EXTENDED TO NOVEMBER 15, 2018

Department of the Treasury

**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.

Inspection

A For the 2017	7 calendar year, or tax year beginning and en	ding		
B Check if applicable	Name of organization		D Employer identific	ation number
Address change	UNITED WAY OF CENTRAL LOUISIANA, INC.			
Final Lines	Doing business as		72-04	162338
Inital return	Number and street (or P.O. box if mail is not delivered to street address)	om/suite	E Telephone number	
	1101 4TH STREET, SUITE 202		(318)	
	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	1,405,864.
	ALEXANDRIA, LA 71301		H(a) Is this a group ret	
	Name and address of principal officer DAVID BRITT		for subordinates?	
	101 FOURTH STREET, STE 202, ALEXANDRIA,	LA	H(b) Are all subordinates inc	
	status X 501(c)(3) 501(c) ( ) ◀ (insert no.) 4947(a)(1) or	<u>527</u>	りろif "No," attach a I	ist. (see instructions)
	WWW.UWCL.ORG		H(c) Group exemption	
	nzation X Corporation Trust Association Other	L Year o	of formation: 1980 M	State of legal domicile: LA
	mmary \tag{\tag{\tag{\tag{\tag{\tag{\tag{			
1 Briefly			ZATION LINKS	PEOPLE
= -	RESOURCES FOR A STRONGER COMMUNITY IN			
2 Check	k this box 🕨 🔛 if the organization discontinued its operations or disposed	of more	1 1	
3 Numb	ber of voting members of the governing body (Part VI, line 1a)		3	27
	ber of independent voting members of the governing body (Part VI, line 1b)	ļ "	4	27
01	number of individuals employed in calendar year 2017 (Part V, line 2a)	-	5	5
夏 6 Total	number of volunteers (estimate if necessary)	JUN	~ 4 2010	850
7a Total	unrelated business revenue from Part VIII, column (C), line 12	3014	- 4 2018 Pa	0.
b Net u	inrelated business taxable income from Form 990-T, line 34	-	- 7b	0.
		0(15	Prior Year 1,519,129	Current Year
8 Contr	ributions and grants (Part VIII, line 1h)		0.	1,407,056.
9 Progr	ram service revenue (Part VIII, line 2g)			0.
<i>≈</i> I	stment income (Part VIII, column (A), lines 3, 4, and 7d)	-	5,002.	4,408.
11 Otner	r revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<u> </u>	<199,933.>	<5,600.>
	revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		1,324,198.	1,405,864.
	ts and similar amounts paid (Part IX, column (A), lines 1-3)	<b>⊢</b>	768,525.	836,536.
	efits paid to or for members (Part IX, column (A), line 4)	-	326,030.	329,443.
15 Saları	ries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		320,030.	
*I	essional fundraising fees (Part IX, column (A), line 11e) I fundraising expenses (Part IX, column (D), line 25)	、		
b lotai		<del>'</del> ∸	321,866.	400,107.
1 17 0 0 11 10	er expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	-	1,416,421.	1,566,086.
I	l expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	-	<92,223.>	<160,222.>
	nue less expenses Subtract line 18 from line 12	Pa		
င်မို့ နာရီ <b>20</b> Total	Lacarda (Dark V. Iran 10)	DE	ginning of Current Year 1,553,194.	End of Year 1,411,996.
829	l assets (Part X, line 16)	<u> </u>	13,309.	19,079.
<b>5</b> 2	I liabilities (Part X, line 26)		1,539,885.	1,392,917.
	assets or fund balances Subtract line 21 from line 20gnature Block		1,333,003.	1,332,311.
<u> </u>	of perjury, I declare that I have examined this return, including accompanying schedules at	nd stateme	ents and to the hest of my	knowledge and helief it is
	I complete. Declaration of preparer (other than officer) is based on all information of which			knowledge and benef, it is
ude, correct, and	b Complete Special attorn of preparer (other than officer) is based on all information of which	preparer	5-23-	- 2019
Sign	Stgreature of officer		Date	2010
Here	DAVID BRITT, PRESIDENT			
Tiere	Type or print name and title			
Print	t/Type preparer's name Preparar's Agnatura, MAN		Date Check	PTIN
	NDY HUMPHRIES	10 DI	Date Check Check It setf-employee	□ P00721810
_	's name PAYNE, MOORE & HERRING ON, LL		Firm's EIN	72-0475011
	o's address P.O. BOX 13200			
	ALEXANDRIA, LA 71315-3200		Phone no. ( 3:	18)443-1893
May the IRS dis	scuss this return with the preparer shown above? (see instructions)		1	X Yes No
732001 11-28-17	LHA For Paperwork Reduction Act Notice, see the separate instructions	S.		Form <b>990</b> (2017)

Form	990 (2017) UNITED WAY OF CENTRAL LOUISIANA, INC. 72-0462338 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
	UNITED WAY OF CENTRAL LOUISIANA, INC., IS A NON-PROFIT CORPORATION
	LOCATED IN ALEXANDRIA, LOUISIANA, AND ITS MISSION IS TO LINK PEOPLE
	AND RESOURCES FOR A STRONGER COMMUNITY IN CENTRAL LOUISIANA.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
•	If "Yes," describe these changes on Schedule O
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses
~	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.  (Code ) (Expenses \$ 673,071. Including grants of \$ 673,071.) (Revenue \$ }
4a	(Code) (Expenses \$673, U71. including grants of \$673, U71.) (Revenue \$)  GRANTS MADE DIRECTLY TO AGENCIES - SEE SCHEDULE 1
	GRANTS MADE DIRECTLY TO AGENCIES - SEE SCHEDULE I
4b	(Code ) (Expenses \$ 461,664 • including grants of \$ ) (Revenue \$ )
40	(Code) (Expenses \$461,664. including grants of \$) (Revenue \$)  COMMUNITY SERVICE- UNITED WAY OF CENTRAL LOUISIANA, INC. STAFF AND
	VOLUNTEERS CONDUCT ONGOING EFFORTS TO IMPROVE THE LEVEL OF HUMAN
	SERVICES IN THE COMMUNITY. THESE EFFORTS INCLUDE ACTIVITIES SUCH AS
	BOARD TRAINING FOR VARIOUS AGENCIES, EVALUATIONS OF FUNDED AGENCIES,
	AND STRATEGY DEVELOPMENT FOR ISSUES SUCH AS EDUCATION, INCOME, HEALTH,
	BASIC NEEDS, AND NONPROFIT SYSTEM EXCELLENCE.
4c	(Code ) (Expenses \$ 17,539. including grants of \$ 17,539.) (Revenue \$ )
	DOMESTIC VIOLENCE INITIATIVE/FAMILY JUSTICE CENTER CAPITAL CAMPAIGN- IN
	2014 THE UNITED WAY OF CENTRAL LOUISIANA, INC. PARTNERED WITH LAW
	ENFORCEMENT, THE RED RIVER DELTA LAW ENFORCEMENT PLANNING COUNCIL, AND
	OTHERS TO DEVELOP A FAMILY JUSTICE CENTER SERVING VICTIMS OF DOMESTIC
	VIOLENCE. THE CENTER OPENED IN APRIL 2016.
	VIOLENCE. THE CENTER OPENED IN AFRIL 2010.
4d	Other program services (Describe in Schedule O )
	(Expenses \$ 170,091. including grants of \$ 145,926.) (Revenue \$ )
40	Total program service expenses ► 1,322,365.
	Form 990 (2017)
	10/11/200 (2017)

Form 990 (2017) UNITED WAY OF CENTRAL LOUISIANA, INC.

Part IV Checklist of Required Schedules

72-0462338 Page 3

1 Is the organization described in section 501(c)(5) or 4947(s)(1) (other than a private foundation?  If Yes, "complete Schedule B, Schedule B, Schedule of Contributors?  2 Is the organization required to complete Schedule B, Schedule of Contributors?  3 In the organization required to complete Schedule C, Part II  4 X Section 501(c)(3) organizations or 10 of the organization engage in lobbying activities, or have a section 501(s) election in effect during the tax year? If Yes, "complete Schedule C, Part II  5 Is the organization a section 301(c)(6), 501(c)(6), 501(				res	No
2 Is the organization regulated to complete. Schedule 6, Schedule of Contributions?  Did the organization engage in direct or indirect political campagin activities on behalf of or in opposition to candidates for public office? If Yes,* complete Schedule C, Part II  Section 501(e)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(ii) electron in effect during the tax year? If Yes,* complete Schedule C, Part II  Is the organization as defined in Revenue Procedule C, Part II  Is the organization as action 501(c)(4), 501(c)(6), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedule Sel 19? If Yes,* complete Schedule C, Part II  Is the organization anniatian any donor advised funds or any similar funds or accounts? If Yes,* complete Schedule D, Part II  Is the organization maintain collections of works of art, historical treasures, or other similar assets? If Yes,* complete Schedule D, Part II  Did the organization report an amount in Part X, line 21, for escrive or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit consensing, debt management, credit repair, or debt negotiation services? If Yes,* complete Schedule D, Part II  Did the organization report an amount in Part X, line 21, for escrive or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit consensing, debt management, credit repair, or debt negotiation services? If Yes,* complete Schedule D, Part IV  Did the organization report an amount for land, buildings, and equipment in Part X, line 19? If Yes,* complete Schedule D, Part VII  Did the organization report an amount for land, buildings, and equipment in Part X, line 19? If Yes,* complete Schedule D, Part X II  Did the organization report an amount for land, buildings, and equipment in Part X, line 19? If Yes,* complete Schedule D, Part X II  Did the organization report an amount for land for land f	1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?	[		
3 Did the organization engage in direct or indirect political campagin activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part II is the organization as section SOI([6]) organizations. Did the organization engage in lobbying activities, or have a section SOI([6]) election in effect during the tax year? If "Yes," complete Schedule C, Part II is the organization as action solf (Icl)([4], 501([6])), or 501([6]) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 96-19? If "Yes," complete Schedule C, Part II is Did the organization intervent or Procedure 96-19? If "Yes," complete Schedule C, Part II is Did the organization receive or hold a conservation assessment, noting assessments to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II is Did the organization reverse in the organization received in the conservation and account the structures of the conservation amounts not itsed in Part X, in Part X, in e. 21, for escrive or custodial account liability, serve as a custodian for amounts not itsed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV is Did the organization report an amount for involgh a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasisendowments? If "Yes," complete Schedule D, Part V if the organization is an activated or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasisendownents? If "Yes," complete Schedule D, Part V if the organization is activated or any of the following questions is Yes, then complete Schedule D, Part V V is a suphicable a Did the organization report an amount for investments - organization and the part X, line 19 If "Yes," complete Schedule D, Part V V is a suphicable asset reported in Part X, li		, ,			<u> </u>
public office? If "Yes," complete Schedule C, Part II  Section 501(p(4) organizations. Did the organization engage in lobbying activities, or have a section 501(p) election in effect during the tax year? If "Yes," complete Schedule C, Part III organization as defined in Revenue Procedules 9519? If "Yes," complete Schedule C, Part III organization as defined in Revenue Procedule 9519? If "Yes," complete Schedule C, Part III organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advise on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part II  Did the organization manitain any donor advised funds or any similar funds or accounts? If "Yes," complete Schedule D, Part III  Did the organization manitain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III  Did the organization manitain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III  Did the organization report an amount in Part X, line 21, for secrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or other negotiation services? If "Yes," complete Schedule D, Part III  Did the organization report an amount for leads of the part X, line 107 If "Yes," complete Schedule D, Part V, III  Did the organization report an amount for lead, buildings, and equipment in Part X, line 107 If "Yes," complete Schedule D, Part V, III  Did the organization report an amount for leads buildings, and equipment in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 167 If "Yes," complete Schedule D, Part X, III  Did the organization report an amount for leads to the schale D, Part X, III  Did the organization report an amount for leads to the schale D, Part X, III  Did the organization shalling for uncertain tax posi			_2_	X	
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Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 99.19? (***Tes,***complete Schedule C, Part III**)  Did the organization maintain any donor advessed funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? (***Tes,***Complete Schedule D, Part II**)  Did the organization receive or hold a conservation easement, including assements to preserve open space, the environment, historic land areas, or historic structures? (***Tes,***Complete Schedule D, Part II**)  Did the organization maintain collections of works of art, historical treasures, or other similar assets? (***Tes,***complete Schedule D, Part II**)  Did the organization report an amount in Part X, line 21, for escrivo 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? (***It**Yes,***complete Schedule D, Part II**)  Did the organization report an amount for land, buildings, and equipment in Part X, line 10? (***Pes,***complete Schedule D, Part IV**)  If the organization report an amount for investments of there seems the organization report an amount for investments of the seems of the seems of the solution of the organization report an amount for or investments or program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? (***Pes,***complete Schedule D, Part IV**)  Did the organization report an amount for or investments for the securities in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? (***Pes,***complete Schedule D, Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? (***Pes,***complete Schedule D, Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? (***Pes,**	4		١,	v	)
smilar amounts as defined in Revenue Procedure 819? // "Yes," complete Schedule C, Part III  Did the organization maintain any donor advised funds or any smilar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? // "Yes," complete Schedule D, Part II  Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? // "Yes," complete Schedule D, Part III  Did the organization maintain collections of works of art, historical treasures, or other similar assets? // "Yes," complete Schedule D, Part III  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, debit management, credit repair, or debt negatiation services? // "Yes," complete Schedule D, Part V  Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quase-redowments? if "Yes," complete Schedule D, Part V  If the organization report an amount for liad, buildings, and equipment in Part X, line 10? // "Yes," complete Schedule D, Part V  Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? // "Yes," complete Schedule D, Part VII  Did the organization report an amount for other assets in Part X, line 15? if "Yes," complete Schedule D, Part XII  Did the organization report an amount for other assets in Part X, line 15? if "Yes," complete Schedule D, Part X III  Did the organization report an amount for other assets in Part X, line 15? if "Yes," complete Schedule D, Part X III  Did the organization report an amount for other assets in Part X, line 15? if "Yes," complete Schedule D, Part X III  Did the organization neport and in Complete Schedule D, Part	_		4	^	
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B Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV Did the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, VII, VII, VII, VII, X, or X as applicable  a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VIII Did the organization report an amount for investments - other securities in Part X, line 10? If "Yes," complete Schedule D, Part VIII Did the organization report an amount for investments - other securities in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII Did the organization report an amount for investments - organization and an amount for investments organization and an amount for other assets in Part X, line 15% If "Yes," complete Schedule D, Part X III III X  11b William organization and the part of the analysis organization and the part of the analysis organization a	•	•	7	ŀ	x
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Schedule D, Parts XI and XII  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  13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E  14a Did the organization maintain an office, employees, or agents outside of the United States?  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  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  16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV  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 II  18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 12 and 8a? If "Yes," complete Schedule G, Part II  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 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	12a	- · · · · · · · · · · · · · · · · · · ·	<u> </u>		
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complete Schedule G. Part III X	40		18	$\vdash$	<del>  ^</del> -
COMPLEX CONTRACTOR AND	19		10	1	x
		complete scriedule G. Part III		990	

Pa	rt IV Checklist of Required Schedules (continued)			
			Yes	No
20a	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		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 17 If "Yes," complete Schedule I, Parts I and II	21	Х	1
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	]		l
	Schedule J	23		х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			1
	Schedule K If "No", go to line 25a	24a		х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	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	ľ	
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
200	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		х
h	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			1
	Schedule L, Part I	25b		х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or	100		
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? // "Yes."			
	complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			l
	of any of these persons? If "Yes," complete Schedule L, Part III	27		х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions)	1		
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L. Part IV	28a		х
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L. Part IV	28b		Х
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	İ	х
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If</i> "Yes." complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
-	contributions? If "Yes," complete Schedule M	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations?	"		<del></del>
•	If "Yes," complete Schedule N, Part I	31		х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
•	sections 301.7701-2 and 301.7701-3? If "Yes." complete Schedule R, Part I	33		х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			<del></del>
-	Part V, line 1	34	l	x
35:	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	1000		<del></del> -
•	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	}	l
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	555	<del>                                     </del>	$\vdash$
30		36		x
37	If "Yes," complete Schedule R, Part V, line 2  Did the organization conduct more than 5% of its activities through an entity that is not a related organization	30	_	<del>                                     </del>
31	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?	3/		<del></del>
36	Note. All Form 990 filers are required to complete Schedule O	38	х	1
_	140 CE / 16 1 OF THE COUNTRIES OF THE CO			(2017)
		. 5111		~~./

b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities

11 Section 501(c)(12) organizations. Enter

a Gross income from members or shareholders

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? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year

Section 501(c)(29) qualified nonprofit health insurance issuers.

a Is the organization licensed to issue qualified health plans in more than one state?

Note. See the instructions for additional information the organization must report on Schedule O

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

c Enter the amount of reserves on hand

14a Did the organization receive any payments for indoor tanning services during the tax year?

If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule

13b			
13c			
	-	14a	X
9 O		14b	

12a

Form **990** (2017)

10b

11a

UNITED WAY OF CENTRAL LOUISIANA, INC. 72-0462338 Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management No 1a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. 27 b Enter the number of voting members included in line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other Х officer, director, trustee, or key employee? 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? X 4 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 6 Did the organization have members or stockholders? 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or Х more members of the governing body? 7a b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or X 7b persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: X 8a a The governing body? 8b Х b Each committee with authority to act on behalf of the governing body? Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes." provide the names and addresses in Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code. No Х 10a Did the organization have local chapters, branches, or affiliates? 10a b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe in Schedule O the process, if any, used by the organization to review this Form 990. 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a X 12b b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe X 12c in Schedule O how this was done Х 13 13 Did the organization have a written whistleblower policy? Х 14 Did the organization have a written document retention and destruction policy? 14 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? Х a The organization's CEO, Executive Director, or top management official 15a Х b Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a Х taxable entity during the year? 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure NONE List the states with which a copy of this Form 990 is required to be filed Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. Other (explain in Schedule O) X Own website X Another's website X Upon request 19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial

State the name, address, and telephone number of the person who possesses the organization's books and records

UNITED WAY OF CENTRAL LA., INC. - 318-443-7203

1101 FOURTH STREET, STE 202, ALEXANDRIA, LA

statements available to the public during the tax year.

For <u>m 99</u> 0 (2017)	UNITED	WAY	OF	CENTRAL	LOUISIANA,	INC.	72-0462338	Page 7
Part VII Compensation	of Officers	, Dire	ctors	s, Trustees,	Key Employees,	Highest	Compensated	
Employees, an	d Independ	lent C	ontra	actors				
Check if Schedule	O contains a re	esponse	or no	te to any line in	this Part VII			

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
  - List all of the organization's current key employees, if any See instructions for definition of "key employee"
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

(A)	(B)			((	C)			(D)	(E)	(F)
Name and Title	Average	(do	not c	Posi	more	than o	one	Reportable	Reportable	Estimated
	hours per	box	box, unless person is b officer and a director/t			s both	an .	compensation	compensation	amount of
	week				<u> </u>		<u> </u>	from	from related	other
	(list any hours for	Individual trustee or director	Ì		Ì	_		the organization	organizations (W-2/1099-MISC)	compensation from the
	related	90.0	ge			satec		(W-2/1099-MISC)	(44-27 1033-141100)	organization
	organizations	truste	a tr		eg.	шрег		(17 27 7000 111100)		and related
	below	dual	thom	<u> </u>	줥	st co	ا ا			organizations
	lıne)	l l l l	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) DAVID BRITT	45.00							<u> </u>		
PRESIDENT		X	L					76,325.	0.	0
(2) SEE SCHEDULE 2 ATTACHMENT-	0.00									
BOARD OF DIRECTORS		X			L			0.	0.	0
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Form **990** (2017)

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Part V	Section A. Officers	Directors, Trust	ees, Key Em	oloy	ees,	and	Hig	ghes	t C	ompensated Employee	s (continued)			
	(A)		(B)			((	C)			(D)	(E)		(F	)
	Name and title		Average	, ا		Pos				Reportable	Reportable		Estim	ated
			hours per	box	, unles	ss per	noar	than d s both	an	compensation	compensation		amou	nt of
			week	offi	ceran	dad	recto	or/trus	tee)	from	from related		oth	er
			(list any	텵	] ]		ļ	j .		the	organizations	C	omper	sation
			hours for	E E				ا چ		organization	(W-2/1099-MIS		from	
			related	93	see			ınsatı		(W-2/1099-MISC)		·   (	organi	zation
			organizations	Tas I	la la		yee	e e					and re	lated
			below	ndividual trustee or director	Institutional trustee		픁	esto	ie.			0	rganız	ations
			line)	휼	lasti	Officer	Key employee	Highest compensated employee	Former					
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			<u></u>	<u> </u>	L _		<u> </u>		Ļ_	TC 205		<del>,  </del>		
	ıb-total									76,325.		0.		0.
с Та	tal from continuation :	sheets to Part Vi	l, Section A						ightharpoons	0.		0.		0.
d To	tal (add lines 1b and 1	c)							<b></b>	76,325.		0.		0.
			ot limited to th	ose	liste	d at	OOVE	e) wh	o re	eceived more than \$100,	000 of reportable			
	mpensation from the or	_						-,						0
	impensation noin the or	gariization											Ye	
													<del></del>	3 110
3 Di	d the organization list ar	ny former officer,	director, or tr	uste	e, ke	ey er	npic	byee,	or	highest compensated er	nployee on	- 1	1	1
lın	e 1a <sup>9</sup> If "Yes," complete	e Schedule J for s	uch individual									ئــا	<u>³</u> —	X
4 Fc	r any individual listed oi	n line 1a, is the su	ım of reportab	le co	mpe	ensa	ition	and	l oth	ner compensation from t	he organization		1	
an	d related organizations	greater than \$150	0,000? If "Yes	. " cc	mol	ete S	Sch	edule	e J f	or such individual		4	1	X
				-						ed organization or individ	fual for services			
	ndered to the organizati						_			or organization or intern		٠,	5_	Х
	n B. Independent Cont		piete Scriedu	e J I	Or Si	ICH	<u>oers</u>	son			<del></del>		<u>,                                    </u>	1.22
			<del></del>	_		_					100.000			
	•	_								nat received more than \$		ensation	from	
th	e organization Report o	compensation for	the calendar y	ear e	endır	ng w	/ith	or w	thin	the organization's tax y	ear.			
		(A)								(B)			(C)	
	Na Na	ime and business	address	N	INC	€				Description of s	ervices	Com	pensa	ition
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	•	•	_	ot lu	mite	d to		_	sted	above) who received m	ore than			
\$1	00,000 of compensatio	n from the organi	zation 🚩				- (	0						
												Fo	rm 99	0 (2017)

Fai			Check if Schedule O conta	une a rechence e	r note to any line	in this Part VIII			
			Check il Scheddle O conta	uns a response o	Those to any mile	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
र्घ स			Federated campaigns	1a	13,394.				
E a		b	Membership dues	1b					
βğ		С	Fundraising events	1c					
# Z		d	Related organizations	1d			1		
		е	Government grants (contribution	ons) 1e					
ë ig		f	All other contributions, gifts, grant	s, and			İ		
いる			similar amounts not included above	/e   1f 11 , 3	393,662.				
草口		а	Noncash contributions included in lines 1	<del>-</del>	86,514.				
Contributions, Gifts, Grants and Other Similar Amounts		h	Total. Add lines 1a-1f			L,407,056.			
					Business Code				
ايو	2	а							
<u>ب</u> کے ''		b							
S E		С							
Program Service Revenue		d							
βe		е							-
ă		f	All other program service reve	nue [					
_		g	Total. Add lines 2a-2f						
	3		Investment income (including	dividends, interes		4 400	4,408.		
			other similar amounts)			4,408.	4,400.		<del></del>
	4		Income from investment of tax	k-exempt bond pr	roceeds				
	5		Royalties		<b>_</b>				
				(i) Real	(II) Personal				
	6		Gross rents						
			Less rental expenses						
			Rental income or (loss)				- •		
	_		Net rental income or (loss) Gross amount from sales of	(i) Securities	(ii) Other				
	′	а	assets other than inventory	(i) Securities	(ii) Other				
		_	Less cost or other basis						
		U	and sales expenses						
		_	Gain or (loss)						
	İ		Net gain or (loss)		▶	~			
	<sub>8</sub>		Gross income from fundraisin	g events (not			,		
Revenue	-	-	including \$	of					1
3e			contributions reported on line	1c). See	Ì				
	ļ		Part IV, line 18	а					
Other		b	Less direct expenses	b					ļ
0		С	Net income or (loss) from fund	draising events					
	9	а	Gross income from gaming ad	ctivities. See					
			Part IV, line 19	а					
			· · · · · · · · · · · · · · · · · · ·	b	L				1
		C	Net income or (loss) from gan	ning activities					<del>  </del>
	10	) a	Gross sales of inventory, less	returns					
	1		and allowances	a					
			Less cost of goods sold	b					
	-	С	Net income or (loss) from sale		Business Code				
	H		Miscellaneous Revenu MISCELLANEOUS	ie	Business Code 900099	6,429.	6,429.		
	11		ADMINISTRATIVE	FEES	561000	1,365.			
			AMOUNING DATCED		900099	<13,394.>			
		C	All other revenue	OH DUIM	10000	123,332.7	1_3,332,7		
		-	Total. Add lines 11a-11d		<b></b>	<5,600.>	· · · · · · · · · · · · · · · · · · ·		
	12		Total revenue. See instructions.		•	1,405,864.		0	. 0.
_		_							5 DDD (0047

	not include amounts reported on lines 6b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
7b,	8b, 9b, and 10b of Part VIII		expenses	general expenses	expenses
1	Grants and other assistance to domestic organizations	006 506	026 526		
	and domestic governments. See Part IV, line 21	836,536.	836,536.		
2	Grants and other assistance to domestic				
_	individuals See Part IV, line 22	<del></del>			
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16				
	Benefits paid to or for members				~ ***
4 5	Compensation of current officers, directors,				
•	trustees, and key employees	76,325.	34,346.	20,608.	21,371
6	Compensation not included above, to disqualified	,			
Ū	persons (as defined under section 4958(f)(1)) and			1	
	persons described in section 4958(c)(3)(B)			İ	
7	Other salaries and wages	163,888.	74,239.	45,354.	44,295
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	73,461.	33,207.	20,172.	20,082 4,311
10	Payroll taxes	15,769.	7,128.	4,330.	4,311
11	Fees for services (non-employees)				
а	Management				
b	Legal				<del></del>
C	Accounting	17,726.	7,977.	4,786.	4,963
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,				
	column (A) amount, list line 11g expenses on Sch O.)	260	101	72	75
12	Advertising and promotion	268.	121.	72.	75 7,831
13	Office expenses	27,964.	12,583.	7,550.	1,031
14	Information technology				
15	Royalties	24,499.	11,025.	6,615.	6,859
16	Occupancy		11,025.	- 0,013.	
17 18	Travel  Payments of travel or entertainment expenses				<del></del> -
10	for any federal, state, or local public officials				
10	Conferences, conventions, and meetings	5,160.	2,322.	1,393.	1,445
19 20	Interest		=,522		
20 21	Payments to affiliates	21,353.	21,353.		
22	Depreciation, depletion, and amortization	2,812.	2,812.	-	
23	Insurance	4,621.	2,079.	1,248.	1,294
24	Other expenses. Itemize expenses not covered		-		
	above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
а	DISASTER RELIEF	238,926.	238,926.		
b	COMMUNITARY CERTIFICE	16,582.	16,582.		-
c	MT CORT I ANDOUG	12,460.	5,607.	3,364.	3,489
d	CAMPATON BYDENIGEG	12,214.			12,214
_	All other expenses	15,522.	15,522.		
25	Total functional expenses. Add lines 1 through 24e	1,566,086.	1,322,365.	115,492.	128,229
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.	ļ			
	Check here rf following SOP 98-2 (ASC 958-720)				

Par	tΧ	Balance Sheet				
		Check if Schedule O contains a response or note to	o any line in this Part X			
				(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		548,681.	1	557,775.
	2	Savings and temporary cash investments	1	377,953.	2	377,953.
	3	Pledges and grants receivable, net		467,566.	3	324,845.
1	4	Accounts receivable, net			4	
	5	Loans and other receivables from current and form				
		trustees, key employees, and highest compensated	d employees. Complete			
		Part II of Schedule L			5	
	6	Loans and other receivables from other disqualified	l persons (as defined under			
		section 4958(f)(1)), persons described in section 49				
		employers and sponsoring organizations of section	1 501(c)(9) voluntary	ı		
क्		employees' beneficiary organizations (see instr). Co	<del></del>	6		
Assets	7	Notes and loans receivable, net			7	
¥	8	Inventories for sale or use		2,452.	8	0.
	9	Prepaid expenses and deferred charges			9	
	10a	Land, buildings, and equipment cost or other	0.7. 661			
			97,661.	6 605		14 014
	b	· · · · · · · · · · · · · · · · · · ·	82,847.	6,685.	10c	14,814.
	11	Investments - publicly traded securities		<del></del>	11	
	12	Investments - other securities. See Part IV, line 11	124 010	12	124 052	
	13	Investments - program-related. See Part IV, line 11	134,919.	13	134,852.	
	14	Intangible assets		14 020	14	1 757
	15	Other assets See Part IV, line 11	0.43	14,938. 1,553,194.	15	1,757. 1,411,996.
	16	Total assets. Add lines 1 through 15 (must equal I	ine 34)	12,719.	16	18,823.
	17	Accounts payable and accrued expenses	14,113.	17	10,023.	
	18	Grants payable		18 19		
	19	Deferred revenue			20	
	20 21	Tax-exempt bond liabilities  Escrow or custodial account liability Complete Pai	rt IV of Schadula D	-	21	
	22	Loans and other payables to current and former of				
ties	-	key employees, highest compensated employees,				
Liabilities		Complete Part II of Schedule L	and dioqualities persons		22	
Lia	23	Secured mortgages and notes payable to unrelate	d third parties		23	
	24	Unsecured notes and loans payable to unrelated the	· ·		24	<del></del>
	25	Other liabilities (including federal income tax, paya	•			
		parties, and other liabilities not included on lines 1				
		Schedule D	, ,	590.	25	256.
	26	Total liabilities. Add lines 17 through 25		13,309.	26	19,079.
		Organizations that follow SFAS 117 (ASC 958),	check here X and			
S		complete lines 27 through 29, and lines 33 and	34.			
ည	27	Unrestricted net assets		967,144.	27	916,600.
aja	28	Temporarily restricted net assets		572,741.	28	476,317.
9	29	Permanently restricted net assets			29	
Ş	ļ	Organizations that do not follow SFAS 117 (ASC				
Ä		and complete lines 30 through 34.		ı	•	
žts (	30	Capital stock or trust principal, or current funds			30	
SSE	31	Paid-in or capital surplus, or land, building, or equi	pment fund		31	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated inco	me, or other funds		32	
ž	33	Total net assets or fund balances		1,539,885.	33	1,392,917.
	34	Total liabilities and net assets/fund balances		1,553,194.	34	1,411,996.

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Form 990 (2017)

'Form	990 (2017) UNITED WAY OF CENTRAL LOUISIANA, INC.	/2-04	162338	Pag	e 12
Par	t 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	1,405	, 86	<u> 54.</u>
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,566	, 08	36.
3	Revenue less expenses. Subtract line 2 from line 1	3	<160,	222	2.>
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,539	,88	35.
5	Net unrealized gains (losses) on investments	5	13	3,25	54.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	1,392	2,91	<u>17.</u>
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		_	İ	
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Ο.			
<b>2</b> a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		<u>X</u>
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a		ł	
	separate basis, consolidated basis, or both		1 1		
	Separate basis Consolidated basis Both consolidated and separate basis			l	
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,	1 1	ĺ	
	consolidated basis, or both			l	
	Separate basis Consolidated basis X Both consolidated and separate basis			1	
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche	dule O		İ	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir	gle Audıt		ľ	
	Act and OMB Circular A-133?		3a		<u> </u>
þ	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	red audıt		Ì	
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		
			Earm	aan /	0017

#### SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

# **Public Charity Status and Public Support**

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047

2017

Open to Public Inspection

Name of the organization Employer identification number UNITED WAY OF CENTRAL LOUISIANA, INC. 72-0462338 Reason for Public Charity Status (All organizations must complete this part ) See instructions The organization is not a private foundation because it is (For lines 1 through 12, check only one box) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ)) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name. city, and state 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) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2), (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) You must complete Part IV, Sections A and C. c Lui Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) You must complete Part IV, Sections A, D, and E. d Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization f Enter the number of supported organizations g Provide the following information about the supported organization(s). (iv) Is the organization listed (v) Amount of monetary (i) Name of supported (iii) Type of organization (vi) Amount of other (described on lines 1-10 support (see instructions) support (see instructions) organization above (see instructions))

<u>Total</u>

Schedule A (Form 990 or 990-EZ) 2017 UNITED WAY OF CENTRAL LOUISIANA, INC. 72-0462338 Page 2

[Part II | Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

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

Sec	tion A. Public Support			<u> </u>			
Cale	ndar year (or fiscal year beginning in)	(a) 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
	include any "unusual grants.")	1107871.	1520461.	1212086.	1297468.	1307148.	6445034.
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			<u> </u>			
4	Total. Add lines 1 through 3	1107871.	1520461.	1212086.	1297468.	1307148.	6445034.
5	The portion of total contributions						
	by each person (other than a						ļ
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						1
	amount shown on line 11,						
	column (f)						
_6	Public support. Subtract line 5 from line 4						6445034.
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
7	Amounts from line 4	1107871.	1520461.	1212086.	1297468.	1307148.	6445034.
8	Gross income from interest,					,	
	dividends, payments received on						
	securities loans, rents, royalties,				1		}
	and income from similar sources	4,454.	4,640.	5,233.	5,002.	4,408.	23,737.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on				<u> </u>		
10	Other income Do not include gain						
	or loss from the sale of capital	ľ			Ì	1	1
	assets (Explain in Part VI)	34,807.	15,550.	13,038.	21,728.	7,794.	
11	<b>Total support.</b> Add lines 7 through 10	L	<u> </u>	<u> </u>	L		6561688.
12	Gross receipts from related activities,	etc (see instruction	ons)			12	
13	First five years. If the Form 990 is for	r the organization's	s first, second, thir	d, fourth, or fifth ta	ax year as a section	n 501(c)(3)	
<u> </u>	organization, check this box and sto		to		<del></del>		
	ction C. Computation of Publi	<del></del> _	<del>-</del>				00.00
	Public support percentage for 2017 (			olumn (f))		14	98.22 %
	Public support percentage from 2016					15	97.97 %
162	33 1/3% support test - 2017. If the	•			14 is 33 1/3% or m	ore, check this bo	
	stop here. The organization qualifies		-				<b>▶ X</b>
ŧ	33 1/3% support test - 2016. If the	_			i iine 15 iš 33 1/3%	or more, check th	iis dox
	and stop here. The organization qual		• • •		- 40 - 40 40-		
178	10% -facts-and-circumstances test						
	and if the organization meets the "fac					rt vi now the orga	nization
_	meets the "facts-and-circumstances"	_			-	17a and 1 45	100/
ŀ	10% -facts-and-circumstances test	_			· · · · · · · · · · · · · · · · · · ·	•	
	more, and if the organization meets the		•		•		e
	organization meets the "facts-and-circ						<b>₹</b> ⊨
<u>18</u>	Private foundation. If the organization	on did not check a	box on line 13, 16	a, 160, 1/a, or 1/b			
					Sche	eaule A (Form 990	or 990-EZ) 2017

Schedule A (Form 990 or 990-EZ) 2017 UNITED WAY OF CENTRAL LOUISIANA, INC. 72-0462338 Page 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) Section A. Public Support (b) 2014 Calendar year (or fiscal year beginning in) (a) 2013 (c) 2015 (d) 2016 (e) 2017 (f) Total 1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.") 2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose 3 Gross receipts from activities that are not an unrelated trade or business under section 513 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 5 The value of services or facilities furnished by a governmental unit to the organization without charge 6 Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 3 received from disqualified persons from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year c Add lines 7a and 7b 8 Public support. (Subtract line 7c from line 6 Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2013 **(b)** 2014 (c) 2015 (d) 2016 (e) 2017 (f) Total 9 Amounts from line 6 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 c Add lines 10a and 10b 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on 12 Other income Do not include gạiñ or loss from the sale of capital assets (Explain in Part VI) 13 Total support. (Add lines 9, 10c/11, and 12) 14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 15 Public support percentage for 2017 (line 8, column (f) divided by line 13, column (f)) 15 16 Public support percentage from 2016 Schedule A, Part III, line 15 % Section D. Computation of Investment Income Percentage 17 17 Investment income percentage for 2017 (line 10c, column (f) divided by line 13, column (f)) <u>%</u> 18 Investment income percentage from 2016 Schedule A, Part III, line 17 18 <u>%</u> 19a 33 1/3% support tests - 2017. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support tests - 2016. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization 20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions Schedule A (Form 990 or 990-EZ) 2017 732023 10-06-17

## 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** 

Yes No 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation If historic and continuing relationship, explain 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 За b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination 3b c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use 3c 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below 4a b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations 4b c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) 4c 5a Did the organization add, substitute, or remove any supported organizations during the tax year? /f "Yes." answer (b) and (c) below (if applicable) Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document) 5a b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document? 5b c Substitutions only. Was the substitution the result of an event beyond the organization's control? 5c 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (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 6 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (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) 7 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ) 8 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI. 9a b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI. 9b c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit

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9c

10a

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

b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to

supporting organizations)? If "Yes," answer 10b below

determine whether the organization had excess business holdings.)

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Pai	t IV   Supporting Organizations <sub>(continued)</sub>			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			l
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	<u> </u>	
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		ŀ	
	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	<u> </u>		
_	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,			
Sec	supervised, or controlled the supporting organization. tion C. Type II Supporting Organizations	2	<u> </u>	1
000	tion of Type it oupporting organizations		T	Г
_	West a second of the comment selection of the second of th		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		l	
	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	İ		
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax	į .	ļ	
	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	į		
	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		ł	
	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.	<b>3</b>		
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	1	-	
a	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			
c	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see ins	4		
2	Activities Test Answer (a) and (b) below.	tructions		NI.
	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		Yes	No
а		Į.		
	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	ŀ	1	
	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		1	
	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		l	]
	trustees of each of the supported organizations? Provide details in Part VI.	3a	L	L
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		

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1	Check here if the organization satisfied the Integral Part Test as a qualifying			Part VI.) See instructions. Al
•	other Type III non-functionally integrated supporting organizations must co	_		· all vii, occ mod donomin vi
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			1
	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		
	Fair market value of other non-exempt-use assets	1c		
	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	<u> </u>	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to	1 1		
	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functional	lly integra	ted Type III supporting org	ganization (see

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Section D - Distributions   Current Year	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity  3 Administrative expenses paid to accomplish exempt purposes of supported organizations  4 Amounts paid to acquire exempt-use assets  5 Qualified set-aside amounts (prior IRS approval required)  6 Other distributions (describe in Part VI) See instructions  7 Total annual distributions. Add lines 1 through 6  8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions  9 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions  9 Distributional amount divided by line 9 amount  (i) (ii) Underdistributions Pre-2017  Section E - Distribution Allocations (see instructions)  1 Distributable amount for 2017 from Section C, line 6  2 Underdistributions, if any, for years prior to 2017 (reasonable cause required- explain in Part VI) See instructions  3 Excess distributions carryover, if any, to 2017  a  b From 2013  c From 2013  c From 2014  d From 2015  f Total of lines 3a through e g Applied to underdistributions of prior years  h Applied to underdistributions of prior years  h Applied to 2017 distributable amount i Carryover from 2012 not applied (see instructions) j Remainder Subtract lines 3g, 3h, and 3i from 3f	
organizations, in excess of income from activity  3. Administrative expenses paid to accomplish exempt purposes of supported organizations  4. Amounts paid to acquire exempt-use assets  5. Qualified set-aside amounts (prior IRS approval required)  6. Other distributions (describe in Part VI) See instructions  7. Total annual distributions. Add lines 1 through 6  8. Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions  9. Distributable amount for 2017 from Section C, line 6  10. Line 8 amount divided by line 9 amount  (i) (ii) Underdistributions Pre-2017  1. Distributable amount for 2017 from Section C, line 6  2. Underdistributions, if any, for years prior to 2017 (reasonable cause required- explain in Part VI). See instructions  3. Excess distributions carryover, if any, to 2017  a  b. From 2013 c. From 2014 d. From 2015 e. From 2016 f. Total of lines 3a through e g. Applied to underdistributions of prior years h. Applied to 2017 distributable amount i. Carryover from 2012 not applied (see instructions) j. Remainder Subtract lines 3g, 3h, and 3i from 3f	
Administrative expenses paid to accomplish exempt purposes of supported organizations  A mounts paid to acquire exempt-use assets  Coulified set-aside amounts (prior IRS approval required)  Other distributions (describe in Part VI) See instructions  Total annual distributions. Add lines 1 through 6  B Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions  Distributable amount for 2017 from Section C, line 6  Line 8 amount divided by line 9 amount  (i) Excess Distributions  Pre-2017 Pre-2017  1 Distributable amount for 2017 from Section C, line 6  2 Underdistributions, if any, for years prior to 2017 (reasonable cause required- explain in Part VI) See instructions  3 Excess distributions carryover, if any, to 2017  a  b From 2013  c From 2013  c From 2014  d From 2016  f Total of lines 3a through e  g Applied to 2017 distributable amount  i Carryover from 2012 not applied (see instructions)  J Remainder Subtract lines 3g, 3h, and 3i from 3f	
4 Amounts paid to acquire exempt-use assets 5 Qualified set-aside amounts (prior IRS approval required) 6 Other distributions (describe in Part VI) See instructions 7 Total annual distributions. Add lines 1 through 6 8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions 9 Distributable amount for 2017 from Section C, line 6 10 Line 8 amount divided by line 9 amount  Section E - Distribution Allocations (see instructions)  1 Distributable amount for 2017 from Section C, line 6 2 Underdistributions, if any, for years prior to 2017 (reasonable cause required-explain in Part VI) See instructions 3 Excess distributions carryover, if any, to 2017  a b From 2013 c From 2014 d From 2016 f Total of lines 3a through e g Applied to underdistributions of prior years h Applied to 2017 distributable amount i Carryover from 2012 not applied (see instructions) j Remainder Subtract lines 3g, 3h, and 3i from 3f	
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8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions 9 Distributable amount for 2017 from Section C, line 6 10 Line 8 amount divided by line 9 amount  (i) (ii) Underdistributions Pre-2017 Distributable amount for 2017 from Section C, line 6 2 Underdistributions, if any, for years prior to 2017 (reasonable cause required-explain in Part VI) See instructions 3 Excess distributions carryover, if any, to 2017 a b From 2013 c From 2014 d From 2015 e From 2016 f Total of lines 3a through e g Applied to underdistributions of prior years h Applied to 2017 distributable amount i Carryover from 2012 not applied (see instructions) j Remainder Subtract lines 3g, 3h, and 3i from 3f	
(provide details in Part VI) See instructions  9  Distributable amount for 2017 from Section C, line 6  10  Line 8 amount divided by line 9 amount  (i)  (ii)  (iii)  (iii)  (iii)  Section E - Distribution Allocations (see instructions)  Excess Distributions  1  Distributable amount for 2017 from Section C, line 6  2  Underdistributions, if any, for years prior to 2017 (reasonable cause required-explain in Part VI) See instructions  3  Excess distributions carryover, if any, to 2017  a  b  From 2013  c  From 2014  d  From 2016  f  Total of lines 3a through e  q  Applied to underdistributions of prior years  h  Applied to 2017 distributable amount  i  Carryover from 2012 not applied (see instructions)  j  Remainder Subtract lines 3g, 3h, and 3i from 3f	
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Section E - Distribution Allocations (see instructions)  Inderdistributions Excess Distributions Pre-2017  Inderdistributions Inderdistributions Pre-2017  Inderdistributions Inderdistributions Pre-2017  Inderdistributions	
Section E - Distributions (see instructions)  Excess Distributions  Underdistributions Pre-2017  Distributable amount for 2017 from Section C, line 6  Underdistributions, if any, for years prior to 2017 (reasonable cause required- explain in Part VI) See instructions  Excess distributions carryover, if any, to 2017  a  b From 2013  c From 2014  d From 2015  e From 2016  f Total of lines 3a through e  g Applied to underdistributions of prior years  h Applied to 2017 distributable amount  i Carryover from 2012 not applied (see instructions)  j Remainder Subtract lines 3g, 3h, and 3i from 3f	
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able cause required- explain in Part VI) See instructions  3 Excess distributions carryover, if any, to 2017  a b From 2013 c From 2014 d From 2015 e From 2016 f Total of lines 3a through e g Applied to underdistributions of prior years h Applied to 2017 distributable amount i Carryover from 2012 not applied (see instructions) j Remainder Subtract lines 3g, 3h, and 3i from 3f	
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e From 2016  f Total of lines 3a through e  g Applied to underdistributions of prior years  h Applied to 2017 distributable amount  i Carryover from 2012 not applied (see instructions)  j Remainder Subtract lines 3g, 3h, and 3i from 3f	
f Total of lines 3a through e g Applied to underdistributions of prior years h Applied to 2017 distributable amount i Carryover from 2012 not applied (see instructions) j Remainder Subtract lines 3g, 3h, and 3i from 3f	
g Applied to underdistributions of prior years  h Applied to 2017 distributable amount  i Carryover from 2012 not applied (see instructions)  j Remainder Subtract lines 3g, 3h, and 3i from 3f	
h Applied to 2017 distributable amount  i Carryover from 2012 not applied (see instructions)  j Remainder Subtract lines 3g, 3h, and 3i from 3f	
i Carryover from 2012 not applied (see instructions) j Remainder Subtract lines 3g, 3h, and 3i from 3f	
j Remainder Subtract lines 3g, 3h, and 3i from 3f	
4 Distributions for 2017 from Section D,	
a Applied to underdistributions of prior years	
b Applied to 2017 distributable amount	
c Remainder. Subtract lines 4a and 4b from 4	
5 Remaining underdistributions for years prior to 2017, 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 2017 Subtract lines 3h	
and 4b from line 1. For result greater than zero, explain in	
Part VI. See instructions	
7 Excess distributions carryover to 2018. Add lines 3j	
and 4c	
8 Breakdown of line 7	
a Excess from 2013	
b Excess from 2014	<del></del>
c Excess from 2015	
d Excess from 2016	

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'Schedule A	(Form 990 or 990-EZ) 2017 UNIT	ED WAY OF	CENTRAL	LOUISIANA,	INC.	<u>72-0462338</u>	Page 8
Part VI	Supplemental Information. Part IV, Section A, lines 1, 2, 3b, 3c line 1, Part IV, Section D, lines 2 an Section D, lines 5, 6, and 8, and Pa (See instructions)	c, 46, 4c, 5a, 6, 9a d 3, Part IV, Secti	ı, 96, 9c, 11a, 111 ıon E, lines 1c, 2a	o, and 11c, Part IV, S , 2b, 3a, and 3b, Par	ection B, lines i t V, line 1, Part	r 17b, Part III, line 12, 1 and 2, Part IV, Section V, Section B, line 1e, Pai	C
PART I	I, LINE 10						
OTHER	INCOME CONSISTS OF	<u>:</u>					
\$1,365	ADMINISTRATIVE FE	ES	<del>_</del>				
\$6,429	MISCELLANEOUS INC	OME					
TOTAL	: \$7,794	<del></del>					
		<u>-</u>				<del></del>	
	· · · · · · · · · · · · · · · · · · ·						
					<del></del>		
				<del></del>			
				<del></del>			
					<del></del>	<del></del>	
			_ <del>_</del>		<del></del>		
		<u> </u>					
				_ <del>_</del>			
					_		
							-
_							

## · SCHEDULE C (Form 990 or 990-EZ)

**Political Campaign and Lobbying Activities** 

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

➤ Complete if the organization is described below. ➤ Attach to Form 990 or Form 990-EZ.

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

2017
Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

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

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

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

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

• ;	Section 501(c)(4), (5), or (6) organizat	ions Complete Part III			
Nam	ne of organization			Emp	loyer identification number
	UNITED	WAY OF CENTRAL LO	UISIANA, IN	C.	72-0462338
Pa	rt I-A Complete if the org	anization is exempt unde	r section 501(c) a	r is a section 527 or	ganization.
	Provide a description of the organiz Political campaign activity expendit Volunteer hours for political campai	ures gn activities		<b>▶</b> 9	<b></b>
Pa	rt I-B   Complete if the org	janization is exempt unde	r section 501(c)(3	3).	
1	Enter the amount of any excise tax	incurred by the organization unde	r section 4955	· · · · · · · · · · · · · · · · · · ·	š
2	Enter the amount of any excise tax	incurred by organization manager	s under section 4955	▶ 9	<u> </u>
3	If the organization incurred a section	n 4955 tax, did it file Form 4720 fo	or this year?		Yes No
<b>4</b> a	Was a correction made?				Yes No
	If "Yes," describe in Part IV.		1' 504/ \	1 1' 504/	1/01
Pa	rt I-C   Complete if the org	janization is exempt unde	r section 501(c), (	except section 501(	:)(3).
1	Enter the amount directly expended	d by the filing organization for sect	tion 527 exempt function	on activities	\$
2	Enter the amount of the filing organ	ization's funds contributed to othe	er organizations for se	ction 527	
	exempt function activities			▶:	<u> </u>
3	Total exempt function expenditures	Add lines 1 and 2 Enter here an	d on Form 1120-POL,		
	line 17b			▶:	Ves No.
4	Did the filing organization file Form	1120-POL for this year?			Yes No
5	Enter the names, addresses and en	• •	•	-	
	made payments For each organiza				•
	contributions received that were pro-	• •		•	te segregated fund or a
	political action committee (PAC). If	additional space is needed, provid	de information in Part I	V	1
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from	(e) Amount of political
				filing organization's	contributions received and promptly and directly
				funds If none, enter -0	delivered to a separate
					political organization
					If none, enter -0-
				<u> </u>	

732041 11-09-17

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Schedule C (Form 990 or 990-EZ) 2017

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

Schedule C (Form 990 or 990-EZ) 2017 [Part II-A] Complete if the orga	INITED WAY	OF CENTRAL 1 empt under section	LOUISIANA, I n 501(c)(3) and file	NC . 72-0 d Form 5768 (el	0462338 Page 2 ection under
section 501(h)).					
· · — · ·	· ·	ffiliated group (and list in	Part IV each affiliated	group member's nan	ne, address, EIN,
expenses, and share	•	- '			
B Check 🕨 🔛 if the filing organizat	ion checked box A	and "limited control" pro	visions apply		1
	s on Lobbying Exp itures" means am	enditures ounts paid or incurred.)	,	(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influ	ence public opinior	(grass roots lobbying)			
b Total lobbying expenditures to influ					
c Total lobbying expenditures (add lin	es 1a and 1b)				
d Other exempt purpose expenditure					
e Total exempt purpose expenditures	(add lines 1c and	1d)			
f Lobbying nontaxable amount Enter	the amount from	he following table in boti	h columns		
If the amount on line 1e, column (a) or	(b) is: The I	obbying nontaxable am	ount is:		
Not over \$500,000		of the amount on line 1e.			
Over \$500,000 but not over \$1,000	.000 \$100	000 plus 15% of the exc	ess over \$500,000		
Over \$1,000,000 but not over \$1,50		000 plus 10% of the exc			
Over \$1,500,000 but not over \$17,0		000 plus 5% of the exce			
Over \$17,000,000		0,000			
g Grassroots nontaxable amount (ent	er 25% of line 1f)				
h Subtract line 1g from line 1a If zero					
i Subtract line 1f from line 1c If zero	or less, enter -0-				
j If there is an amount other than zer	o on either line 1h	or line 1i, did the organiza	ation file Form 4720		
reporting section 4911 tax for this y					Yes No
(Some organizations th	at made a sectior	Averaging Period Under 501(h) election do not arate instructions for li	have to complete all o	f the five columns t	pelow.
	Lobbying Ex	penditures During 4-Yea	ar Averaging Period	<del></del>	
Calendar year (or fiscal year beginning in)	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) Total
2a Lobbying nontaxable amount					
<b>b</b> Lobbying ceiling amount					
(150% of line 2a, column(e))					
c Total lobbying expenditures					
d. Creesveste pentavable array					
d Grassroots colling amount				<del> </del>	<del> </del>
e Grassroots ceiling amount (150% of line 2d, column (e))					
(1557) of line 2d, column (e))					
Graceroots lobbying expenditures					

Schedule C (Form 990 or 990-EZ) 2017

Schedule C (Form 990 or 990-EZ) 2017 UNITED WAY OF CENTRAL LOUISIANA, INC. 72-0462338 Page 3
Part II-B | Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed description	(6	a)	(b	<del>)</del>
of the lobbying activity	Yes	No	Amo	ount
During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter				
or referendum, through the use of	х			
a Volunteers?  h. Paid staff as management (include compensation in expenses senested on lines 1e through 1/2)	^	х		
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? c Media advertisements?		X		
d Mailings to members, legislators, or the public?	Х			
e Publications, or published or broadcast statements?		х		
f Grants to other organizations for lobbying purposes?		X		
g Direct contact with legislators, their staffs, government officials, or a legislative body?	Х			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		х		
i Other activities?		X		
j Total Add lines 1c through 1i				0.
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		х		
b If "Yes," enter the amount of any tax incurred under section 4912				
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				
Part III-A Complete if the organization is exempt under section 501(c)(4), section	n 501(c)(	5), or sec	tion	
501(c)(6).		•		
			Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?		1		
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?		2		
3 Did the organization agree to carry over lobbying and political campaign activity expenditures from th	e prior year	γ <b>3</b>		
Part III-B Complete if the organization is exempt under section 501(c)(4), section	n 501(c)(	5), or sec		
501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered	'No," OR	(b) Part	III-A, line	3, is
answered "Yes."				
1 Dues, assessments and similar amounts from members		1		
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenditures)	al			
expenses for which the section 527(f) tax was paid).				
a Current year		2a		
<b>b</b> Carryover from last year		2b		
c Total		2c		
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3		
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exceeds	ess			
does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and pro-	olitical			
expenditure next year?		4		
5 Taxable amount of lobbying and political expenditures (see instructions)		5		
Part IV Supplemental Information				
Provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group	list), Part II-	·A, lines 1 a	nd 2 (see	
instructions), and Part II-B, line 1. Also, complete this part for any additional information				
PART II-B, LINE 1, LOBBYING ACTIVITIES:				
THE UNITED WAY OF CENTRAL LOUISIANA, INC. INFREQUENTLY	SENT	EMAIL		
CORDEGROVERIOE TO LEGICIATIONS IN SUPPORT OF LEGICIATIVE	T DII			
CORRESPONDENCE TO LEGISLATORS IN SUPPORT OF LEGISLATIVE	R BILL	JS THA	ľ	
COULD HAVE A POSITIVE IMPACT ON THE ORGANIZATION'S ABI	T. ፐጥህ ጥ	חיים איים	א ד אז	
COORD HAVE A LOSTITAE IMPACT ON THE ORGANIZATION 2 ABI	DILI ;	LU ATT	WTIA	
ITS GOALS, AS WELL AS INFREQUENT EMAIL CORRESPONDENCE	AGATNO	ርጥ ጥሄር	SE	
TID COMMEN THE NAME OF THE PROPERTY OF THE CONTROL OF THE PROPERTY OF THE PROP	TATTAL	<u> </u>		
THAT COULD HINDER THE ATTAINMENT OF THE ORGANIZATION'S	GOALS	3.		
		ıle C (Form	990 or 990	)-EZ) 2017

Schedule C (Form 990 or 990-EZ) 2017 UNITED WAY OF CENTRAL LOUISIANA, INC. 72-0462338 Page Part IV   Supplemental Information (continued)
Part IV Supplemental information (continued)
THE UNITED WAY OF CENTRAL LOUISIANA, INC. ALSO SENT EMAILS AND MET WITH
PARISH OFFICIALS AND MEMBERS OF THE PUBLIC SERVICE COMMISSION REGARDING
MATERIAL STATES AND ALL DESCRIPTION OF A INTEREST
THE LOUISIANA 2-1-1 SYSTEM AND THE PROPOSED ESTABLISHMENT OF A UNIFIED
2-1-1 SERVICE FOR PARISHES IN CENTRAL LOUISIANA.

### SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

# **Supplemental Financial Statements**

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

➤ Attach to Form 990.

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

OMB No 1545-0047 Open to Public Inspection

Name of the organization

UNITED WAY OF CENTRAL LOUISIANA, INC.

Employer identification number 72-0462338

Pai			or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, Iin	e 6 (a) Donor advised funds	(b) Funds and other accounts
	Tatal wombou at and of con-	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year	L	
5	Did the organization inform all donors and donor advisors in	<del>-</del>	
_	are the organization's property, subject to the organization's	•	└ Yes
6	Did the organization inform all grantees, donors, and donor a		-
	for charitable purposes and not for the benefit of the donor o	r donor advisor, or for any other purpose o	
Pai	impermissible private benefit?	101/ 11 5 000 5	Yes No
Ь			art IV, line 7
1	Purpose(s) of conservation easements held by the organization	· — · · · · · · · · · · · · · · · · · ·	
	Preservation of land for public use (e g , recreation or e	· <del>-</del>	orically important land area
	Protection of natural habitat	Preservation of a certi	fied historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualif	ied conservation contribution in the form of	of a conservation easement on the last
	day of the tax year		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		<u>2</u> b
С	Number of conservation easements on a certified historic stru	ucture included in (a)	2c
d	Number of conservation easements included in (c) acquired a	after 7/25/06, and not on a historic structui	re
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, rel	eased, extinguished, or terminated by the	organization during the tax
	year ▶		
4	Number of states where property subject to conservation eas	sement is located -	
5	Does the organization have a written policy regarding the per	iodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements it		└ Yes
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing consi	ervation easements during the year
	<b></b>		
7	Amount of expenses incurred in monitoring, inspecting, hand > \$	lling of violations, and enforcing conservati	on easements during the year
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements of section 170(h	n)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservation	on easements in its revenue and expense s	statement, and balance sheet, and
	include, if applicable, the text of the footnote to the organization	tion's financial statements that describes the	he organization's accounting for
	conservation easements		
Pa	t III Organizations Maintaining Collections of	Art, Historical Treasures, or Otl	ner Similar Assets.
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.	
1a	If the organization elected, as permitted under SFAS 116 (AS	C 958), not to report in its revenue statem	ent and balance sheet works of art,
	historical treasures, or other similar assets held for public exh	nibition, education, or research in furtheran	ice of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that descri	bes these items	
b	If the organization elected, as permitted under SFAS 116 (AS	C 958), to report in its revenue statement	and balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, ed	ducation, or research in furtherance of pub	lic service, provide the following amounts
	relating to these items	·	•
	(i) Revenue included on Form 990, Part VIII, line 1		<b>▶</b> \$
	(ii) Assets included in Form 990, Part X		<b>&gt;</b> \$
2	If the organization received or held works of art, historical tre	asures, or other similar assets for financial	
-	the following amounts required to be reported under SFAS 1	·	g, p. 10100
а	Revenue included on Form 990, Part VIII, line 1	, = ===, ======	<b>▶</b> \$
	Assets included in Form 990, Part X		\$

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Schedule D (Form 990) 2017

*Sched		WAY OF CENT							62338	Page 2
Par	t III   Organizations Maintaining C	ollections of Ar	t, Histo	orical Tre	asures,	or Othe	r Simil	ar Assets	(continu	red)
3	Using the organization's acquisition, accession	on, and other record	s, check	any of the fo	ollowing th	at are a si	gnıfican	t use of its c	ollection it	ems
	(check all that apply)									
а	Public exhibition	d		Loan or excl	hange prog	grams				
b	Scholarly research	е	ا لـــا ا	Other				141-2		
С	Preservation for future generations									
4	Provide a description of the organization's co	· · · · · · · · · · · · · · · · · · ·		=	_			oose in Part	XIII	
5	During the year, did the organization solicit or					her sımılar	assets	_	_	
Dor	to be sold to raise funds rather than to be ma								Yes	No_
Par	t IV Escrow and Custodial Arrang reported an amount on Form 990, Par		ete if the	organizatioi	n answered	d "Yes" on	Form 9	90, Part IV,	line 9, or	
	· · · · · · · · · · · · · · · · · · ·	<del> </del>						<del> </del>	*	
та	Is the organization an agent, trustee, custodia	an or other intermed	iary for c	contributions	s or otner a	issets not	included	,	7 v	
L	on Form 990, Part X?	and complete the fol	llouma t	ablo					」 Yes	∟ No
D	If "Yes," explain the arrangement in Part XIII	and complete the for	nowing t	able					Amount	
_	Beginning balance						10		Antount	
d	Additions during the year						10	_		
	Distributions during the year						16			
f	Ending balance						11	1		
	Did the organization include an amount on Fo	orm 990. Part X. line	21. for 6	escrow or cu	istodial acc	count liabil	_		Yes	No
	If "Yes," explain the arrangement in Part XIII						,			
Par							10			
		(a) Current year		rior year	(c) Two y			e years back	(e) Four y	years back
1a	Beginning of year balance									
b	Contributions									
С	Net investment earnings, gains, and losses									
d	Grants or scholarships							·		
е	Other expenditures for facilities									
	and programs									
f	Administrative expenses									
g	End of year balance				<u> </u>					
2	Provide the estimated percentage of the curr	ent year end balanc	e (line 1g	g, column (a)	)) held as					
а	Board designated or quasi-endowment	<u></u>	%							
b	Permanent endowment	%								
С	Temporarily restricted endowment ▶	%								
	The percentages on lines 2a, 2b, and 2c sho	•								
3a	Are there endowment funds not in the posse	ssion of the organiza	ation tha	t are held ar	nd administ	tered for th	ne orgar	nization	Г.	
	by									Yes No
	(i) unrelated organizations								3a(i)	-
	(ii) related organizations								3a(ii)	
	If "Yes" on line 3a(ii), are the related organiza	•							3b	
4 Pai	Describe in Part XIII the intended uses of the tVI Land, Buildings, and Equipm		wment i	unas						
T a			) Dart II	/ line 11e C	oo Form O	00 Bart V	lina 10			
	Complete if the organization answere			I			Accumul		(d) Pools	
	Description of property	(a) Cost or of basis (investi		, , ,	t or other (other)	1 1-7	epreciati		(d) Book	value
10	Land	223.0 (000	<u></u>		(20.27)	+ -	p. 2014ti			
	Buildings	<u> </u>				+ -				
b	Leasehold improvements			<del></del>						
d	Equipment	97	661.				82	847.	14	,814.
	Other		<u> </u>				/			<del>,</del>
	I. Add lines 1a through 1e (Column (d) must e	equal Form 990 Part	X colun	nn (B) line 1	Oc )			<b></b>	14	,814.

INC.

Schedule D (Form 990) 2017 UNITED WAY OF CENTRAL LOU				0462338 Page 4
Part XI Reconciliation of Revenue per Audited Financial Statem		evenue per Re	turn.	
Complete if the organization answered "Yes" on Form 990, Part IV, line 12	2a			
1 Total revenue, gains, and other support per audited financial statements			1	1,419,118.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a Net unrealized gains (losses) on investments	2a	13,254.		
b Donated services and use of facilities	2b		lli	
c Recoveries of prior year grants	2c		ĺ	
d Other (Describe in Part XIII )	2d			
e Add lines 2a through 2d			2e	13,254.
3 Subtract line 2e from line 1			_3_	1,405,864.
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1			\ \ \	
a Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b Other (Describe in Part XIII )	4b			
c Add lines 4a and 4b			4c	0.
5 Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		_	5	1,405,864.
Part XII   Reconciliation of Expenses per Audited Financial States	ments With I	Expenses per F	etur	า.
Complete if the organization answered "Yes" on Form 990, Part IV, line 13	2a			
Total expenses and losses per audited financial statements			1	1,566,086.
2 Amounts included on line 1 but not on Form 990, Part IX, line 25				
a Donated services and use of facilities	2a_			
b Prior year adjustments	2b			
c Other losses	2c	<del></del>		
A COLUMN TO THE POST AND THE PO	2d			
•	20		2-	0.
e Add lines 2a through 2d			2e	1,566,086
3 Subtract line 2e from line 1			3	1,500,000
4 Amounts included on Form 990, Part IX, line 25, but not on line 1	1.1			
a Investment expenses not included on Form 990, Part VIII, line 7b	4a		{	
b Other (Describe in Part XIII )	<u>4b</u>	-	١. ١	0
c Add lines 4a and 4b			4c	1,566,086
5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)  Part XIII Supplemental Information.		<del></del> _	5	1,300,000
lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any a	dditional informa	ation	·-·	
<u></u>	- · · · · ·			
				<del></del>
		<del></del>		
			-	

SCHEDULE 1 (Form 990)

Name of the organization Department of the Treasury Internal Revenue Service

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. Grants and Other Assistance to Organizations, Governments, and Individuals in the United States ► Attach to Form 990.

Open to Public /| N7 Inspection

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

Employer identification number 72-0462338

<u>%</u>

	UNITED WAY OF CENTRAL LOUISIANA, INC.	72-04
Par	Part I General Information on Grants and Assistance	
-	1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection	
	criteria used to award the grants or assistance?	X Yes
2	2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States	
å	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	, , ,

2 Describe in Part IV the organization's procedures for monitoring the use or grain to be procedured in Form 990, Part IV, line 21, for any Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any

recipient that received more than \$5,000. Part II can be duplicated if additional space is needed	os,uuu Part⊪can	pe auplicated if addition	onal space is need	De			
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, EMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
AMERICAN RED CROSS 425 BOLTON AVENUE ALEXANDRIA, LA 71301	72-0423602	501C3	26,253.	•0			HEALTH - EMERGENCY SERVICES
AVOYELLES SOCIETY FOR THE DEVELOPMENTALLY DISABLED - P.O. BOX 854 - MARKSVILLE, LA 71351	72-0679452 501C3	501C3	12,647.	0			HEALTH - DAY HABILITATION
BOY SCOUTS, LOUISIANA PURCHASE COUNCIL - 2405 OLIVER ROAD - MONROE, LA 71201	72-0423632	50103	19,476.	0			EDUCATION - BOY SCOUTING
GIRL SCOUTS OF LA-PINES TO THE GULF - 1720 KALISTE SALOOM RD, STE. C-1 - LAFAXETTE, LA 70508	72-0488660	501C3	10,000	0			EDUCATION - GIRL SCOUTING
HOPE HOUSE P.O. BOX 7477 ALEXANDRIA, LA 71306	72-1479693	50103	79,017.	0			EDUCATION - LIFE SKILLS/CHILDREN'S SERVICES, HEALTH - HEALTHY LIVING/WOMEN'S
RAPIDES CHILDREN'S ADVOCACY CENTER P.O. BOX 228 ALEXANDRIA, LA 71309	72-1299269 501C3	501C3	58,994.	0			HEALTH - CHILDREN'S ADVOCACY CENTER/CASA
2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	nd government or	Janizations listed in the	line 1 table				
2 Enter total primber of other propagations listed in the line 1 total	ani art ui batail a	+144					4

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

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SEE PART IV FOR COLUMN (H) DESCRIPTIONS

Schedule I (Form 990) (2017)

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Schedule   (Form 990) UNITED WAY OF CENTRAL LOUISIANA, INC.  Part II   Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule   (Form 990), Part III)	Y OF CENTRAL Assistance to Governm	RAL LOUISIANA, vernments and Organization	NA, INC.	ited States (Sched	Jule I (Form 990), Par		72-0462338 Page 1
	(p) 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
THE SALVATION ARMY P.O. BOX 829 ALEXANDRIA, LA 71309	63-0288866	50103	96,757.	.0			HEALTH - EMERGENCY SERVICES/DAY SHELTER/HOMELESS PREVENTION
OF A REET LA	72-0506820	50103	68,692.	0			EDUCATION - PARENTS AS TEACHERS/PARTNERS IN LITERACY, HEALTH - NEW BEGINNINGS, INCOME
YWCA 5912 JAMES STREBT ALEXANDRIA, LA 71303	72-6001514	50103	85,564.	0.			BDUCATION - YOUTH DEVELOPMENT, HEALTH - SWIM & GYMS
FAITH HOUSE P, O, BOX 93145 LAFAYETTE, LA 70509	72-0910067	501C3	44,437.	0.			HEALTH - DOMESTIC VIOLENCE CRISIS INTERVENTION
MANNA HOUSE 2655 LEE STREET ALEXANDRIA, LA 71303	72-0491102	50103	18,403.	0			HEALTH - NOON MEALS PROGRAM
THE WELLSPRING ALLIANCE 1515 JACKSON STREET MONROE, LA 71202	72-0442226	50103	.000,8	0			HEALTH - DOMESTIC VIOLENCE
CENTRAL LOUISIANA HOMELESS COALITION - P. O. BOX 1303 - ALEXANDRIA, LA 71309	72-1247718	50103	39,438.	0			INCOME STABILITY - HOUSING SUPPORT CENTER
CENTRAL LA AIDS SUPPORT SERVICES 1785 JACKSON STREET ALEXANDRIA, LA 71301	72-1097079	50103	7,336.	o			HEALTH - HIV TESTING/COUNSELING/PREVENT ION
FAMILY JUSTICE CENTER 220 HOSPITAL BLVD PINEVILLE, LA 71360	47-4840521	50103	17,539.	0			HEALTH - DOMESTIC VIOLENCE
							Schedule I (Form 990)

04-01-17

Page 2

72-0462338

Schedule I (Form 990) (2017) UNITED WAY OF CENTRAL LOUISIANA, INC.

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
Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information	ured in Part I, lin	e 2, Part III, column	(b), and any other ad	ditional information	
PART I, LINE 2:					
THE UNITED WAY OF CENTRAL LOUISIANA,	INC.	MONITORS TH	THE USE OF G	GRANT FUNDS	
THROUGH AN ORGANIZED PROCESS INVOLVING	VING BOTH	PROFESSIONAL	STAFF	AND UNPAID	
VOLUNTEERS. STAFF MAINTAIN ONGOING	- 1	SHIPS WITH	RELATIONSHIPS WITH FUNDED AGENCIES	ENCIES THAT	
INCLUDE ONSITE VISITS. TEAMS OF VOLUNTEERS,	OLUNTEERS	CALLED	"IMPACT TEAMS,	MS, " ALSO	
VISIT THE AGENCIES AT LEAST ANNUALLY	AS	UPS AND TH	GROUPS AND THEN FOLLOW UP	UP AS	
INDIVIDUAL TEAM MEMBERS. AGENCIES	SUBMIT C	COMPLETED F	FORMS EACH	YEAR	
REPORTING THEIR USE OF OUR FUNDS AN	AND THEIR	NEED FOR F	FUNDS IN THI	THE COMING	
AT ANY POINT, IF STAFF OR	VOLUNTEERS NOTE	NOTE ISSUES	ES THAT NEED TO	ED TO BE	
732102 11-01-17					Schedule I (Form 990) (2017)

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Schedule   (Form 990) UNITED WAY OF CENTRAL LOUISIANA, INC. 72-0462338 Page 2 Part IV   Supplemental Information
Tarto Capponenta incimatori
ADDRESSED, APPROPRIATE ACTION IS TAKEN TO SAFEGUARD THE COMMUNITY'S
DONATIONS.
PART II, LINE 1, COLUMN (H):
NAME OF ORGANIZATION OR GOVERNMENT: HOPE HOUSE
(H) PURPOSE OF GRANT OR ASSISTANCE: EDUCATION - LIFE SKILLS/CHILDREN'S
SERVICES, HEALTH - HEALTHY LIVING/WOMEN'S EMERGENCY SHELTER, INCOME
STABILITY - ADULT & CHILDREN FINANCIAL EDUCATION
NAME OF ORGANIZATION OR GOVERNMENT: VOLUNTEERS OF AMERICA
(H) PURPOSE OF GRANT OR ASSISTANCE: EDUCATION - PARENTS AS
TEACHERS/PARTNERS IN LITERACY, HEALTH - NEW BEGINNINGS, INCOME STABILITY
- SUPPORTIVE HOUSING

### · SCHEDULE M (Form 990)

Noncash Contributions

OMB No 1545-0047

2017

Open To Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
 ► Attach to Form 990.

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

Employer identification number 72-0462338

	UNITED WAY O	F CENT	RAL LOUIS	IANA, INC.	72-04	623	38_	
Par	t I Types of Property							
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of dete noncash contributi			
1	Art - Works of art							
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household goods	X		24,023.			_	
6	Cars and other vehicles							
7	Boats and planes				<del></del>			
8	Intellectual property							
9	Securities - Publicly traded							
10	Securities - Closely held stock							
11	Securities - Partnership, LLC, or							
	trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation contribution -							
	Historic structures							
14	Qualified conservation contribution - Other							
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other	X		11,514.				
18	Collectibles							
19	Food inventory	X		49,805.				
20	Drugs and medical supplies	X		1,172.				
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other							
26	Other • ()							
27	Other							
28	Other ▶ ()	<u> </u>	L					
29	Number of Forms 8283 received by the organiz		•					
	for which the organization completed Form 82	83, Part IV, I	Donee Acknowledo	gement 29				
					_	\	/es	No
30a	During the year, did the organization receive by	y contributio	n any property rep	orted in Part I, lines 1 through	28, that it	ļ	l l	
	must hold for at least three years from the date	e of the initia	il contribution, and	which isn't required to be use	ed for			
	exempt purposes for the entire holding period?	? .			. [	30a		X
b	If "Yes," describe the arrangement in Part II.					1	l	
31	Does the organization have a gift acceptance p	policy that re	equires the review	of any nonstandard contribute	ons?	31		X
32a	Does the organization hire or use third parties	or related or	ganizations to soli	cit, process, or sell noncash			Ţ	
	contributions?				Ĺ	32a		Х
ь	If "Yes," describe in Part II							
33	If the organization didn't report an amount in c	olumn (c) fo	r a type of property	y for which column (a) is check	red,	- 1	- 1	
	describe in Part II							
LHA	For Paperwork Reduction Act Notice, see	the Instruc	tions for Form 99	0.	Schedule M	(Form	990)	2017

Schedule M	(Form 990) 2017	UNITED WA	Y OF CENT	RAL LOUIS	<u>IANA, IN</u> C.	<u>7</u> 2-046	2338 Page 2
Part II	Supplementa	I Information. F t I, column (b), the r dditional information	Provide the inform	ation required by Futions, the number	Part I, lines 30b, 32l of items received,	o, and 33, and whether the or a combination of both	e organization Also complete
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Schedule M (Form 990) 2017

732142 09-07-17

### · SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

# Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or 990-EZ.

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

OMB No 1545-0047 Open to Public Inspection

Name of the organization

UNITED WAY OF CENTRAL LOUISIANA, INC.	72-0462338
FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:	
MISCELLANEOUS ALLOCATIONS & EXPENSES	
EXPENSES \$ 170,091. INCLUDING GRANTS OF \$ 145,926. REVI	ENUE \$ 0.
FORM 990, PART VI, SECTION A, LINE 6:	
THE UNITED WAY OF CENTRAL LOUISIANA INC.'S BYLAWS STIPULATI	E THAT "MEMBERS"
ARE CONSIDERED ANYONE WHO DONATES TO OR VOLUNTEERS FOR THE	ORGANIZATION.
THE UNITED WAY OF CENTRAL LOUISIANA, INC. HAS ANNUAL MEETIN	NGS IN WHICH
MEMBERS VOTE TO CONFIRM THE NOMINATIONS AND OFFICERS FOR TH	HE BOARD.
PODM 990 DADM VI CPCMION A LINE 7A.	
FORM 990, PART VI, SECTION A, LINE 7A:	
DONORS AND VOLUNTEERS HAVE THE OPPORTUNITY TO VOTE ON NEW I	BOARD MEMBERS AND
OFFICERS.	
FORM 990, PART VI, SECTION A, LINE 7B:	
DONORS AND VOLUNTEERS HAVE THE OPPORTUNITY TO VOTE ON DECIS	SIONS MADE BY THE
BOARD MEMBERS AND OFFICERS.	
FORM 990, PART VI, SECTION B, LINE 11B:	
FORM 990 IS PREPARED FROM AUDITED FINANCIAL STATEMENTS PREV	VIOUSLY PRESENTED
TO AND ACCEPTED BY THE GOVERNING BODY. FORM 990 IS REVIEWED	AND APPROVED BY
THE OPERATIONAL EXCELLENCE COMMITTEE, AND SUBMITTED TO THE	FULL BOARD OF
DIRECTORS FOR REVIEW AND COMMENT PRIOR TO ITS SUBMISSION.	
FORM 990, PART VI, SECTION B, LINE 12C:	

THE ORGANIZATION MONITORS AND ENFORCES COMPLIANCE WITH ITS CONFLICT OF

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

Schedule O (Form 990 or 990-EZ) (2017)

732211 09-07-17

UNITED WAY OF CENTRAL LOUISIANA, INC.

Employer identification number 72-0462338

INTEREST POLICY BY, FIRST, MAKING IT AVAILABLE AT THE BEGINNING OF THE YEAR

FOR ITS VOLUNTEER TEAMS. BOARD MEMBERS ARE ASKED TO COMPLETE THE FORM,

LISTING ANY POSSIBLE CONFLICTS, SIGN IT, AND TURN IT IN AT THE FIRST BOARD

MEETING OF THE YEAR. THE STATEMENTS ARE KEPT ON FILE AS LONG AS THE PERSON

SERVES ON THE BOARD. THE STATEMENTS ARE ALSO SIGNED AND COLLECTED FOR ALL

GOAL AREA VOLUNTEERS, WHO MAKE FUNDING RECOMMENDATIONS EACH YEAR. THOUGH

THE POTENTIAL FOR CONFLICT IS SIGNIFICANTLY LESS IN OTHER ROLES, THE

ORGANIZATION SHARES THE POLICY WITH OTHER VOLUNTEERS AND DOES NOT COLLECT

SIGNED COPIES OF THE POLICY FROM THEM.

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

THE ORGANIZATION, THROUGH ITS OPERATIONAL EXCELLENCE COMMITTEE, REVIEWS AND
APPROVES THE COMPENSATION OF ALL OF ITS OFFICERS AND EMPLOYEES. THIS
PROCESS IS DOCUMENTED IN THE MINUTES OF THE COMMITTEE, AS WELL AS THE
MINUTES OF THE ENTIRE BOARD, WHICH ALSO APPROVES THE COMPENSATION PACKAGES.

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

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

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

THE ORGANIZATION'S CONFLICT OF INTEREST POLICIES ARE AVAILABLE ON THE
ORGANIZATION'S WEBSITE, AVAILABLE TO THE PUBLIC UPON REQUEST, PROVIDED TO
MEMBER AGENCIES, AND PROVIDED IN PUBLIC WORKSHOPS ADMINISTERED BY THE
ORGANIZATION AND ITS DIRECTOR.

* <u>Schedule O (Form 990 or 990-EZ) (2017)</u>	Page 2
Name of the organization UNITED WAY OF CENTRAL LOUISIANA, INC.	Employer identification number 72-0462338
FORM 990, PART XII, LINE 2C:	
THE OPERATIONAL EXCELLENCE COMMITTEE IS RESPONSIBLE FOR OVER	ERSIGHT OF
FINANCIAL STATEMENT AND AUDIT MATTERS.	
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