAM FOR STUDENTS AT CARROLL JR HIGH SCHOOL THESE PROGRAMS REQUIRE 50% PARTICIPATION BY MONROE HOUSING AUTHORITY RESIDENTS IN ADJACENT COMMUNITIES U-ACT (LAPFS) FUNDED BY THE LOUISIANA PARTNERSHIP FOR SUCCESS AS PART OF A SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES ADMINISTRATION (SAMSHA) GRANT, AND ADMINISTERED BY THE NORTHEAST DELTA HUMAN SERVICES AUTHORITY , U-ACT IS A COMMUNITY COALITION BASED IN UNION PARISH THAT WORKS TOGETHER TO DEVELOP A 5-YEAR PLAN THAT WILL ADDRESS UNDERAGE DRINKING AND PRESCRIPTION DRUG ABUSE MAPPING ADOLESCENT HEALTH (LPHI) FUNDED BY LOUISIANA PUBLIC HEALTH AS PART OF A LARGER CAPACITY-BUILDING INITIATIVE TO ADDRESS ADOLESCENT REPRODUCTIVE HEALTH, THIS INITIATIVE COLLECTED AND ANALYZED LOCAL DATA FROM THREE SECTORS (MEDICAL, EDUCATIONAL, AND COMMUNITY-BASED ORGANIZATIONS) TO EXAMINE GAPS AND REDUNDANCIES IN ADOLESCENT REPRODUCTIVE HEALTH CARE AND EDUCATION IN OUACHITA PARISH LPHI IS FUNDED IN PART BY A GRANT FROM THE PACKARD FOUNDATION THAT SUPPORTS THIS WORK OUACHITA YOUTH LEADERSHIP SUMMIT (JR LEAGUE OF MONROE) A ONE-DAY SUMMIT IN OCTOBER 2015 FOR MIDDLE AND HIGH SCHOOL YOUTH FROM 34 PUBLIC AND PRIVATE SCHOOLS IN OUACHITA PARISH STUDENTS WERE SELECTED BY SCHOOL COUNSELORS TO ATTEND TEN SCHOOLS ALSO PARTICIPATED IN A PARISH-WIDE VOLUNTEER PROJECT THAT COLLECTED 1800 PAIRS OF PAJAMAS FOR AREA CHARITIES</p>

Return Reference	Explanation
FORM 990, PAGE 2, PART III, LINE 4D	<p>PARENT EDUCATION JUS4ME TEEN PARENTING (UHC, LCTF) FUNDED BY A ONE-TIME GRANT FROM UNITED HEALTHCARE WITH MATCHING FUNDS FROM LOUISIANA CHILDREN'S TRUST FUND, THE JUS4ME TEEN PARENTING PROGRAM SERVED 52 PREGNANT AND PARENTING TEENS IN FIVE SCHOOLS IN OUACHITA, MOREHOUSE, MADISON, AND UNION PARISHES THE PROGRAM USES AN EVIDENCE-BASED PARENTING CURRICULUM IN WEEKLY SESSIONS HELD ON THE SCHOOL SITE TO PROVIDE SUPPORT FOR HEALTHY PREGNANCY OUTCOMES, CONNECTION TO COMMUNITY RESOURCES, INCLUDING QUALITY CHILD CARE, AND HIGH SCHOOL GRADUATION FOR TEEN MOTHERS FAMILY RESOURCE CENTER FOR NORTHEAST LOUISIANA (DCFS) BEGINNING FEBRUARY 1, 2016, CCNELA WAS AWARDED A 20-MONTH GRANT FOR THE MONROE SERVICE AREA FAMILY RESOURCE CENTER BY THE DEPARTMENT OF CHILDREN AND FAMILY SERVICES AFTER THAT TIME AN ONGOING CONTRACT WILL BE AWARDED IF THE CCNELA IS IN COMPLIANCE THE FAMILY RESOURCE CENTER WORKS CLOSELY WITH DCFS TO SUPPORT FAMILIES IN THEIR SYSTEM WHO ARE IN THE REUNIFICATION PROCESS THE CENTER PROVIDES PARENTING CLASSES, CASE MANAGEMENT, VISIT COACHING, AND SUPPORTIVE SERVICES SUCH AS LIFE SKILLS AND PEER-PARENTING FATHERHOOD (SOC) THE FATHERHOOD INITIATIVE WAS FUNDED THROUGH THE SISTERS OF CHARITY OF THE INCARNATE WORD IN FY 2014-2015 AND THERE ARE SOME ROLLOVER FUNDS FOR ADDITIONAL KITS THE EVIDENCE-BASED PROGRAM NURTURING FATHERS DEVELOPS TRAINING OPPORTUNITIES IN THE COMMUNITY SPECIFICALLY FOR MEN WHO LEAD GROUPS IN SUPPORT OF FATHERS</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 73,308 DIRECT COSTS OF FUND RAISING EVENT -73,308