HEARD, MCELROY & VESTAL, LLC 1900 NORTH 18TH STREET, SUITE #300 MONROE, LA 71201

> UNITED WAY OF NORTHEAST LOUISIANA, INC. 1201 HUDSON LANE MONROE, LA 71201

HardenHaddhamallfalat

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CLIENT'S COPY

November 11, 2020

United Way of Northeast Louisiana, Inc. 1201 Hudson Lane Monroe, LA 71201

United Way of Northeast Louisiana, Inc.:

Enclosed is the organization's 2019 Exempt Organization return.

We have prepared your federal return based on our understanding that you do not own or have any control over a foreign bank account. If this is incorrect, do not file this return and contact our office immediately so that the return can be corrected.

Specific filing instructions are as follows.

FORM 990 RETURN:

This return has been prepared for electronic filing. If you wish to have it transmitted electronically to the IRS, please sign, date, and return Form 8879-EO to our office. We will then submit the electronic return to the IRS. Do not mail a paper copy of the return to the IRS.

A copy of the return is enclosed for your files. We suggest that you retain this copy indefinitely.

Very truly yours,

Connie K. Smallwood

Form	887	79-	EO

Department of the Treasury

IRS e-file Signature Authorization for an Exempt Organization

For calendar year 2019, or fiscal year beginning <u>JUL 1</u>, 2019, and ending <u>JUN 30</u>, 20 <u>20</u> **Do not send to the IRS. Keep for your records.**

Go to www.irs.gov/Form8879EO for the latest information.

Internal Revenue Service Name of exempt organization

Employer identification number

72-0498515

UNITED WAY OF NORTHEAST LOUISIANA, INC.

Name and title of officer

JANET S DURDEN

PRESIDENT

Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line **1a**, **2a**, **3a**, **4a**, or **5a**, below, and the amount on that line for the return being filed with this form was blank, then leave line **1b**, **2b**, **3b**, **4b**, or **5b**, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than one line in Part I.

1a	Form 990 check here b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	4,731,619.
2a	Form 990-EZ check here b Total revenue, if any (Form 990-EZ, line 9)	2b	
3a	Form 1120-POL check here b Total tax (Form 1120-POL, line 22)	3b	
4a	Form 990-PF check here b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b	
5a	Form 8868 check here b Balance Due (Form 8868, line 3c)	5b	
		-	

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2019 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

X I authorize HEARD, MCELROY & VESTAL, LLC ERO firm name	to enter my PIN <u>33351</u> Enter five numbers, bu do not enter all zeros
as my signature on the organization's tax year 2019 electronically filed return. If I have indicated within t is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also au enter my PIN on the return's disclosure consent screen.	
As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2019 indicated within this return that a copy of the return is being filed with a state agency(ies) regulating cha program, I will enter my PIN on the return's disclosure consent screen.	
Officer's signature Date Date	
Part III Certification and Authentication	
ERO's EFIN/PIN. Enter your six-digit electronic filing identification	
number (EFIN) followed by your five-digit self-selected PIN. 7264757015 Do not enter all zero	
I certify that the above numeric entry is my PIN, which is my signature on the 2019 electronically filed return for th confirm that I am submitting this return in accordance with the requirements of Pub. 4163 , Modernized e-File (Me <i>e-file</i> Providers for Business Returns.	
ERO's signature HEARD, MCELROY & VESTAL, LLC Date 11	/11/20
ERO Must Retain This Form - See Instructions Do Not Submit This Form to the IRS Unless Requested To Do) So
LHA For Paperwork Reduction Act Notice, see instructions.	Form 8879-EO (2019)
923051 10-03-19	

OMB No. 1545-1878

Form 990
(Rev. January 2020)
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.



► Go to www.irs.gov/Form990 for instructions and the latest information.

AF	or the	ho 2019 calendar year, or tax year beginning $ m JUL1,2019$ and e	ending J	<u>UN 30, 2020</u>	
B C a	heck if oplicable	c Name of organization		D Employer identific	cation number
	Addres	S UNITED WAY OF NORTHEAST LOUISIANA, INC.	•		
	Name Chang			72-049853	15
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number	
	Final return/	1201 HUDSON LANE		318-325-3	
	termin ated	5		G Gross receipts \$	4,731,619.
	Ameno	MONROE, LA /1201		H(a) Is this a group re	
	Applic tion pendir	F Name and address of principal officer: OKNET S DORDEN		for subordinates	? Yes X No
		1201 HUDSON LANE, MONROE, LA /1201		H(b) Are all subordinates in	
		empt status: $X = 501(c)(3) = 501(c)()$ (insert no.) 4947(a)(1) or	r 🔄 527		list. (see instructions)
		te: WWW.UNITEDWAYNELA.ORG		H(c) Group exemption	
		organization: X Corporation	L Year (of formation: 1956 N	I State of legal domicile: LA
Pa	rt I	Summary			
ø		Briefly describe the organization's mission or most significant activities: <u>TO HE</u>			
anc		COMMUNITIES - THE UNITED WAY IS FOCUSED ON			
Governance		Check this box			
20 S					<u> </u>
<u>ه</u>		Number of independent voting members of the governing body (Part VI, line 1b)			38
ies		Total number of individuals employed in calendar year 2019 (Part V, line 2a)			1189
Activities &		Total number of volunteers (estimate if necessary)			0.
Ac		Total unrelated business revenue from Part VIII, column (C), line 12			0.
	U U			Prior Year	Current Year
	8	Contributions and grants (Part VIII, line 1h)		4,072,041.	4,031,778.
anı		Program service revenue (Part VIII, line 2g)		464,088.	675,480.
Revenue		Investment income (Part VIII, column (A), lines 3, 4, and 7d)		20,831.	24,361.
Å		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		33,736.	0.
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		4,590,696.	4,731,619.
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		2,370,271.	2,255,600.
		Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
ç	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		1,432,892.	1,486,834.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
kpe		Total fundraising expenses (Part IX, column (D), line 25) 499,20	7.		
ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		567,446.	533,453.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		4,370,609.	4,275,887.
	19	Revenue less expenses. Subtract line 18 from line 12		220,087.	455,732.
s or			Be	ginning of Current Year	End of Year
Assets d Balanc	20	Total assets (Part X, line 16)		3,486,714.	3,969,821.
t As		Total liabilities (Part X, line 26)		1,120,887.	1,148,262.
ER		Net assets or fund balances. Subtract line 21 from line 20		2,365,827.	2,821,559.
Ра	rt 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	Signature of officer		Date	
Here	JANET S DURDEN, PRESIDENT			
	Type or print name and title			
	rint/Type preparer's name Preparer'	signature	Date Check P	TIN
Paid	ONNIE K. SMALLWOOD CONNI	E K. SMALLWOOD	11/11/20 self-employed P0	0451663
Preparer		AL, LLC	Firm's EIN ▶ 72-0	398470
Use Only	rm's address 🕨 1900 NORTH 18TH STREE	T, SUITE #300		
	MONROE, LA 71201		Phone no. 318 - 38	8-3108
May the IF	discuss this return with the preparer shown above? (see i	nstructions)	X	Yes No
932001 01-2	LHA For Paperwork Reduction Act Notice, see th	e separate instructions.		Form 990 (2019)

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

Form	990 (2019) UNITED WAY OF NORTHEAST LOUISIANA, INC. 72-0498515 Page 2
Par	t III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission: TO HELP PEOPLE AND IMPROVE COMMUNITIES – THE UNITED WAY IS FOCUSED ON
	CREATING LASTING CHANGE IN COMMUNITY CONDITIONS TO IMPROVE THE LIVES
	OF PEOPLE THROUGH COMMUNITY INITIATIVES.
2	Did the organization undertake any significant program services during the year which were not listed on the
2	
	prior Form 990 or 990-EZ?
•	
3	
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$ 1,199,840. including grants of \$ 1,199,840.) (Revenue \$)
	AGENCY FUNDING -
	THE PURPOSE OF UNITED WAY OF NORTHEAST LOUISIANA IS HELPING PEOPLE AND
	IMPROVING THE COMMUNITY. UNITED WAY HELPS PEOPLE BY SUPPORTING
	NUMEROUS AGENCY PROGRAMS THAT EFFECTIVELY WORK TOGETHER TO ACHIEVE
	COMMUNITY GOALS AND INITIATIVES.
	COMMONITY GOALD AND INTITATIVES.
4b	(Code:) (Expenses \$ 741,997. including grants of \$ 741,997.) (Revenue \$)
	DONOR DESIGNATIONS -
	DISTRIBUTION OF GIFTS DESIGNATED BY DONORS TO OTHER 501(C)(3) AGENCIES.
	OTHER AGENCY PAYMENTS ARE MADE AT THE DIRECTION OF THE DONOR.
	OTHER AGENCI FAIMENTS ARE MADE AT THE DIRECTION OF THE DONOR.
4c	(Code:) (Expenses \$746,675. including grants of \$0.) (Revenue \$675,480.)
10	UNITED WAY 2-1-1 -
	PROVIDES A FREE, EASY TO REMEMBER TELEPHONE NUMBER THAT GIVES PEOPLE A
	•
	FAST, EASY WAY TO GET CONNECTED TO AVAILABLE SOCIAL ASSISTANCE
	SERVICES. DURING THE CALENDAR YEAR 2019 THE UNITED WAY OF NORTHEAST
	LA'S 2-1-1 ANSWERED 10,721 CALLS.
	LOUISIANA ASSOCIATION OF UNITED WAYS (LAUW) 2-1-1 -
	PROVIDES THE SAME EASY ACCESS TO AVAILABLE ASSISTANCE TO ALL REGIONS OF
	LOUISIANA, EXCEPT FOR LAFAYETTE AND NEW ORLEANS. DURING THE CALENDAR
	YEAR 2019 TOTAL CALLS ANSWERED FOR ALL REGIONS UNDER CONTRACT WERE
	51,980.
	<u></u>
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ 776,587. including grants of \$ 313,764.) (Revenue \$)
4e	Total program service expenses ► 3,465,099.
	Form 990 (2019)
932002	01-20-20
	2

Form 990 (2019)

			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	Х	L
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	<u> </u>
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		X X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			37
	during the tax year? If "Yes," complete Schedule C, Part II	4		X X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			77
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		<u>x</u>
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			v
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		v
~	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			x
~	Schedule D, Part III	8		
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?			x
40	If "Yes," complete Schedule D, Part IV	9		
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	10		x
11	or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i> If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VII, IX, or X			- 23
	as applicable.			
-	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D.			
a		11a	х	
h	Part VI Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			<u> </u>
5	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		x
c	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
Ŭ	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		x
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
-	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		x
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
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	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D. Parts XI and XII	12a	Х	
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		x
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
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		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			1
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
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	17		X
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		X
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		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		x
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		<u> </u>
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			1
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21	X	Ĺ
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932003 01-20-20

 Form 990 (2019)
 UNITED WAY OF NORTHEAST LOUISIANA, INC.

 Part IV
 Checklist of Required Schedules (continued)

			Yes	No
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? If "Yes," complete Schedule I, Parts I and III	22	Х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
с	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? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			x
07	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		x
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV	21		
20	instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		x
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		x
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			37
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			v
0	Part V, line 1	34		X X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		
a	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	35b		
36	within the meaning of section 512(b)(13)? <i>If</i> "Yes," <i>complete Schedule R, Part V, line 2</i> Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	330		
00	If "Yes," complete Schedule R, Part V, line 2	36		x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
•••	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
		38	Х	
Par	Note: All Form 990 filers are required to complete Schedule O t V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a reconnect to any line in this Bart V			
	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 6			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	gan	(2019)
932004	01-20-20 4	Form	330	(2019)

11031112 756104 89927.001

Form	990 (2019) UNITED WAY OF NORTHEAST LOUISIANA, INC. 72-0498	515	Р	age 5
Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
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 38			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
	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		x
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		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
с	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
	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		X
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).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		X
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		X
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		X
10	Section 501(c)(7) organizations. Enter:			
а	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:			
	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.)			
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.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
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			
	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		├───
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		X
	If "Yes," see instructions and file Form 4720, Schedule N.			v
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
	If "Yes," complete Form 4720, Schedule O.		000	

Form **990** (2019)

932005 01-20-20

Form 990	(2019)
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UNITED WAY OF NORTHEAST LOUISIANA, INC.

72-0498515 Page 6

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

						Yes	N
1a	Enter the number of voting members of the governing body at the end of the tax year	1a		37			
	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 on Schedule O.						
b	Enter the number of voting members included on line 1a, above, who are independent	1b		37			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	with a	any other				
	officer, director, trustee, or key employee?				2		X
3	Did the organization delegate control over management duties customarily performed by or under the	direc	t supervisio	n			
	of officers, directors, trustees, or key employees to a management company or other person?				3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 99	90 wa	s filed?		4		X
5	Did the organization become aware during the year of a significant diversion of the organization's asse	ets?			5		X
6	Did the organization have members or stockholders?				6	Х	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap						
	more members of the governing body?				7a	х	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, sto						
	persons other than the governing body?				7b	Х	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year						
а	The governing body?	2	0		8a	Х	
b	Each committee with authority to act on behalf of the governing body?				8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read						
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O				9		x
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Rev	ienue	Code)		-		
		101100	0000.			Yes	N
10a	Did the organization have local chapters, branches, or affiliates?				10a	Х	
	If "Yes," did the organization have written policies and procedures governing the activities of such cha						
	and branches to ensure their operations are consistent with the organization's exempt purposes?				10b	х	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body				11a	X	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	20101	e ming the				
	Did the organization have a written conflict of interest policy? If "No," go to line 13				12a	х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise				12b	X	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? $ f = \gamma$				12.0		
Ŭ	in Schedule O how this was done	,			12c	х	
13	Did the organization have a written whistleblower policy?				13	x	
14	Did the organization have a written document retention and destruction policy?				14	x	
15	Did the process for determining compensation of the following persons include a review and approval						
15	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	by in	Jependent				
~					15a	х	
	The organization's CEO, Executive Director, or top management official				15a 15b	X	
D	Other officers or key employees of the organization				150	- 23	
16-	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangem	ont	ith a				
108					16-		x
L.	taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate				16a		
D		-	-				
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organi				104		
200	exempt status with respect to such arrangements?				16b		
17		1.000	T (0	501()(0)			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, an	id 990	-1 (Section	501(C)(3)s	only)	availa	ble
	for public inspection. Indicate how you made these available. Check all that apply.						
	X Own website Another's website X Upon request Other (explain				-		
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, con	nflict c	of interest p	olicy, and	finano	cial	
	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 boo	ks and	d records	▶			
	JANET S DURDEN - 318-235-3869						
	1201 HUDSON LANE, MONROE, LA 71201					990	
							1004

Form 990 (2019)		OF NORTHEAST			72-0498515	Page 7					
Part VII Compensati	on of Officers, Dire	ctors, Trustees, Ke	y Employees, Hig	ghest Com	pensated						
Employees, and Independent Contractors											
Check if Schedu	Check if Schedule O contains a response or note to any line in this Part VII										
Section A. Officers, Direc	tors, Trustees, Key Emp	oloyees, and Highest Co	ompensated Employe	es							
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, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See instructions for the order in which to list the persons above.

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

(A)	(B)			(0				(D)	(E)	(F)
Name and title	Average	(do	Position (do not check more than one				ne	Reportable	Reportable	Estimated
	hours per	box	, unles	ss per	son i	s both	n an	compensation	compensation	amount of
	week		cer an	a a a	recto	r/trus	tee)	from	from related	other
	(list any	recto						the	organizations	compensation
	hours for	or di	ee			ated		organization	(W-2/1099-MISC)	from the
	related organizations	ustee	trust		ee	bens		(W-2/1099-MISC)		organization and related
	below	lual tr	tional		nploy	st con yee	_			organizations
	line)	Individual trustee or director	nstitutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) DON "DJ" BANKS	0.00		_	0	-					
DIRECTOR	0.00	х						0.	0.	0.
(2) KEITH BIEDENHARN	0.00									
DIRECTOR	0.00	Х						0.	0.	0.
(3) LAKEISHA BOSWORTH	0.00									
DIRECTOR	0.00	Х						0.	0.	0.
(4) LISA BRADLEY	0.00									
DIRECTOR/TREASURER	0.00	Х		Х				0.	0.	0.
(5) RICHARD DAVIS	0.00									
DIRECTOR	0.00	Х						0.	0.	0.
(6) BRANDON EWING	0.00									_
DIRECTOR	0.00	Х						0.	0.	0.
(7) ERNEST FINCH	0.00									-
DIRECTOR	0.00	Х						0.	0.	0.
(8) JANICE GARRISON	0.00									•
DIRECTOR	0.00	Х						0.	0.	0.
(9) FORENCETTA GIBSON	0.00									•
DIRECTOR	0.00	Х						0.	0.	0.
(10) WES GIBSON	0.00									•
DIRECTOR	0.00	Х						0.	0.	0.
(11) JEFF GLOVER	0.00								0	0
DIRECTOR	0.00	X						0.	0.	0.
(12) ALBERTA GREEN	0.00								0	0
DIRECTOR	0.00	Х						0.	0.	0.
(13) TODD GUICE	0.00								0	0
DIRECTOR (14) SUSAN HARWOOD	0.00	Х						0.	0.	0.
	0.00							0.	0	0
DIRECTOR	0.00	Х						0.	0.	0.
(15) CLAY G HIPP, III	0.00	v						0.	0.	0
DIRECTOR (16) COURTNEY HORNSBY	0.00	^						U.	0.	0.
	0.00	v						0.	0.	0.
DIRECTOR (17) WILLIE HUNTER, JR	0.00					-		0.	0.	<u> </u>
DIRECTOR/SECRETARY	0.00	v		х				0.	0.	0.
932007 01-20-20		17		27	I	1	I	0.	0.	Form 990 (2019)

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	Y OF NC	RI	HE	AS	т	LO	UI	SIANA, INC.	72-049	8515	i Pa	age 8
Part VII Section A. Officers, Directors, Trust	tees, Key Emp	oloy	ees,	and	Hig	ghes	t C	ompensated Employee	s (continued)			
(A)	(B)			(C)			(D)	(E)		(F)	
Name and title	Average	(do		Posi heck n			ne	Reportable	Reportable	E	stimate	ed
	hours per	box	, unle	ss per	son is	s both	n an	compensation	compensation	a	mount	of
	week		cer ar	nd a dir	recio	r/trus	lee)	from	from related		other	
	(list any hours for	irecto						the	organizations		npensa	
	related	e or d	tee			sated		organization (W-2/1099-MISC)	(W-2/1099-MISC)		from the ganizati	
	organizations	ruste	l trus		ee,	mpen		(00-27 1033-10100)			nd relate	
	below	Individual trustee or director	Institutional trustee	<u> </u>	<ey employee<="" td=""><td>st co</td><td>er</td><td></td><td></td><td></td><td>ganizatio</td><td></td></ey>	st co	er				ganizatio	
	line)	Indivi	Instit	Officer	Key ei	Highest compensated employee	Former					
(18) JOHN KAHL	0.00											
DIRECTOR	0.00	Х						0.	0	•		0.
(19) BARBARA LEADER	0.00											
DIRECTOR	0.00	Х						0.	0	•		0.
(20) BEVERLY V LEWIS	0.00											
DIRECTOR	0.00	Х						0.	0	•		0.
(21) BILLY MCCONNELL	0.00											
DIRECTOR	0.00	Х						0.	0	•		0.
(22) JAMES W MOORE III	0.00											
DIRECTOR	0.00	Х						0.	0	•		0.
(23) ADAM O'NEAL	0.00											
DIRECTOR	0.00	Х						0.	0	•		0.
(24) MICHAEL RYAN	0.00							0	0			0
DIRECTOR	0.00	Х						0.	0	•		0.
(25) AMY PRICE SAWYER	0.00	77						0	0			0
DIRECTOR/INCOMING CHAIR	0.00	Х		х				0.	0	•		0.
(26) NATHAN G SMITH	0.00	x						0	0			0
DIRECTOR	0.00	Λ						0.	0			0.
1b Subtotal								161,816.	0	_	.3,9'	
c Total from continuation sheets to Part VI								161,816.	0	_	<u>3,9</u>	
 d Total (add lines 1b and 1c) 2 Total number of individuals (including but not 										• 1 -		12.
2 Total number of individuals (including but no compensation from the organization		ose	liste	u au	ove) \	0 ie					1
											Yes	No
3 Did the organization list any former officer,	director trust	ا مم		mole	over	≏ ∩r	hia	hest compensated emp	lovee on			
line 1a? If "Yes," complete Schedule J for su				•	•		Ŭ	• • •		3		х
4 For any individual listed on line 1a, is the su												
and related organizations greater than \$150	-								-	4		х
5 Did any person listed on line 1a receive or a	,		•									
rendered to the organization? If "Yes," com	-				-			-		5		х
Section B. Independent Contractors		- 5 1	01 51		10/50	011 .						
1 Complete this table for your five highest cor	npensated inc	lepe	nder	nt co	ontra	actor	rs th	nat received more than \$	100,000 of compens	ation f	rom	
the organization. Report compensation for t	he calendar ye	ear e	endir	ng wi	ith o	or wi	thin	the organization's tax y	ear.			
(A)								(B)			(C)	
Name and business	address	N	ONE	2				Description of s	services	Comp	ensatio	n
							_					
							_					
2 Total number of independent contractors (ir		ot li-	nitor	1 + ~ +	hoc			above) who received m	ore than			
 100,000 of compensation from the organiz 	•			. i U [.nos 0		eu					
SEE PART VII, SECTION		IN	ŪΑ	TIC	ON	S	HE	ETS		Form	ן 990 (2	2019)
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Part VII Section A. Officers, Directors	, Trustees, Key Er	nplo	yee	s, ar	nd H	lighe	est (Compensated Employe	es (continued)	
(A)	(B)			(0			_	(D)	(E)	(F)
Name and title	Average				ition			Reportable	Reportable	Estimated
	hours	(Cl	neck	all 1	that	app	y)	compensation from	compensation from related	amount of other
	per week					96		the	organizations	compensation
	(list any	ctor				n plo y		organization	(W-2/1099-MISC)	from the
	hours for	r dire				ted en		(W-2/1099-MISC)	· · · ·	organization
	related	stee o	rustee			oen sa				and related
	organizations	lal tru	onal t		ploye	com				organizations
	below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(27) SHELIA SNOW	0.00	-	-	0	×	Ξ.	ш			
DIRECTOR	0.00	х						0.	0.	0
(28) CORRE STEGAL	0.00									
DIRECTOR	0.00	х						0.	Ο.	0
(29) RANDY STONE	0.00									
DIRECTOR	0.00	х						0.	Ο.	0
(30) DANIEL TAYLOR	0.00									
DIRECTOR	0.00	Х						0.	Ο.	0
(31) JEAN TOTH	0.00									
DIRECTOR	0.00	Х						0.	0.	0
(32) BRENT VIDRINE	0.00									
DIRECTOR	0.00	Х						0.	0.	0
(33) ROD WASHINGTON	0.00									
DIRECTOR	0.00	Х						0.	0.	0 .
(34) HARRINGTON WATSON III	0.00									
DIRECTOR	0.00	Х						0.	0.	0 -
(35) ASHLEY WEST	0.00							0	0	0
DIRECTOR	0.00	Х						0.	0.	0
(36) BLAKE WHEELIS DIRECTOR/CHAIRMAN	0.00	х		х				0.	0.	0
(37) STEPHANIE SMITH	0.00	Λ		~				0.	0.	0
DIRECTOR	0.00	х						0.	0.	0
(38) JANET S DURDEN	40.00	Λ						0.	0.	0
PRESIDENT	40.00			х				106,816.	0.	13,972
(39) CHARLES JACKSON	40.00							100,010.	0.	13,372
CFO	10000			х				55,000.	0.	0
									•••	
	<u> </u>	I								
Total to Part VII, Section A, line 1c								161,816.		13,972

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			2019) UNITED WAY OF	NORTHEAS	ST LOUISIAN	NA, INC.	72-0498	515 Page 9
Pa	rt V	/111						
			Check if Schedule O contains a response	or note to any line		(B)	(C)	
					(A) Total revenue	(D) Related or exempt function revenue	Unrelated business revenue	(D) Revenue excluded from tax under
			I 1					sections 512 - 514
nts nts	1	а	Federated campaigns 1a	902.				
Srai our			Membership dues 1b					
Am (Fundraising events 1c					
lar Gift			Related organizations 1d					
js,			Government grants (contributions)					
er S		f	All other contributions, gifts, grants, and	000 070				
di Di Di Di Di Di Di Di Di Di Di Di Di Di				<u>,030,876.</u> 12,855.				
Contributions, Gifts, Grants and Other Similar Amounts		-	Noncash contributions included in lines 1a-1f		4,031,778.			
0 0		n	Total. Add lines 1a-1f	Business Code	<u>+,031,770.</u>			
	2	2	2-1-1 PROGRAM REVENUE	624100	675,480.	675,480.		
vice	2	a b		024100	075,400.	075,400.		
Ser		c						
Program Service Revenue		d						
gra		e						
Pro			All other program service revenue					
			Total. Add lines 2a-2f	-	675,480.			
	3		Investment income (including dividends, inter					
			other similar amounts)		24,361.			24,361.
	4		Income from investment of tax-exempt bond					
	5		Royalties					
			(i) Real	(ii) Personal				
	6	а	Gross rents 6a					
		b	Less: rental expenses 6b					
			Rental income or (loss) 6c					
			Net rental income or (loss)					
	7	а	Gross amount from sales of (i) Securities	(ii) Other				
			assets other than inventory 7a					
Ø		b	Less: cost or other basis					
venue			and sales expenses 7b Gain or (loss) 7c					
Other Re			Net gain or (loss)					
Ę	0	u	including \$ of					
Ŭ			contributions reported on line 1c). See					
			Part IV, line 18	a				
		b	Less: direct expenses					
			Net income or (loss) from fundraising events	►				
	9		Gross income from gaming activities. See					
			Part IV, line 19	a				
		b	Less: direct expenses9I	b				
		С	Net income or (loss) from gaming activities	►				
	10	а	Gross sales of inventory, less returns					
			and allowances 10					
			Less: cost of goods sold 10					
		С	Net income or (loss) from sales of inventory					
S				Business Code				
eor	11							
scellaneo Revenue		b						
Miscellaneous Revenue		с с						
Ϊ			All other revenue					
	12		Total. Add lines 11a-11d		4,731,619.	675,480.	0.	24,361.
93200				F	,,,,,,,,,			Form 990 (2019)

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Form 990 (2019) UNITED WAY OF NORTHEAST LOUISIANA, INC. 72-0498515 Page 10 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).

	ion 501(c)(3) and 501(c)(4) organizations must compl Check if Schedule O contains a respons				X
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	1,941,837.	1,941,837.		
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	313,763.	313,763.		
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	161,816.	53,408.	92,386.	16,022.
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	982,990.	662,955.	67,498.	252,537.
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	246,873.	155,167.	38,756.	52,950.
10	Payroll taxes	95,155.	58,722.	13,045.	23,388.
11	Fees for services (nonemployees):				
а	Management				
b	Legal				
С	Accounting	19,139.		19,139.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				4
	column (A) amount, list line 11g expenses on Sch 0.)	85,633.	50,493.	27,629.	7,511. 37,282.
12	Advertising and promotion	63,145.	24,765.	1,098.	37,282.
13	Office expenses	120,771.	70,844.	14,715.	35,212.
14	Information technology				
15	Royalties	= 6 . 0.00	04 005	16 504	4
16	Occupancy	56,398.	24,337.	16,524.	15,537.
17	Travel	24,069.	9,411.	1,931.	12,727.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	2 040		1 000	000
19	Conferences, conventions, and meetings	3,949.	2,009.	1,720.	220.
20		12 207	2E 0.24	2 000	12 204
21	Payments to affiliates	<u>43,207.</u> 41,336.	25,924.	3,889.	13,394.
22	Depreciation, depletion, and amortization	41,330.	22,227.	9,891.	9,218.
23					
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	DUES & SUBSCRIPTIONS	26,938.	24,917.	1,687.	334.
a b	COMMUNITY IMPACT	24,320.	24,320.	<u> </u>	554
с С	AWARDS & RECOGNITION	15,778.			15,778.
d	LEADERSHIP GIVING RECOG	5,462.			5,462.
	All other expenses	3,308.		1,673.	1,635.
25	Total functional expenses. Add lines 1 through 24e	4,275,887.	3,465,099.	311,581.	499,207.
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 Figure 1 if following SOP 98-2 (ASC 958-720)				
00001	0 01-20-20				Form 990 (2019

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Form 990 (2019)

11

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Form 990 (UNITED
Part X	Bal	ance Sheet	

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

		Check if Schedule O contains a response or note	e to any	ine in this Part A			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			250.	1	250.
	2	Savings and temporary cash investments			1,217,113.	2	1,981,424.
	3	Pledges and grants receivable, net			1,610,738.	3	1,271,490.
	4	Accounts receivable, net			308,271.	4	349,847.
	5	Loans and other receivables from any current or					
		trustee, key employee, creator or founder, subst					
		controlled entity or family member of any of thes				5	
	6	Loans and other receivables from other disqualif		F F			
		under section 4958(f)(1)), and persons described				6	
s	7	Notes and loans receivable, net		F		7	
Assets	8	Inventories for sale or use				8	
As	9				8,417.	9	54,361.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	1,201,487.			
	b	Less: accumulated depreciation		889,038.	341,925.	10c	312,449.
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, line 1				12	
	13	Investments - program-related. See Part IV, line 1	1			13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11				15	
	16	Total assets. Add lines 1 through 15 (must equa			3,486,714.	16	3,969,821.
	17	Accounts payable and accrued expenses			136,426.	17	107,602.
	18	Grants payable	895,998.	18	825,879.		
	19	Deferred revenue	88,463.	19	125,481.		
	20	Tax-exempt bond liabilities		20			
	21	Escrow or custodial account liability. Complete F	Part IV o	of Schedule D		21	
Se	22	Loans and other payables to any current or form					
Liabilities		trustee, key employee, creator or founder, substa	antial co	ontributor, or 35%			
iab		controlled entity or family member of any of thes				22	
	23	Secured mortgages and notes payable to unrela	ted third	d parties		23	
	24	Unsecured notes and loans payable to unrelated	•			24	89,300.
	25	Other liabilities (including federal income tax, pay					
		parties, and other liabilities not included on lines	17-24).	Complete Part X			
		of Schedule D			1 1 2 0 0 7	25	1 140 262
	26	Total liabilities. Add lines 17 through 25		► ⊽	1,120,887.	26	1,148,262.
ŝ		Organizations that follow FASB ASC 958, che	ck here				
nce	07	and complete lines 27, 28, 32, and 33.			851,709.	07	1 155 770
alaı	27				1,514,118.	27	<u>1,155,770.</u> 1,665,789.
d B	28			-l. h	1,514,110.	28	1,005,709.
un -		Organizations that do not follow FASB ASC 95	58, cneo				
or	20	and complete lines 29 through 33.				29	
Net Assets or Fund Balances	29	Capital stock or trust principal, or current funds Paid-in or capital surplus, or land, building, or eq				 30	
SS	30 31	Retained earnings, endowment, accumulated inc	-	F F		31	
et /	32	Total net assets or fund balances		F	2,365,827.	32	2,821,559.
Ź	33	Total liabilities and net assets/fund balances			3,486,714.	33	3,969,821.
	33	TOTAL HADIILIES AND HEL ASSELS/TUNU DAIANCES			5,200,714.	აა	

WAY OF NORTHEAST LOUISIANA, INC. 72-0498515 Page 11

3,969,821. Form **990** (2019)

Form	UNITED WAY OF NORTHEAST LOUISIANA, INC.	72-049	98515	Pag	_{je} 12
Pa	rt 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	4,731		
2	Total expenses (must equal Part IX, column (A), line 25)	2	4,275		
3	Revenue less expenses. Subtract line 2 from line 1	3		5 <u>,</u> 73	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	2,365	5,82	27.
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 on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	2,821	.,5	59.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				X
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Э.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2 a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		. 2 b	X	
	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:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2 c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sing	gle Audit			
	Act and OMB Circular A-133?		. 3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed audit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		. 3b		

Form **990** (2019)

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SCHE	EDUL	ΕA
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Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

to www.irs.gov/Form990 for instructions and the latest information

OMB No. 1545-0047
2019
Open to Public Inspection

						e latest li	normation.					
Nam	e of t	the organization					10		identification numbe			
Pa	41	Reason for Public (ED WAY OF I	NORTHEAST LOU	JISIA	NA, II		/	2-0498515			
							e instruction	5.				
	organ	ization is not a private found										
1		A church, convention of ch					1)(A)(i).					
2		A school described in sect										
3		A hospital or a cooperative										
4		A medical research organiz	ation operated in cor	njunction with a hospital	described	in sectio	on 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	Х	An organization that norma	lly receives a substar	ntial part of its support fr	om a gove	ernmental	unit or from tl	ne general j	oublic described in			
		section 170(b)(1)(A)(vi). (C	omplete Part II.)									
8		A community trust describe	ed in section 170(b)((1)(A)(vi). (Complete Parl	t II.)							
9		An agricultural research org	anization described	in section 170(b)(1)(A)(i	i x) operate	ed in conju	unction with a	land-grant	college			
		or university or a non-land-g	grant college of agric	ulture (see instructions).	Enter the I	name, city	, and state of	the college	or			
		university:										
10		An organization that norma	lly receives: (1) more	than 33 1/3% of its supp	port from o	ontributio	ns, members	hip fees, an	d gross receipts from			
		activities related to its exem	npt functions - subjec	ct to certain exceptions,	and (2) no	more thar	n 33 1/3% of i	ts support f	from gross investment			
		income and unrelated busir	ness taxable income	(less section 511 tax) fro	m busines	ses acqui	red by the org	ganization a	after June 30, 1975.			
		See section 509(a)(2). (Con	mplete Part III.)									
11		An organization organized a	and operated exclusi	vely to test for public saf	ety. See	section 50	09(a)(4).					
12		An organization organized a	and operated exclusi	vely for the benefit of, to	perform t	ne functio	ns of, or to ca	rry out the	purposes of one or			
		more publicly supported or	ganizations describe	d in section 509(a)(1) o	r section	509(a)(2).	See section	509(a)(3). (Check the box in			
		lines 12a through 12d that	describes the type of	f supporting organizatior	and com	plete lines	12e, 12f, and	l 12g.				
а		Type I. A supporting orga	anization operated, s	upervised, or controlled	by its supp	ported org	anization(s), t	ypically by	giving			
		the supported organization	on(s) the power to reg	gularly appoint or elect a	majority c	f the direc	tors or truste	es of the su	upporting			
		organization. You must o	complete Part IV, Se	ections A and B.								
b		Type II. A supporting org	anization supervised	or controlled in connect	ion with it	s supporte	ed organizatio	n(s), by hav	ving			
		control or management o	f the supporting orga	anization vested in the sa	ame perso	ns that co	ntrol or mana	ge the supp	ported			
		organization(s). You mus	t complete Part IV,	Sections A and C.								
с		Type III functionally inte	grated. A supporting	g organization operated	in connect	ion with, a	and functiona	lly integrate	ed with,			
		its supported organization	n(s) (see instructions)). You must complete F	Part IV, Se	ctions A,	D, and E.					
d		Type III non-functionally	v integrated. A supp	orting organization oper	ated in co	nnection w	vith its suppo	rted organiz	zation(s)			
		that is not functionally int	egrated. The organiz	ation generally must sat	isfy a distr	ibution red	quirement and	an attentiv	/eness			
		requirement (see instructi	ions). You must con	nplete Part IV, Sections	A and D,	and Part	v .					
е		Check this box if the orga	anization received a v	written determination from	m the IRS	that it is a	Туре I, Туре	II, Type III				
		functionally integrated, or	Type III non-functior	nally integrated supportir	ng organiz	ation.						
f	Ente	er the number of supported o	organizations									
g	Pro	vide the following informatior	about the supporte	d organization(s).								
	(i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga in your governi	inization listed ng document?	(v) Amount o	f monetary	(vi) Amount of other			
		organization		(described on lines 1-10 above (see instructions))	Yes	No	support (see ii	nstructions)	support (see instructions			
Tota												

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 932021 09-25-19 Schedule A (Form 990 or 990-EZ) 2019

Schedule A (Form 990 or 990-EZ) 2019 UNITED WAY OF NORTHEAST LOUISIANA, INC. 72-0498515 Page 2 Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	4884883.	4696279.	4328192.	4072041.	4018923.	22000318.
2	Tax revenues levied for the organ-						
	ization'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	4884883.	4696279.	4328192.	4072041.	4018923.	22000318.
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)						5181322.
	Public support. Subtract line 5 from line 4.						16818996.
Sec	ction B. Total Support				1	[1
	ndar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	Amounts from line 4	4884883.	4696279.	4328192.	4072041.	4018923.	22000318.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources \dots	8,646.	10,182.	13,539.	20,831.	24,361.	77,559.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)				33,736.		33,736.
11	Total support. Add lines 7 through 10						22111613.
	Gross receipts from related activities,	-					,540,005.
13	First five years. If the Form 990 is for	r the organization's	s first, second, thir	d, fourth, or fifth ta	ix year as a sectior	n 501(c)(3)	
Sec	organization, check this box and stor ction C. Computation of Publi	o here c Support Per	centage				
14	Public support percentage for 2019 (I	ine 6, column (f) di	vided by line 11, c	olumn (f))		14	76.06 %
15	Public support percentage from 2018	Schedule A, Part	II, line 14	.,,		15	74.59 %
	33 1/3% support test - 2019. If the o					ore, check this bo	x and
	stop here. The organization qualifies						N V
b	33 1/3% support test - 2018. If the o	organization did no	t check a box on I				
	and stop here. The organization qual	ifies as a publicly s	supported organiza	ation			
17a	10% -facts-and-circumstances test						
	and if the organization meets the "fac	ts-and-circumstand	ces" test, check th	is box and stop h	nere. Explain in Pa	rt VI how the orga	nization
	meets the "facts-and-circumstances"	test. The organizat	tion qualifies as a p	publicly supported	organization	-	
b	10% -facts-and-circumstances test	- 2018. If the org	anization did not o	heck a box on line	e 13, 16a, 16b, or 1	7a, and line 15 is	10% or
	more, and if the organization meets th	ne "facts-and-circu	mstances" test, ch	eck this box and	stop here. Explair	n in Part VI how the	e
	organization meets the "facts-and-circ	cumstances" test.	The organization q	ualifies as a public	ly supported organ	nization	
18	Private foundation. If the organization	n did not check a	box on line 13, 16a	a, 16b, 17a, or 17b	, check this box a	nd see instruction	s ►
	Schedule A (Form 990 or 990-EZ) 2019						

Schedule A (Form 990 or 990-EZ) 2019 UNITED WAY OF NORTHEAST LOUISIANA, INC. 72-0498515 Page 3 Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 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.)

See	ction A. Public Support				-		
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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 per- formed, 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 bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities						
-	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
t	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	ndar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	Amounts from line 6			(0) = 0	(4) = 0 + 0	(0) = 0 + 0	(.,
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
k	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
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	r the organization's	s first, second, thi	rd, fourth, or fifth t	ax year as a sectio	n 501(c)(3) organiz	ation,
	check this box and stop here						
Se	ction C. Computation of Publi	c Support Per	rcentage				
15	Public support percentage for 2019 (I	ine 8, column (f), d	livided by line 13,	column (f))		15	%
16	Public support percentage from 2018	Schedule A, Part	III, line 15			16	%
Se	ction D. Computation of Inves	stment Income	e Percentage				
17	Investment income percentage for 20)19 (line 10c, colur	mn (f), divided by	line 13, column (f))		17	%
18	Investment income percentage from	2018 Schedule A,	Part III, line 17			18	%
19a	33 1/3% support tests - 2019. If the	organization did r				33 1/3%, and line 1	7 is not
	more than 33 1/3%, check this box ar						
k	33 1/3% support tests - 2018. If the	organization did r	not check a box o	n line 14 or line 19	a, and line 16 is mo	ore than 33 1/3%, a	and
	line 18 is not more than 33 1/3%, che	ck this box and st	top here. The org	anization qualifies	as a publicly suppo	orted organization	
20	Private foundation. If the organization	n did not check a	box on line 14, 19	9a, or 19b, check t	his box and see ins	structions	
9320	23 09-25-19			_	Sch	edule A (Form 99	0 or 990-EZ) 2019
			16	5			

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Schedule A (Form 990 or 990-EZ) 2019 UNITED WAY OF NORTHEAST LOUISIANA, INC. 72-0498515 Page 4 Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 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.
- 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).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **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.
- 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.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- **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.*
- **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.*
- 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).
- **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?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) 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.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If* "Yes," *complete Part I of Schedule L (Form 990 or 990-EZ)*.
- 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 I of Schedule L (Form 990 or 990-EZ).*
- **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.**
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI.**
- c Did a disqualified person (as defined in line 9a) 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.
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," *answer 10b below.*
- **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.)

17

932024 09-25-19

4c 5a 5b 5c 6 7 8 9a 9b 9c 10a 10b

Yes No

1

2

3a

3b

3c

4a

4b

Schedule A (Form 990 or 990-EZ) 2019

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Schedule A (Form 990 or 990 EZ) 2019 UNITED WAY OF NORTHEAST LOUISIANA, INC. 72-0498515 Page 5 Part IV Supporting Organizations (continued)

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	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		
	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		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	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? 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.	1		
2	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? 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.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	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)? 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).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	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? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	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? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
с	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instr	uctions		
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	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? 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.	2a		
b	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? 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.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	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.	3a		
b	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.	3b		
932025	5 09-25-19 Schedule A (Form 9	90 or 99	0-EZ)	2019

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Schedule A (Form 990 or 990-EZ) 2019

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	dule A (Form 990 or 990-EZ) 2019 UNITED WAY OF NORTHEAST			72-0498515 Page 6
Pa				
1	Check here if the organization satisfied the Integral Part Test as a qualifyin	-		Part VI). See instructions. Al
	other Type III non-functionally integrated supporting organizations must co	omplete Se	ections A through E.	
Sect	ion 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		
Sect	ion 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):			
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		
е	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		
Sect	ion 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-functional	lly integrat	ted Type III supporting org	anization (see

instructions).

Schedule A (Form 990 or 990-EZ) 2019

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Schedule A (Form 990 or 990-EZ) 2019 UNITED WAY OF NORTHEAST LOUISIANA, INC. 72-0498515 Page 7

Par	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations (continued)	
Secti	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exe	empt purposes		
2	Amounts paid to perform activity that directly furthers exemption	pt purposes of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpos	S		
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 t	he organization is responsive)	
	(provide details in Part VI). See instructions.	-		
9	Distributable amount for 2019 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
	•	(i)	(ii)	(iii)
Secti	on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2019	Distributable Amount for 2019
_1	Distributable amount for 2019 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2019 (reason-			
	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2019			
a	From 2014			
b	From 2015			
C	From 2016			
d	From 2017			
e	From 2018			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2019 distributable amount			
i	Carryover from 2014 not applied (see instructions)			
i	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2019 from Section D,			
	line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2019 distributable amount			
C	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2019, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2019. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2020. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
а	Excess from 2015			
	Excess from 2016			
	Excess from 2017			
	Excess from 2018			
	Excess from 2019			
-				

Schedule A (Form 990 or 990-EZ) 2019

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 Schedule A (Form 990 or 990-EZ) 2019
 UNITED
 WAY
 OF
 NORTHEAST
 LOUISIANA,
 INC.
 72-0498515
 Page 8

 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.)

SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:

GAIN ON INSURANCE CLAIM

Schedule A (Form 990 or 990-EZ) 2019

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Schedule A

Identification of Excess Contributions Included on Part II, Line 5

72-0498515

2019

** Do Not File ** *** Not Open to Public Inspection ***

Contributor's Name	Total Contributions	Excess Contributions
CENTURY LINK	5,222,864.	4,780,632.
ORIGIN BANK	775,490.	333,258.
ANGUS CHEMICAL	509,664.	67,432.
otal Excess Contributions to Schedule A, Part II, Line 5		5,181,322

Schedule B

(Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

Attach to Form 990, Form 990-EZ, or Form 990-PF.
 Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2019

Employer identification number

Ū.				
U	NITED WAY OF NORTHEAST LOUISIANA, INC.	72-0498515		
Organization type (check	one):			
Filers of:	Section:			
Form 990 or 990-EZ	rm 990 or 990-EZ X 501(c)(3) (enter number) organization			
4947(a)(1) nonexempt charitable trust not treated as a private foundation				
	527 political organization			
Form 990-PF	501(c)(3) exempt private foundation			
	4947(a)(1) nonexempt charitable trust treated as a private foundation			
	501(c)(3) taxable private foundation			

Check if your organization is covered by the **General Rule** or a **Special Rule**. **Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year for an *exclusively* set is charitable, etc., but no such contributions because it received *nonexclusively* religious, charitable, etc., but no such contributions totaling \$5,000 or more during the year for an *exclusively* set is charitable, etc., but no such contributions totaling \$5,000 or more during the year for an *exclusively* set is charitable, etc., but no such contributions totaling \$5,000 or more during the year for an *exclusively* set is charitable, etc., but no such contributions totaling \$5,000 or more during the year for an *exclusively* set is charitable.

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

Name of organization

Employer identification number

72-0498515

UNITED WAY OF NORTHEAST LOUISIANA, INC.

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 1 CENTURYLINK, INC. X Person X Payroll 100 CENTURYLINK DR 647,239. Noncash (Complete Part II for MONROE, LA 71203 noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 2 ANGUS CHEMICAL COMPANY Χ Person X Payroll 350 LA 2 92,090. Noncash (Complete Part II for STERLINGTON, LA 71280 noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 3 ORIGIN BANK X Person Х Payroll 1800 HUDSON LANE 165,413. Noncash \$ (Complete Part II for MONROE, LA 71201 noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 4 PRIVATE DONOR X Person Payroll PRIVATE DONOR STREET ADDRESS \$ 100,000. Noncash (Complete Part II for BONITA SPRINGS, FL 34134 noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 5 X ENTERGY-LOUISIANA Person X Payroll 2901 CYPRESS STREET 82,214. Noncash (Complete Part II for noncash contributions.) WEST MONROE, LA 71291 (d) (a) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 6 JOSEPH W LYMAN III X Person Payroll 755 GRAND BLVD, SUITE B-105 PMB #72 101,000. Noncash \$ (Complete Part II for MIRAMAR BEACH, FL 32550 noncash contributions.) 923452 11-06-19 Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

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Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

Name of organization

Employer identification number

72-0498515

UNITED WAY OF NORTHEAST LOUISIANA, INC.

Part I	Contributors (see instructions). Use duplicate copies of Part I if add	ditional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	LINCOLN PARISH SCHOOL DISTRICT 410 SOUTH FARMERVILLE STREET RUSTON, LA 71270	\$81,066.	PersonXPayrollXNoncash(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

923452 11-06-19

Schedule B	(Form 990,	990-EZ, c	or 990-PF)	(2019)
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Name of organization

Employer identification number

UNITED WAY OF NORTHEAST LOUISIANA, INC.

72-0498515

Part II	Noncash Property (see instructions). Use duplicate copies of Pa	art II if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		 \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received

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Schedule B	(Form 990, 990-EZ, or 990-PF) (2019)			Page ²		
Name of or	ganization			Employer identification number		
UNITED	WAY OF NORTHEAST LOUIS	SIANA, INC.		72-0498515		
Part III	Exclusively religious, charitable, etc., contributi from any one contributor. Complete columns (a)	through (e) and the following line er	try. For organizations			
	completing Part III, enter the total of exclusively religious, Use duplicate copies of Part III if additional	charitable, etc., contributions of \$1,000 or	less for the year. (Enter this	info. once.) > \$		
(a) No.	· · ·	·	()			
from Part I	(b) Purpose of gift	(c) Use of gift	(d)	Description of how gift is held		
-						
		(e) Transfer of gi	it			
	Transferee's name, address, ar	nd ZIP + 4	Relationship of	of transferor to transferee		
			-			
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d)	Description of how gift is held		
Part I						
F		(e) Transfer of gi	ft			
	-		Deletionelia			
F	Transferee's name, address, ar		Relationship o	of transferor to transferee		
		[
(a) No. from	(h) Duwnooo of sift	(a) Llas of rift	(1)	Description of how sift is hold		
Part I	(b) Purpose of gift	(c) Use of gift	(u)	Description of how gift is held		
-		(a) Transfor of ai				
	(e) Transfer of gift					
-	Transferee's name, address, ar	nd ZIP + 4	Relationship of	of transferor to transferee		
(a) No.						
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d)	Description of how gift is held		
		(e) Transfer of gi	ft			
	Transferee's name, address, ar	nd ZIP + 4	Relationshin	of transferor to transferee		
F						
		[
		[
923454 11-06-	19	ł	Sch	edule B (Form 990, 990-EZ, or 990-PF) (2019)		

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SCHEDULE D)
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Department of the Treasury

Internal Revenue Service

(Form 990)

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. ► Go to www.irs.gov/Form990 for instructions and the latest information.





Name of the or	ganization
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UNITED WAY OF NORTHEAST LOUISIANA, INC.

Employer identification number 72-0498515

Par			s or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, line 6	. (a) Donor advised funds	(b) Funds and other accounts
		(a) Donor advised funds	
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		and from the
5	Did the organization inform all donors and donor advisors in write	-	
~	are the organization's property, subject to the organization's exc		
6	Did the organization inform all grantees, donors, and donor advi		
	for charitable purposes and not for the benefit of the donor or d		
Par	impermissible private benefit? t II Conservation Easements. Complete if the organ	nization answered "Yes" on Form 990.	Part IV. line 7.
1	Purpose(s) of conservation easements held by the organization		,
	Preservation of land for public use (for example, recreation		of a historically important land area
	Protection of natural habitat		of a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualified	l conservation contribution in the form	of a conservation easement on the last
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b			
с	Number of conservation easements on a certified historic struct	ure included in (a)	2c
d	Number of conservation easements included in (c) acquired after	r 7/25/06, and not on a historic struct	ure
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, release		
	year ▶		
4	Number of states where property subject to conservation easen	nent is located 🕨	
5	Does the organization have a written policy regarding the period	lic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements it ho	olds?	Yes 🗌 No
6	Staff and volunteer hours devoted to monitoring, inspecting, ha	ndling of violations, and enforcing con	servation easements during the year
	▶		
7	Amount of expenses incurred in monitoring, inspecting, handling	g of violations, and enforcing conserva	ation easements during the year
	►\$		
8	Does each conservation easement reported on line 2(d) above s	• •	
	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservation		
	balance sheet, and include, if applicable, the text of the footnote	e to the organization's financial statem	nents that describes the
Dai	organization's accounting for conservation easements. t III Organizations Maintaining Collections of A	rt Historical Treasures or O	ther Similar Assets
- ai			the Similar Assets.
4.	Complete if the organization answered "Yes" on Form 99		
та	If the organization elected, as permitted under FASB ASC 958,		
	of art, historical treasures, or other similar assets held for public	, ,	1
Ŀ.	service, provide in Part XIII the text of the footnote to its financia		
D	If the organization elected, as permitted under FASB ASC 958,		
	art, historical treasures, or other similar assets held for public ex	mbillion, education, of research in furt	nerance of public service,
	provide the following amounts relating to these items:		► ¢
	(i) Revenue included on Form 990, Part VIII, line 1		
2		ires or other similar assets for financi	
2	If the organization received or held works of art, historical treasults following amounts required to be reported under EASP ASC		
~	the following amounts required to be reported under FASB ASC	-	► ¢
	Revenue included on Form 990, Part VIII, line 1		
	Assets included in Form 990, Part X For Paperwork Reduction Act Notice, see the Instructions for		Schedule D (Form 990) 2019
	10-02-19		
1200		28	
11	12 756104 89927.001		AY OF NORTHEAST L 89927.

		WAY OF NOR						72-04			age 2
									contir	nued)	
3	Using the organization's acquisition, accession	on, and other record	s, check	any of the f	following tha	t make si	gnificant u	ise of its			
	collection items (check all that apply):										
а	Public exhibition	C			change progra						
b	Scholarly research	e	. [] (Other							
с	Preservation for future generations										
4	Provide a description of the organization's co							se in Part	XIII.		
5	During the year, did the organization solicit of		-						٦		٦
De	to be sold to raise funds rather than to be ma								Yes		No
Fai	t IV Escrow and Custodial Arrang reported an amount on Form 990, Par		ete if the	organizatio	on answered	"Yes" on	Form 990	, Part IV, I	ine 9, or		
10			ion, for c	ontribution	s or other as	sots not i	neludod				
Id	Is the organization an agent, trustee, custodia on Form 990, Part X?								Yes		No
h	If "Yes," explain the arrangement in Part XIII a							∟			
b			nowing te	able.					Amoun	+	
c	Beginning balance						1c		Amoun		
	Additions during the year										
	Distributions during the year										
f	Ending balance										
	Did the organization include an amount on Fo								Yes		No
	If "Yes," explain the arrangement in Part XIII.								_		Ī
Par							0.				
		(a) Current year		rior year	(c) Two yea	I		ears back	(e) Fou	r years	back
1a	Beginning of year balance										
b	Contributions										
с	Net investment earnings, gains, and losses										
	Grants or scholarships										
	Other expenditures for facilities										
	and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the curr	ent year end balance	e (line 1g	, column (a)) held as:						
а	Board designated or quasi-endowment		_%								
b	Permanent endowment	%									
с	Term endowment	%									
	The percentages on lines 2a, 2b, and 2c show	uld equal 100%.									
3a	Are there endowment funds not in the posses	ssion of the organiza	ation that	are held ar	nd administe	red for th	e organiza	ition			
	by:									Yes	No
	(i) Unrelated organizations								3a(i)		
	(ii) Related organizations								3a(ii)		
b	If "Yes" on line 3a(ii), are the related organiza	tions listed as requir	ed on Sc	hedule R?					3b		
4	Describe in Part XIII the intended uses of the		wment fu	unds.							
Par											
	Complete if the organization answered										
	Description of property	(a) Cost or o		• •	t or other		ccumulate	d	(d) Boo	k value	Э
		basis (investr	nent)		(other)	de	oreciation		1.0	0 0	
	Land				0,000.	-				0,00	
	Buildings				3,666.		336,75			6,9: 1,7	
	Leasehold improvements				<u>9,509.</u>		77,78			$\frac{1,7}{2}$	
	Equipment			50	8,312.	4	474,50	•••	3	3,80	72.
	Other			<u></u>					21	2 1	10
Iota	. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part	X, colum	<u>n (B), line 1</u>	0c.)		<u></u>			2,44	

Schedule D (Form 990) 2019

932052 10-02-19

	Complete if the organization answered "Yes"	on Form 990, Part IV, line	TTD. See FOITT 990, Fait A, IIIe T	Ζ.
a) Descrip	tion of security or category (including name of security)	(b) Book value	(c) Method of valuation: Co	st or end-of-year market value
Financia	al derivatives			
Closely	held equity interests			
Other				
(A)				
B)				
C)				
D)				
E)				
F)				
 G)				
 H)				
-	o) must equal Form 990, Part X, col. (B) line 12.) 🕨			
art VIII	Investments - Program Related.			
	Complete if the organization answered "Yes"	on Form 990 Part IV line	11c. See Form 990. Part X line 1	3
	(a) Description of investment	(b) Book value		st or end-of-year market value
1)		.,		
2)				
3)				
4)				
5)				
<u>6)</u>				
7)				
<i>'</i>)				
(Q)				
(9)	n) must equal Form 900, Part Y, col. (R) line 13.)			
	o) must equal Form 990, Part X, col. (B) line 13.) ►			
(9)	Other Assets.	on Form 990 Part IV line	11d See Form 990 Part X line 1	5
(9) II. (Col. (1	Other Assets. Complete if the organization answered "Yes"		11d. See Form 990, Part X, line 1	
(9) I. (Col. (I art IX	Other Assets. Complete if the organization answered "Yes"	on Form 990, Part IV, line Description	11d. See Form 990, Part X, line 1	
(9) I. (Col. (I art IX	Other Assets. Complete if the organization answered "Yes"		11d. See Form 990, Part X, line 1	
(9) I. (Col. (1 art IX) (1) (2)	Other Assets. Complete if the organization answered "Yes"		11d. See Form 990, Part X, line 1	
(9) II. (Col. (I art IX (1) (2) (3)	Other Assets. Complete if the organization answered "Yes"		11d. See Form 990, Part X, line 1	
(9) art IX (1) (2) (3) (4)	Other Assets. Complete if the organization answered "Yes"		11d. See Form 990, Part X, line 1	
9) I. (Col. (I art IX (1) (2) (3) (4) (5)	Other Assets. Complete if the organization answered "Yes"		11d. See Form 990, Part X, line 1	
(9) II. (Col. () art IX (1) (2) (3) (4) (5) (6)	Other Assets. Complete if the organization answered "Yes"		11d. See Form 990, Part X, line 1	
(9) I. (Col. () art IX (1) (2) (3) (4) (5) (6) (7)	Other Assets. Complete if the organization answered "Yes"		11d. See Form 990, Part X, line 1	
9) I. (Col. (I art IX (1) (2) (3) (4) (5) (6) (7) (8)	Other Assets. Complete if the organization answered "Yes"		11d. See Form 990, Part X, line 1	
(1) (1) (2) (3) (4) (5) (6) (7) (8) (9)	Other Assets. Complete if the organization answered "Yes" (a)	Description		
(9) art IX (1) (2) (3) (4) (5) (6) (7) (8) (9) al. (Coly)	Other Assets. Complete if the organization answered "Yes" (a) (a) (b) must equal Form 990. Part X. col. (B) line	Description		
(9) II. (Col. (I art IX (1) (2) (3) (4) (5) (6) (7) (8) (8) (9) al. (Coly)	Other Assets. Complete if the organization answered "Yes" (a) (a) (b) must equal Form 990, Part X, col. (B) line Other Liabilities.	Description		(b) Book value
(9) al. (Col. (1 art IX) (1) (2) (3) (4) (5) (6) (7) (8) (9)	Other Assets. Complete if the organization answered "Yes" (a) (a) (b) must equal Form 990, Part X, col. (B) line Other Liabilities. Complete if the organization answered "Yes"	Description		(b) Book value
9) I. (Col. () art IX 2) 3) (1) (2) (3) (3) (4) (5) (5) (6) (7) (8) (9) al. (Colu art X	Other Assets. Complete if the organization answered "Yes" (a) (a) (b) must equal Form 990. Part X. col. (B) line Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability	Description		(b) Book value
9) I. (Col. () Int IX 1) 2) 3) 4) 5) 6) 7) 8) 9) al. (Coly Int X (1) Fed	Other Assets. Complete if the organization answered "Yes" (a) (a) (b) must equal Form 990, Part X, col. (B) line Other Liabilities. Complete if the organization answered "Yes"	Description		(b) Book value
9) I. (Col. (I) Int IX 2) 3) 4) 5) 6) 7) 8) 9) al. (Colu Int X 1) Fed 2)	Other Assets. Complete if the organization answered "Yes" (a) (a) (b) must equal Form 990. Part X. col. (B) line Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability	Description		(b) Book value
9) I. (Col. (I rt IX 2) 3) 4) 5) 6) 7) 8) 9) al. (Colu rt X 1) Fed 2)	Other Assets. Complete if the organization answered "Yes" (a) (a) (b) must equal Form 990. Part X. col. (B) line Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability	Description		(b) Book value
9) I. (Col. (I) Int IX 1) 2) 3) 4) 5) 6) 7) 8) 9) al. (Coly Int X 1) Fed 2) 3)	Other Assets. Complete if the organization answered "Yes" (a) (a) (b) must equal Form 990. Part X. col. (B) line Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability	Description		(b) Book value
9) I. (Col. () art IX (1) (2) (3) (4) (5) (6) (7) (8) (9) al. (Colu art X (1) Fed (2) (3) (4) (2) (3) (4) (2) (3) (4) (2) (3) (4) (1) (2) (3) (4) (1) (2) (3) (4) (1) (2) (3) (4) (1) (2) (3) (4) (1) (2) (3) (4) (1) (2) (3) (4) (1) (1) (2) (3) (4) (1) (2) (3) (4) (1) (2) (3) (4) (1) (2) (3) (4) (1) (1) (2) (3) (4) (1) (2) (3) (4) (1) (1) (2) (3) (1) (2) (3) (4) (2) (3) (4) (2) (3) (4) (1) (2) (3) (4) (2) (3) (4) (1) (2) (3) (1) (1) (2) (3) (1) (1) (2) (3) (1) (2) (3) (1) (2) (3) (2) (3) (2) (3) (3) (3) (4) (3) (3) (4) (3) (4) (3) (4) (3) (4) (2) (3) (4) (4) (2) (3) (4) (4) (4) (4) (4) (5) (6) (7) (7) (7) (7) (7) (7) (7) (7	Other Assets. Complete if the organization answered "Yes" (a) (a) (b) must equal Form 990. Part X. col. (B) line Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability	Description		(b) Book value
(9) II. (Col. () art IX (1) (2) (3) (4) (5) (6) (7) (8) (9) al. (Colu (7) (8) (9) al. (Colu (1) Fed (2) (3) (4) (3) (4) (5) (1) Fed (2) (3) (4) (5) (1) Fed (2) (3) (4) (5) (5) (6) (7) (6) (7) (8) (9) (1) Fed (2) (3) (1) Fed (2) (3) (4) (4) (5) (5) (6) (7) (6) (7) (7) (8) (9) (1) Fed (2) (1) (2) (1) (2) (1) (2) (2) (2) (3) (4) (2) (3) (4) (4) (5) (6) (7) (6) (7) (6) (7) (7) (7) (8) (9) (1) Fed (2) (3) (1) Fed (2) (2) (3) (4) (2) (3) (4) (4) (5) (6) (7) (6) (7) (7) (7) (7) (7) (7) (7) (7	Other Assets. Complete if the organization answered "Yes" (a) (a) (b) must equal Form 990. Part X. col. (B) line Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability	Description		(b) Book value
(9) art IX (1) (2) (3) (4) (5) (6) (7) (8) (9) al. (Colu art X	Other Assets. Complete if the organization answered "Yes" (a) (a) (b) must equal Form 990. Part X. col. (B) line Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability	Description		(b) Book value
(9) II. (Col. () art IX (1) (2) (3) (4) (5) (6) (7) (8) (9) al. (Colu (7) (8) (9) al. (Colu (3) (1) Fed (2) (3) (4) (5) (5) (6) (1) Fed (2) (3) (4) (5) (5) (6) (1) Fed (6) (1) Fed (6) (2) Fed (6) (6) Fed (6) (6) Fed (6) Fed (7)	Other Assets. Complete if the organization answered "Yes" (a) (a) (b) must equal Form 990. Part X. col. (B) line Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability	Description		(b) Book value
(9) II. (Col. () art IX (2) (3) (4) (5) (6) (7) (8) (9) al. (Colu (7) (8) (9) al. (Colu (7) (3) (4) (5) (4) (5) (6) (7) (5) (6) (7) (6) (7) (7) (7) (7) (7) (7) (7) (7	Other Assets. Complete if the organization answered "Yes" (a) (a) (b) must equal Form 990. Part X. col. (B) line Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability	Description		(b) Book value

UNITED WAY OF NORTHEAST LOUISIANA, INC.

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Schedule D (Form 990) 2019

Sche	dule D (Form 990) 2019 UNITED WAY OF NORTHEAST LC				0498515 Page 4
Pa	t XI Reconciliation of Revenue per Audited Financial Stateme	ents With Re	evenue per Re	turn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	a.			
1	Total revenue, gains, and other support per audited financial statements			1	3,998,372.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	. 2a			
b	Donated services and use of facilities	2b	8,750.		
с	Recoveries of prior year grants				
d	Other (Describe in Part XIII.)				
е	Add lines 2a through 2d			2e	8,750.
3	Subtract line 2e from line 1			3	3,989,622.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b	741,997.		
с	Add lines 4a and 4b			4c	741,997.
				5	4,731,619.
_5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)				<u> </u>
	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) rt XII Reconciliation of Expenses per Audited Financial Statem	nents With E	xpenses per F		n.
	rt XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12:	nents With E	xpenses per F		n.
	rt XII Reconciliation of Expenses per Audited Financial Statem	nents With E a.	xpenses per F		a, 542, 640.
Pa	rt XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12	nents With E a.	xpenses per F	Retur	n.
Pa 1	Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 123 Total expenses and losses per audited financial statements	a.	xpenses per F	Retur	n.
Pa 1 2	T XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities	nents With E a. 2a	xpenses per F	Retur	n.
Pa 1 2 a	T XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments	2a 2b	xpenses per F	Retur	n.
Pa 1 2 a b	rt XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities	2a 2b 2c	xpenses per F	Retur	n. <u>3,542,640.</u>
Pa 1 2 b c d	TXII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses	2a 2b 2c 2d	xpenses per F	Retur	n. <u>3,542,640.</u> 8,750.
Pa 1 2 b c d	t XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d	2a 2b 2c 2d	8,750.	1	n. <u>3,542,640.</u>
Pa 1 2 a b c d e	t XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.)	2a 2b 2c 2d	8,750.	Return	n. <u>3,542,640.</u> 8,750.
Pa 1 2 b c d 3	rt XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1	2a 2b 2c 2d	8,750.	1 2e 3	n. <u>3,542,640.</u> 8,750.
Pa 1 2 3 4	T XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1:	2a 2b 2c 2d	8,750.	1 2e 3	n. 3,542,640. 8,750. 3,533,890.
Pa 1 2 3 4	Tt XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b	2a 2b 2c 2d	xpenses per F 8,750. 741,997.	1 2e 3	n. <u>3,542,640.</u> <u>8,750.</u> <u>3,533,890.</u> 741,997.
Pa 1 2 a b c d e 3 4 a b c 5	t XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)	2a 2b 2c 2d	xpenses per F 8,750. 741,997.	Peturi	n. 3,542,640. 8,750. 3,533,890.

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.

PART X, LINE 2:

UNITED WAY IS A NOT-FOR-PROFIT ORGANIZATION THAT IS EXEMPT FROM INCOME
TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE. THUS, NO
PROVISION FOR INCOME TAXES IS INCLUDED IN THE ACCOMPANYING COMBINED
FINANCIAL STATEMENTS. UNITED WAY BELIEVES THAT IT HAS APPROPRIATE SUPPORT
FOR ANY TAX POSITIONS TAKEN, AND AS SUCH, DOES NOT HAVE ANY UNCERTAIN TAX
POSITIONS THAT ARE MATERIAL TO THE FINANCIAL STATEMENTS. UNITED WAY'S
FEDERAL RETURN OF ORGANIZATION EXEMPT FROM INCOME TAX (FORM 990) FOR THE
YEARS ENDED JUNE 30, 2017, 2018, AND 2019 ARE SUBJECT TO EXAMINATION BY
THE IRS, GENERALLY FOR THREE YEARS AFTER THEY WERE FILED.

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PART	XI,	LINE	4B	-	OTHER	ADJUSTMENTS:	
-							

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Schedule D (Form 990) 2019

Schedule D (Form 990) 2019 Part XIII Supplemental Infor	UNITED mation _{(cont}	WAY OF	NORTHEAST	INC.	72-0498515	Page 5
DONOR DESIGNATIONS						
PART XII, LINE 4B -	OTHER A	DJUSTMI	ENTS:			
DONOR DESIGNATIONS						
SCHEDULE D, PAGE 4,	PART XI	, LINE	4B			
DONOR DESIGNATIONS						
SCHEDULE D, PAGE 4,	PART XI	I, LINI	E 4B			
DONOR DESIGNATIONS						
					Schedule D (Form 9	90) 2019

932055 10-02-19

SCHEDULE I (Form 990)	Go	Grants and Oth overnments, an lete if the organization	d Individual	s in the Ŭni ⁻	ted States		OMB No. 1545-0047
Department of the Treasury Internal Revenue Service		► Go to www.ir	Attach to Form s.gov/Form990 fo		nation.		Open to Public Inspection
Name of the organization UNITED WA	Y OF NORI	HEAST LOUIS					Employer identification number $72 - 0498515$
Part I General Information on Grants a 1 Does the organization maintain records to criteria used to award the grants or assis 2 Describe in Part IV the organization's proceed on the grants and Other Assistance to the gra	o substantiate the tance? cedures for moni	toring the use of grant	funds in the United	States.	-		X Yes No
Part II Grants and Other Assistance to recipient that received more than S	-				anization answered "Y	es" on Form 990, Part	IV, line 21, for any
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
AMERICAN RED CROSS 414 BREARD STREET MONROE, LA 71201	72-0501457	501C3	29,864.	0.			TO SUPPORT AGENCY
ARCO 901 NORTH 4TH STREET MONROE, LA 71201	72-0568009	501C3	157,186.	0.			TO SUPPORT AGENCY
BOY SCOUTS, LOUISIANA PURCHASE 2405 OLIVER ROAD MONROE, LA 71201	72-0423632	501C3	77,120.	0.			TO SUPPORT AGENCY
BOYS & GIRLS CLUB OF NORTH CENTRAL LA - P.O. BOX 1844 - RUSTON, LA 71273	72-1375839	501C3	55,930.	0.			TO SUPPORT AGENCY
BOYS & GIRLS CLUB OF NORTHEAST LA P.O. BOX 1769 WEST MONROE, LA 71294	72-0550496	501C3	69,595.	0.			TO SUPPORT AGENCY
CHILDREN'S COALITION OF NELA 1363 LOUISVILLE AVENUE MONROE, LA 71201	72-1502186	501C3	29,239.	0.			TO SUPPORT AGENCY
2 Enter total number of section 501(c)(3) a3 Enter total number of other organizations	0						27.

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

Schedule I (Form 990) (2019)

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

72-0498515 Page 1

(a) Name and address of	(b) EIN	(c) IRC section	(d) Amount of	(e) Amount of	(f) Method of	(g) Description of	(h) Purpose of grant
organization or government		if applicable	cash grant	non-cash assistance	valuation (book, FMV, appraisal, other)	non-cash assistance	or assistance
).A.R.T							
108 WEST ALABAMA							
RUSTON, LA 71270	72-1273159	501C3	69,125.	0.			TO SUPPORT AGENCY
FOOD BANK OF NORTHEAST LOUISIANA							
P.O. BOX 5048							
MONROE, LA 71211	72-1333809	501C3	74,988.	0.			TO SUPPORT AGENCY
GIRLS SCOUTS OF LOUISIANA - PINES							
102 ARKANSAS AVENUE							
MONROE, LA 71201	72-0488660	501C3	12,428.	0.			TO SUPPORT AGENCY
LA UNITED METHODIST							
CHILDREN/FAMILY SVCS - 904 DEVILLE							
- RUSTON, LA 71270	72-0435081	501C3	45,496.	0.			TO SUPPORT AGENCY
				- •			
LINCOLN COUNCIL ON AGING							
P.O. BOX 1058							
RUSTON, LA 71273	72-0749959	501C3	35,414.	0.			TO SUPPORT AGENCY
,			,				
MED-CAMPS OF LOUISIANA							
102 THOMAS RD, SUITE 615							
WEST MONROE, LA 71294	72-1320517	501C3	65,615.	0.			TO SUPPORT AGENCY
NORTHEAST LOUISIANA SICKLE CELL							
ANEMIA - P.O. BOX 1165 - MONROE ,		501.00					
LA 71210	72-0911627	501C3	25,960.	0.			TO SUPPORT AGENCY
DUACHITA COUNCIL ON AGING							
P.O. BOX 7418							
MONROE, LA 71211	72-0650389	501C3	86,661.	0.			TO SUPPORT AGENCY
RAYS OF SONSHINE							
P.O. BOX 7299							
MONROE, LA 71211	72-1455295	501C3	21,382.	٥.			TO SUPPORT AGENCY

Schedule I (Form 990)

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

72-0498515 Page 1

Schedule I (Form 990) UNITED WA	I OF NORI	HEASI LOOIS	IANA, INC.	•			Z=0496515 Pag
Part II Continuation of Grants and Other	Assistance to Go	vernments and Organ	nizations in the Un	ited States (Sche	edule I (Form 990), Pa	rt II.)	1
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ST VINCENT DE PAUL COMMUNITY							
502 GRAMMONT STREET							
MONROE, LA 71201	90-0014479	501C3	38,646.	0.			TO SUPPORT AGENCY
	50 0014475	50105	50,040.	••			IO BOFFORT AGENCI
THE WELLSPRING							
1515 JACKSON STREET							
MONROE, LA 71201	72-0442226	501C3	194,879.	0.			TO SUPPORT AGENCY
,			,				
UNION PARISH COUNCIL ON AGING							
606 E BOUNDARY STREET							
FARMERVILLE, LA 71241	72-0651270	501C3	34,104.	0.			TO SUPPORT AGENCY
WEST OUACHITA SENIOR CENTER							
1800 NORTH 7TH STREET							
WEST MONROE, LA 71291	72-0992952	501C3	82,687.	0.			TO SUPPORT AGENCY
CHRISTOPHER YOUTH CENTER/OUR HOUSE							
P.O. BOX 7496							
MONROE, LA 71211-7496	72-1165751	501C3	38,364.	0.			TO SUPPORT AGENCY
THE HEALTH HUT							
310 W MISSISSIPPI							
RUSTON, AL 71270	27-3764078	501C3	10,000.	0.			TO SUPPORT AGENCY
	27-3704078	50105	10,000.	0.			IO SOFFORT AGENCI
SHRINERS HOSPITALS FOR CHILDREN -							
SHREVEPORT - 3100 SAMFORD AVENUE -							
SHREVEPORT, LA 71103	36-2193608	501C3	20,304.	0.			TO SUPPORT AGENCY
······································							
ST JUDE'S CHILDREN RESEARCH							
HOSPITAL - 262 DANNY THOMAS PLACE							
- MEMPHIS, TN 38105	62-0646012	501C3	25,579.	0.			TO SUPPORT AGENCY
GLOBAL MISSIONS PROJECT							
1720 MARS HILL ROAD SUITE 120-371							
ACWORTH, GA 30101	93-1332432	501C3	10,043.	0.			TO SUPPORT AGENCY

Schedule I (Form 990)

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

72-0498515 Page 1

(a) Name and address of	(b) EIN	(c) IRC section	(d) Amount of	(e) Amount of	(f) Method of	(g) Description of	(h) Purpose of grant
organization or government	(2) 2	if applicable	cash grant	non-cash assistance	valuation (book, FMV, appraisal, other)	non-cash assistance	or assistance
ILOTS FOR PATIENTS							
127 MERCEDES DRIVE							
IONROE, LA 71201	26-1588817	501C3	9,650.	0.			TO SUPPORT AGENCY
ILM FOUNDATION							
601 DESIARD							
IONROE, LA 71209	72-6028527	501C3	93,500.	0.			TO SUPPORT AGENCY
PPPORTUNITIES INDUSTRIAL CENTER							
P.O. BOX 4255							
IONROE, LA 71211	72-0801911	501C3	91,240.	0.			TO SUPPORT AGENCY
,							

Schedule I (Form 990)

72-0498515

Page 2

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 noncash assistance
COVID 19 RESPONSE	8934	116,717.	0.		
LOCAL TORNADO RESPONSE	242	98,777.	0.		
IOMELESS RESPONSE	923	98,269.	0.		

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

PART I, LINE 2:

PROCEDURES FOR MONITORING THE USE OF GRANT FUNDS

UNITED WAY'S COMMUNITY INVESTMENT OPERATION EVALUATORS IS A TEAM OF

VOLUNTEERS WITH ACCOUNTING/FINANCE BACKGROUNDS WHO REVIEW EACH AGENCY. THE

EVALUATORS MAKE VISITS TO THE AGENCIES. THEY REVIEW FINANCIAL STATEMENTS,

BOARD OF DIRECTORS MINUTES, CANCELLED CHECKS, BANK ACCOUNTS, PAYROLL TAX

DEPOSIT CONFIRMATIONS, 941 FORMS, STATE UNEMPLOYMENT TAX RETURNS, AND STATE

WITHHOLDING INCOME TAX RETURNS.

Schedule I (Form 990) UNITED WAY OF NORTHEAST LOUISIANA, INC. 72-0498515 Page 2 Part IV Supplemental Information
THE COMMUNITY INVESTMENT COMMITTEE REVIEWS PROGRAM AND OUTCOME, MANAGEMENT
INFORMATION AND ANY COLLABORATIVE EFFORTS BETWEEN THE AGENCY'S PROGRAM AND
THE OTHER ORGANIZATIONS WHICH ASSIST THE AGENCY IN ACHIEVING ITS PROGRAM
OUTCOMES.
Schedule I (Form 990
932291 04-01-19

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Name of the organization 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. Go to www.irs.gov/Form990 for the latest information.



72-0498515

INC.

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

UNITED WAY OF NORTHEAST LOUISIANA

IN COMMUNITY CONDITIONS TO IMPROVE THE LIVES OF PEOPLE THROUGH

COMMUNITY INITIATIVES.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

OTHER ACCOMPLISHMENTS:

A. HOMELESS EMERGENCY RESPONSE -

THE COMMUNITY EMERGENCY SHELTER FUND, A COLLABORATIVE COMMUNITY

FUNDRAISING INITIATIVE, WAS LAUNCHED IN LATE APRIL 2018. THE FUNDS

RAISED THROUGH THIS COLLABORATIVE COMMUNITY EFFORT ARE USED TO PROVIDE

EMERGENCY OVERNIGHT SHELTERING FOR THE HOMELESS AND THOSE LESS

FORTUNATE IN THE MONROE METRO AREA WHO NEED A SAFE PLACE TO SLEEP AND

FOOD TO EAT. THE UNITED WAY OF NORTHEAST LOUISIANA PROVIDES

ACCOUNTABILITY FOR THE PLEDGES MADE, MONIES RECEIVED AND DISBURSEMENTS

FOR THE SHELTER FUND AT NO ADMINISTRATION FEE.

FRONT DOOR TO HOUSING, A VISIONARY PROGRAM THAT HAS NO COUNTERPART

ELSEWHERE IN THE STATE, IS FUNDED SOLELY BY LOCAL DOLLARS AND SERVES

SOLELY LOCAL NEEDS IN COLLABORATION WITH THE WELLSPRING AND THE HOME

COALITION. IT FILLS AN OTHERWISE UNFILLABLE GAP IN HOW UNITED WAY

HELPS THE MOST VULNERABLE CITIZENS. FRONT DOOR TO HOUSING OFFERS

OUTREACH, SCREENING AND ASSESSMENT, AND REFERRALS. IT ALSO PROVIDES

REHOUSING ASSISTANCE FOR THOSE WHO HAVE NO OTHER OPTION.

B. COMMUNITY IMPACT -

UNITED WAY OF NORTHEAST LOUISIANA'S AGENDA IS THE COMMUNITY'S AGENDA

LHAFor Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.Schedule O (Form 990 or 990-EZ) (2019)93221109-06-19

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Schedule O (Form 990 or 990-EZ) (2019)	Page 2
Name of the organization UNITED WAY OF NORTHEAST LOUISIANA, INC.	Employer identification number 72-0498515
WE STAND WITH THE RESIDENTS, BUSINESS LEADERS, AND POLICYM	AKERS - TO
TAKE ACTION TOGETHER AND STRATEGICALLY INVEST IN MAKING A	MEANINGFUL
DIFFERENCE IN THE LIVES OF PEOPLE IN NORTHEAST LOUISIANA.	UNITED WAY
OF NORTHEAST LOUISIANA FIGHTS FOR THE HEALTH, EDUCATION, A	ND FINANCIAL
STABILITY OF EVERY PERSON IN OUR COMMUNITY. WE DO SO THRO	UGH INVESTING
IN OVER 4 COLLABORATIVES, 5 INITIATIVES AND 32 PARTNER PRO	GRAMS THAT
ADDRESS THE GOALS SET FORTH IN THE COMMUNITY AGENDA.	
CHILDREN, YOUTH, AND YOUNG ADULTS SUCCESSFUL IN SCHOOL AND	LIFE -
1. CHILDREN ENTER SCHOOL READY.	
2. STUDENTS ARE SUCCESSFUL IN ELEMENTARY SCHOOL AND PREPAR	ED FOR
MDDLE/SECONDARY SCHOOL.	
3. YOUTH GAIN THE KNOWLEDGE, SKILLS, AND CREDENTIALS SO TH	AT THEY ARE
PREPARED FOR THE WORKFORCE AND ARE ABLE TO OBTAIN FAMILY S	USTAINING
EMPLOYMENT.	
ECONOMIC OPPORTUNITY FOR ALL -	
1. INDIVIDUALS AND FAMILIES HAVE ADEQUATE AND SUSTAINABLE	RESOURCES TO
SUPPORT THEIR NEEDS.	
2. INDIVIDUALS AND FAMILIES HAVE THE SKILLS, KNOWLEDGE, RE	LATIONSHIPS
AND ECONOMIC PATHWAYS THEY NEED TO EFFECTIVELY INCREASE AN	D MANAGE
THEIR INCOME.	
3. VULNERABLE POPULAITONS MAXIMIZE THEIR ABILITY TO LIVE W	/ITH
INDEPENDENCE AND DIGNITY.	
4. PEOPLE/ORGANIZATIONS CONTINUE TO WORK TOGETHER TO SUPPO	RT A
MUDIVING PRODUCT RODUCT RODUCT	

THRIVING, PROSPEROUS, ROBUST ECONOMY.

	HEALTHY	AND	SAFE	INDIVIDIUALS,	FAMILIES,	AND	COMMUNITY	-
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Schedule O (Form 990 or 990-EZ) (2019)

Schedule O (Form 990 or 990-EZ) (2019)		Page 2
Name of the organization	OF NORTHEAST LOUISIANA, INC.	Employer identification number $72 - 0498515$
1. FAMILIES/INDIVIDUALS	LIVE IN A HEALTHY AND SAFE ENVIRON	MENT.

2. PEOPLE/ORGANIZATIONS WORK TOGETHER TO STRENGTHEN AND BUILD A MORE

INCLUSIVE COMMUNITY.

C. COMMUNITY INVESTMENT -

VOLUNTEERS AND STAFF OF UNITED WAY WORK WITH THE PARTNER AGENCIES TO

ENSURE THAT UNITED WAY DOLLARS ARE INVESTED TO PRODUCE THE MOST

EFFECTIVE RESULTS. THEY MAKE SITE VISITS, GATHER INFORMAITON, AND

EVALUATE AGENCY PROGRAMS. VOLUNTEERS MAKE RECOMMENDATIONS ON AGENCY

FUNDING.

D. NORTHEAST LA TORNADO RELIEF FUND -

EMERGENCY SHELTERING: SINCE APRIL 12TH, UNITED WAY NELA 211 HAS BEEN

ABLE TO WORK WITH LOCAL OFFICIALS TO PLACE OVER 700 INDIVIDUALS AND 246

HOUSEHOLDS INTO EMERGENCY SHELTERING.

OUACHITA TORNADO LONG-TERM RECOVERY GROUP: PARTNERSHIP WITH VOLUNTEERS

FROM LOCAL GOVERNMENT, NONPROFITS, FAITH-BASED ORGANIZATIONS, AND

BUSINESSES, WITH THE MISSION TO WORK TOGETHER TO HELP THE MOST

VULNERABLE IN OUR COMMUNITY ACHIEVE A LEVEL OF PRE-DISASTER STABILITY,

OR A NEW NORMAL. 129 INDIVIDUALS FROM 37 HOUSEHOLDS WERE ASSISTED WITH

RENT/MORTGAGE, UTILITIES, AND/OR FURNITURE ASSISTANCE.

E. COVID-19 RESPONSE -

FOOD FOR OUR FRIENDS: PROVIDES FOOD ASSISTANCE TO QUALIFYING

INDIVIDUALS FROM HOUSEHOLDS WHOSE INCOME HAS BEEN REDUCED OR LOST.

FOOD FOR OUR FRIENDS EXPANSION: PROVIDES DIRECT FOOD ASSISTANCE IN OUR

12 PARISHES WITH OUR PARTNERSHIP WITH ENTERGY, BLUE CROSS BLUE SHIELD

OF LOUISIANA FOUNDATION, FOOD BANK OF NORTHEAST LOUISIANA, ROBERTSON 932212 09-06-19 Schedule O (Form 990 or 990-EZ) (2019)

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Schedule O (Form 990 or 990-EZ) (2019)	Page 2
Name of the organization UNITED WAY OF NORTHEAST LOUISIANA, INC.	Employer identification number 72-0498515
PRODUCE, ROTARY DISTRICT	
6190, AND THE CITY OF RUSTON.	
FUEL THE FIGHT: ENTERGY LOUISIANA AND BLUE CROSS AND BLUE	SHIELD OF
LOUISIANA FOUNDATION EACH CONTRIBUTED \$50,000. MEALS PROV	IDED FROM
LOCAL RESTAURANTS TO FRONTLINE HEALTHCARE WORKERS AT MONRO)E & WEST
MONROE'S THREE HOSPITALS.	
EXPENSES \$ 776,587. INCLUDING GRANTS OF \$ 313,764. REV	VENUE \$ 0.
FORM 990, PART VI, SECTION A, LINE 6:	
FORM 990, PART VI, LINE 6 - CLASSES OF MEMBERS OR STOCKHOI	DERS - ARTICLE 4
OF THE BYLAWS STATES "MEMBERS OF THE CORPORATION SHALL BE	
A CONTRIBUTION DURING THE FISCAL YEAR".	
A CONTRIBUTION DORING THE FIDERE TERM .	
FORM 990, PART VI, SECTION A, LINE 7A:	
FORM 990, PART VI, LINE 7A - ELECTION OF MEMBERS AND THEIF	
6, SECTION 2 OF THE BYLAWS STATES "THE MEMBERS SHALL ELECT	THE BOARD OF
DIRECTORS".	

FORM 990, PART VI, SECTION A, LINE 7B:
FORM 990, PART VI, LINE 7B - DECISIONS SUBJECT TO APPROVAL OF MEMBERS -
ARTICLE VII OF THE ARTICLES OF INCORPORATION STATE "THIS CHARTER MAY BE
AMENDED OR ALTERED BY A TWO-THIRDS VOTE OF THE MEMBERS PRESENT AT THE
ANNUAL MEETING OR A SPECIAL MEETING OF THE MEMBERS CALLED FOR THAT
PURPOSE".

FORM 990, PART VI, SECTION B, LINE 11B: FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990 -FORM 990 IS REVIEWED WITH THE AUDIT/FINANCE COMMITTEE. IT IS THEN 932212 09-06-19 42

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Schedule O (Form 990 or 990-EZ) (2019)	Page 2
Name of the organization UNITED WAY OF NORTHEAST LOUISIANA, INC.	Employer identification number 72-0498515
PRESENTED TO THE BOARD PRIOR TO THE RETURN BEING FILED.	
FORM 990, PART VI, SECTION B, LINE 12C:	
FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS POL	ICY - UNITED WAY
ASKS ALL STAFF AND VOLUNTEERS, INCLUDING THE BOARD OF DIRE	CTORS, TO
COMPLETE AND SIGN A CONFLICT OF INTEREST STATEMENT DISCLOS	ING ANY
RELATIONSHIPS THEY HAVE WITH BUSINESSES DOING ANY BUSINESS	WITH THE UNITED

WAY. IF A VOTING MATTER ARISES CONCERNING PARTIES IN WHICH A CONFLICT OF

INTEREST EXISTS, THAT BOARD MEMBER ABSTAINS FROM THE VOTE.

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

FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS FOR TOP OFFICIAL DURING THE BUDGET PROCESS - STAFF SALARIES ARE COMPARED TO UNITED WAY OF AMERICA STAFF SALARY SURVEYS FOR SALARIES FOR THE POSITIONS IN UNITED WAY ACROSS THE COUNTRY. THESE SURVEYS GIVE EACH POSITION AND ARE BROKEN DOWN INTO REGIONS OF THE COUNTRY AND BY UNITED WAY SIZE. BASED ON THE SALARIES IN THE SURVEY, UNITED WAY WILL THEN PROPOSE SALARIES TO THE COMPENSATION COMMITTEE, THEN THE FINANCE COMMITTEE, AND FINALLY THE BOARD.

COMPENSATION PROCESS FOR OFFICERS SAME AS PART VI, LINE 15A.

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

FORM 990 PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION -

THE AUDITED FINANCIAL STATEMENTS AND FORM 990 ARE AVAILABLE ON THE WEBSITE.

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OTHER DOCUMENTS ARE AVAILABLE UPON REQUEST.

FORM 990 - ADDITIONAL INFORMATION

COMPUTATION OF OVERHEAD PERCENTAGE:

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Schedule O (Form 990 or 990-EZ) (2019)

Schedule O (Form 990 or 990-EZ) (2019)	Page
Name of the organization UNITED WAY OF NORTHEAST LOUISIANA, INC.	Employer identification number 72-0498515
MANAGEMENT & GENERAL EXPENSES (FORM 990, PART IX, LINE 250	2)
\$311,581	
FUNDRAISING EXPENSES (FORM 990, PART IX, LINE 25D)	
<u>\$499,207</u>	
TOTAL MANAGEMENT & GENERAL AND FUNDRAISING EXPENSES	\$810,788
TOTAL REVENUE (FORM 990, PART VIII, LINE 12A) \$4,731,619	
TOTAL M&G AND FR EXPENSES / TOTAL REVENUE = OVERHEAD %	17.13%
FORM 990, PART XII, LINE 2C	
THE ORGANIZATION HAS NOT CHANGED EITHER ITS OVERSIGHT PROC	CESS OR
SELECTION PROCESS DURING THE TAX YEAR.	
	dule O (Form 990 or 990-EZ) (2019)

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