

UNITED WAY OF ACADIANA, INC.
P.O. BOX 52033
LAFAYETTE, LA 70505

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LAFAYETTE, LA 70505

2015 Exempt Org. Tax Return

DARNALL, SIKES, GARDES & FREDERICK CPA'S
P. O. Box 2517
Lafayette, LA 70502-2517



**Darnall, Sikes,
Gardes & FrederickSM**

(A Corporation of Certified Public Accountants)

**P. O. BOX 2517
LAFAYETTE, LA 70502-2517
(337) 232-3312
dsfcpas.com**

August 30, 2016

UNITED WAY OF ACADIANA, INC.
P.O. BOX 52033
LAFAYETTE, LA 70505

Dear Client:

Your 2015 Federal Return of Organization Exempt from Income Tax will be electronically filed with the Internal Revenue Service upon receipt of a signed Form 8879-EO - IRS e-file Signature Authorization. The federal tax return is due on or before August 15, 2016. No tax is payable with the filing of this return.

Also enclosed is a copy of the return to be used for public disclosure purposes. It does not include the confidential information of large donors (See Schedule B, page 2).

For precautionary purposes, any tax returns, tax payments or other correspondence mailed to the IRS or any state government should be done using certified return receipt mail for evidence of timely filing.

Please be sure to call us if you have any questions.

Sincerely,

CHRIS MILLER, CPA, CVA

Form **8879-EO**

IRS e-file Signature Authorization for an Exempt Organization

OMB No. 1545-1878

For calendar year 2015, or fiscal year beginning _____, 2015, and ending _____, 20____

2015

Department of the Treasury
Internal Revenue Service

► Do not send to the IRS. Keep for your records.

► Information about Form 8879-EO and its instructions is at www.irs.gov/form8879eo.

Name of exempt organization

Employer identification number

UNITED WAY OF ACADIANA, INC.

72-0513639

Name and title of officer

MARGARET TRAHAN

PRESIDENT & CEO

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

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

1 a	Form 990 check here	► <input checked="" type="checkbox"/>	b	Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1 b	<u>5,827,667.</u>
2 a	Form 990-EZ check here	► <input type="checkbox"/>	b	Total revenue, if any (Form 990-EZ, line 9)	2 b	_____
3 a	Form 1120-POL check here	► <input type="checkbox"/>	b	Total tax (Form 1120-POL, line 22)	3 b	_____
4 a	Form 990-PF check here	► <input type="checkbox"/>	b	Tax based on investment income (Form 990-PF, Part VI, line 5)	4 b	_____
5 a	Form 8868 check here	► <input type="checkbox"/>	b	Balance Due (Form 8868, Part I, line 3c or Part II, line 8c)	5 b	_____

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2015 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

I authorize DARNALL, SIKES, GARDES & FREDERICK CPA'S to enter my PIN 12102 as my signature

ERO firm name

Enter five numbers, but do not enter all zeros

on the organization's tax year 2015 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2015 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ► _____

Date ► _____

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN

72062370584
do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2015 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ► CHRIS MILLER, CPA, CVA

Date ► _____

**ERO Must Retain This Form – See Instructions
Do Not Submit This Form To the IRS Unless Requested To Do So**

BAA For Paperwork Reduction Act Notice, see instructions.

Form **8879-EO** (2015)

Return of Organization Exempt From Income Tax

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

- Do not enter social security numbers on this form as it may be made public.
- Information about Form 990 and its instructions is at www.irs.gov/form990.

2015

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

A For the 2015 calendar year, or tax year beginning , 2015, and ending ,

B Check if applicable:
 Address change
 Name change
 Initial return
 Final return/terminated
 Amended return
 Application pending

C UNITED WAY OF ACADIANA, INC.
 P.O. BOX 52033
 LAFAYETTE, LA 70505

D Employer identification number
 72-0513639

E Telephone number
 337-233-8302

F Name and address of principal officer:
 SAME AS C ABOVE

G Gross receipts \$ 6,131,580.

H(a) Is this a group return for subordinates? Yes No
H(b) Are all subordinates included? Yes No
 If 'No,' attach a list. (see instructions)

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

J Website: WWW.UNITEDWAYOFACADIANA.ORG

K Form of organization: Corporation Trust Association Other

L Year of formation: 1949 **M** State of legal domicile: LA

H(c) Group exemption number

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: <u>UNITED WAY OF ACADIANA IS WORKING TO BUILD A STRONG ACADIANA AND ADVANCE THE COMMON GOOD BY MOBILIZING OUR COMMUNITIES TO IMPROVE PEOPLE'S LIVES THROUGH THE BUILDING BLOCKS OF A GOOD LIFE: ESSENTIALS, EDUCATION, AND EARNINGS.</u>		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	29
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	29
	5 Total number of individuals employed in calendar year 2015 (Part V, line 2a)	5	57
	6 Total number of volunteers (estimate if necessary)	6	4,578
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b Net unrelated business taxable income from Form 990-T, line 34	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	5,146,956.	5,439,354.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	113,279.	85,610.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	317,175.	302,703.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	5,577,410.	5,827,667.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	2,189,604.	2,478,791.
	14 Benefits paid to or for members (Part IX, column (A), line 4)		
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	2,414,603.	2,417,741.
	16a Professional fundraising fees (Part IX, column (A), line 11e)		
	b Total fundraising expenses (Part IX, column (D), line 25) <u>593,235.</u>		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	1,464,268.	1,518,118.	
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	6,068,475.	6,414,650.	
19 Revenue less expenses. Subtract line 18 from line 12	-491,065.	-586,983.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	7,510,694.	7,065,732.
	22 Net assets or fund balances. Subtract line 21 from line 20	1,040,910.	1,325,385.
		6,469,784.	5,740,347.

Part II Signature Block

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

Sign Here

Signature of officer: MARGARET TRAHAN Date: _____
 Type or print name and title: PRESIDENT & CEO

Paid Preparer Use Only

Print/Type preparer's name: CHRIS MILLER, CPA, CVA Preparer's signature: CHRIS MILLER, CPA, CVA Date: 8/30/16
 Check if self-employed PTIN: P00548016
 Firm's name: DARNALL, SIKES, GARDES & FREDERICK CPA'S
 Firm's address: P. O. BOX 2517 LAFAYETTE, LA 70502-2517
 Firm's EIN: 72-0738838
 Phone no.: (337) 232-3312

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

UNITED WAY OF ACADIANA'S MISSION IS TO UNITE PEOPLE AND ORGANIZATIONS WITH PASSION, EXPERTISE AND RESOURCES TO CREATE MORE OPPORTUNITIES FOR A BETTER LIFE.

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

If 'Yes,' describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No

If 'Yes,' describe these changes on Schedule O.

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

4a (Code:) (Expenses \$ 3,455,349. including grants of \$ 2,431,041.) (Revenue \$)

SEE SCHEDULE O

4b (Code:) (Expenses \$ 1,619,304. including grants of \$) (Revenue \$)

SEE SCHEDULE O

4c (Code:) (Expenses \$ 367,274. including grants of \$) (Revenue \$)

SEE SCHEDULE O

4d Other program services. (Describe in Schedule O.) SEE SCHEDULE O

(Expenses \$ 72,555. including grants of \$ 47,750.) (Revenue \$)

4e Total program service expenses 5,514,482.

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A.....	X	
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?.....	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I.....		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If 'Yes,' complete Schedule C, Part II.....		X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If 'Yes,' complete Schedule C, Part III.....		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I.....		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If 'Yes,' complete Schedule D, Part II.....		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III.....		X
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part IV.....		X
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If 'Yes,' complete Schedule D, Part V.....	X	
11 If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI.....	X	
b Did the organization report an amount for investments – other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII.....		X
c Did the organization report an amount for investments – program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII.....		X
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part IX.....		X
e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X.....	X	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If 'Yes,' complete Schedule D, Part X.....		X
12a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI, and XII.....	X	
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.....		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E.....		X
14a Did the organization maintain an office, employees, or agents outside of the United States?.....		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If 'Yes,' complete Schedule F, Parts I and IV.....		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If 'Yes,' complete Schedule F, Parts II and IV.....		X
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.....		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I (see instructions).....		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II.....	X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III.....		X

Part IV Checklist of Required Schedules (continued)

	Yes	No
20a Did the organization operate one or more hospital facilities? <i>If 'Yes', complete Schedule H.</i>		X
b If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If 'Yes,' complete Schedule I, Parts I and II.</i>	X	
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If 'Yes,' complete Schedule I, Parts I and III.</i>		X
23 Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If 'Yes,' complete Schedule J.</i>	X	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No,' go to line 25a.</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If 'Yes,' complete Schedule L, Part I.</i>		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If 'Yes,' complete Schedule L, Part I.</i>		X
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If 'Yes,' complete Schedule L, Part II.</i>		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 of any of these persons? <i>If 'Yes,' complete Schedule L, Part III.</i>		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? <i>If 'Yes,' complete Schedule L, Part IV.</i>		X
b A family member of a current or former officer, director, trustee, or key employee? <i>If 'Yes,' complete Schedule L, Part IV.</i>		X
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If 'Yes,' complete Schedule L, Part IV.</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If 'Yes,' complete Schedule M.</i>	X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If 'Yes,' complete Schedule M.</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If 'Yes,' complete Schedule N, Part I.</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If 'Yes,' complete Schedule N, Part II.</i>		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? <i>If 'Yes,' complete Schedule R, Part I.</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If 'Yes,' complete Schedule R, Part II, III, or IV, and Part V, line 1.</i>		X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If 'Yes,' complete Schedule R, Part V, line 2.</i>		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If 'Yes,' complete Schedule R, Part V, line 2.</i>		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If 'Yes,' complete Schedule R, Part VI.</i>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O.	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

		Yes	No
1 a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable. <input type="text" value="1"/>		
1 b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable. <input type="text" value="0"/>		
1 c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? <input type="checkbox"/>	X	
2 a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return. <input type="text" value="57"/>		
2 b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	X	
3 a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
3 b	If 'Yes' has it filed a Form 990-T for this year? If 'No' to line 3b, provide an explanation in Schedule O.		
4 a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
4 b	If 'Yes,' enter the name of the foreign country: See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts. (FBAR)		
5 a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
5 b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
5 c	If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?		
6 a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		X
6 b	If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
7 a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		X
7 b	If 'Yes,' did the organization notify the donor of the value of the goods or services provided?		
7 c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
7 d	If 'Yes,' indicate the number of Forms 8282 filed during the year. <input type="text"/>		
7 e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
7 f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
7 g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
7 h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
9	Sponsoring organizations maintaining donor advised funds.		
9 a	Did the sponsoring organization make any taxable distributions under section 4966?		
9 b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter:		
10 a	Initiation fees and capital contributions included on Part VIII, line 12. <input type="text"/>		
10 b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities. <input type="text"/>		
11	Section 501(c)(12) organizations. Enter:		
11 a	Gross income from members or shareholders. <input type="text"/>		
11 b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) <input type="text"/>		
12 a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? <input type="checkbox"/>		
12 b	If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year. <input type="text"/>		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
13 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.		
13 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. <input type="text"/>		
13 c	Enter the amount of reserves on hand <input type="text"/>		
14 a	Did the organization receive any payments for indoor tanning services during the tax year?		X
14 b	If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O.		

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

		Yes	No
1 a	Enter the number of voting members of the governing body at the end of the tax year. 1 a 29 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.		
1 b	Enter the number of voting members included in line 1a, above, who are independent. 1 b 29		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
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?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		X
7 a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
7 b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
8 a	The governing body?	X	
8 b	Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O.		X

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

		Yes	No
10 a	Did the organization have local chapters, branches, or affiliates?		X
10 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?		
11 a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
11 b	Describe in Schedule O the process, if any, used by the organization to review this Form 990. SEE SCHEDULE O		
12 a	Did the organization have a written conflict of interest policy? If 'No,' go to line 13.	X	
12 b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
12 c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this was done. SEE SCHEDULE O	X	
13	Did the organization have a written whistleblower policy?	X	
14	Did the organization have a written document retention and destruction policy?	X	
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?		
15 a	The organization's CEO, Executive Director, or top management official.	X	
15 b	Other officers or key employees of the organization. SEE SCHEDULE O	X	
	If 'Yes' to line 15a or 15b, describe the process in Schedule O (see instructions).		
16 a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
16 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

- 17** List the states with which a copy of this Form 990 is required to be filed LA
- 18** 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.
 Own website Another's website Upon request Other (explain in Schedule O)
- 19** Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. SEE SCHEDULE O
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records: LORI PETRIE 215 E. PINHOOK ROAD, LAFAYETTE, LA 70501, 337-706-1229

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

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

1 a 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.

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) ANGELA D COLE CABINET CHAIR	3 0	X						0.	0.	0.
(2) ROBERT EDDY CABINET CHAIR	3 0	X						0.	0.	0.
(3) ROBERT BENOIT BOARD MEMBER	1 0	X						0.	0.	0.
(4) ISABELLA DELAHOUSSAYE BOARD MEMBER	1 0	X						0.	0.	0.
(5) EDWARD S HEBERT BOARD MEMBER	1 0	X						0.	0.	0.
(6) KATHERINE HEBERT BOARD MEMBER	1 0	X						0.	0.	0.
(7) ANN HARDY BOARD MEMBER	1 0	X						0.	0.	0.
(8) SCOTT DOMINGUE VICE CHAIR	3 0	X						0.	0.	0.
(9) BUFFY DOMINGUE BOARD MEMBER	1 0	X						0.	0.	0.
(10) SALLY B HERPIN SEC/TREASURER	3 0	X						0.	0.	0.
(11) GWEN LEWIS CABINET CHAIR	3 0	X						0.	0.	0.
(12) R. HAMILTON DAVIS CHAIRMAN	10 0	X						0.	0.	0.
(13) BENTLY C SENEGAL BOARD MEMBER	1 0	X						0.	0.	0.
(14) IAN MACDONALD BOARD MEMBER	1 0	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee			
(15) JUDI TERZOTIS BOARD MEMBER	1 0	X					0.	0.	0.
(16) BLAINE THIBODEAUX BOARD MEMBER	1 0	X					0.	0.	0.
(17) KEVIN HURST BOARD MEMBER	1 0	X					0.	0.	0.
(18) PATRICK WILLIAMS, SR. CAB VICE CHAIR	3 0	X					0.	0.	0.
(19) JAY JACKSON BOARD MEMBER	1 0	X					0.	0.	0.
(20) DR. DONALD W. AGUILLARD BOARD MEMBER	1 0	X					0.	0.	0.
(21) CAROLYN T. BERTRAND BOARD MEMBER	1 0	X					0.	0.	0.
(22) KENNY MAGGARD BOARD MEMBER	1 0	X					0.	0.	0.
(23) JERRY VASCOCU BOARD MEMBER	1 0	X					0.	0.	0.
(24) DONNA LANDRY CHAIRMAN ELECT	3 0	X					0.	0.	0.
(25) CHERYL W. REINHARD BOARD MEMBER	1 0	X					0.	0.	0.
1 b Sub-total							111,824.	0.	18,626.
c Total from continuation sheets to Part VII, Section A							62,202.	0.	16,749.
d Total (add lines 1b and 1c)							174,026.	0.	35,375.
2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization									1

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

Section B. Independent Contractors

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

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

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

Part VIII Statement of Revenue

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1 a				
	b Membership dues	1 b				
	c Fundraising events	1 c 119,285.				
	d Related organizations	1 d				
	e Government grants (contributions)	1 e 1,660,859.				
	f All other contributions, gifts, grants, and similar amounts not included above	1 f 3,659,210.				
	g Noncash contributions included in lines 1a-1f: \$	116,982.				
	h Total. Add lines 1a-1f	▶ 5,439,354.				
Program Service Revenue	2 a Business Code					
	b -----					
	c -----					
	d -----					
	e -----					
	f All other program service revenue					
	g Total. Add lines 2a-2f	▶				
Other Revenue	3 Investment income (including dividends, interest and other similar amounts)	▶ 29,371.			29,371.	
	4 Income from investment of tax-exempt bond proceeds	▶				
	5 Royalties	▶				
	6 a Gross rents	(i) Real	214,668.			
		(ii) Personal				
		b Less: rental expenses				
		c Rental income or (loss)	214,668.			
	d Net rental income or (loss)	▶ 214,668.			214,668.	
	7 a Gross amount from sales of assets other than inventory	(i) Securities	312,002.			
		(ii) Other				
		b Less: cost or other basis and sales expenses	255,763.			
		c Gain or (loss)	56,239.			
	d Net gain or (loss)	▶ 56,239.			56,239.	
	8 a Gross income from fundraising events (not including \$ 119,285. of contributions reported on line 1c). See Part IV, line 18	a	136,185.			
		b Less: direct expenses	b 48,150.			
c Net income or (loss) from fundraising events		▶ 88,035.			88,035.	
9 a Gross income from gaming activities. See Part IV, line 19	a					
	b Less: direct expenses	b				
	c Net income or (loss) from gaming activities	▶				
10 a Gross sales of inventory, less returns and allowances	a					
	b Less: cost of goods sold	b				
	c Net income or (loss) from sales of inventory	▶				
11 a Miscellaneous Revenue		Business Code				
b -----						
c -----						
d All other revenue						
e Total. Add lines 11a-11d	▶					
12 Total revenue. See instructions	▶	5,827,667.	0.	0.	388,313.	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	2,478,791.	2,478,791.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	209,401.	151,116.	20,378.	37,907.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.	0.	0.	0.
7 Other salaries and wages	1,782,049.	1,286,033.	173,421.	322,595.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	277,369.	203,312.	35,994.	38,063.
10 Payroll taxes	148,922.	108,439.	14,013.	26,470.
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	39,750.	3,250.	36,500.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)				
12 Advertising and promotion	28,574.	27,236.		1,338.
13 Office expenses				
14 Information technology				
15 Royalties				
16 Occupancy		-27,872.	11,929.	15,943.
17 Travel	55,368.	33,174.	11,152.	11,042.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	34,144.	22,475.	3,091.	8,578.
20 Interest				
21 Payments to affiliates	30,798.	25,562.	1,848.	3,388.
22 Depreciation, depletion, and amortization	106,387.	94,798.	6,817.	4,772.
23 Insurance	61,523.	59,134.	1,167.	1,222.
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a <u>CONTRACT SERVICES</u>	302,418.	269,290.	17,096.	16,032.
b <u>DOLLY PARTON IMAGINATION LIBRA</u>	235,029.	235,029.		
c <u>IN KIND DONATIONS</u>	116,983.	109,483.		7,500.
d <u>REPAIRS AND MAINTENANCE</u>	85,642.	61,885.	20,039.	3,718.
e All other expenses	421,502.	373,347.	-46,512.	94,667.
25 Total functional expenses. Add lines 1 through 24e	6,414,650.	5,514,482.	306,933.	593,235.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash – non-interest-bearing	5,073.	1	5,073.
	2 Savings and temporary cash investments	942,199.	2	994,653.
	3 Pledges and grants receivable, net	2,123,009.	3	1,860,427.
	4 Accounts receivable, net		4	
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net	14,160.	7	12,081.
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	49,425.	9	79,115.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 3,880,201.		
	b Less: accumulated depreciation	10b 860,921.	3,111,237.	10c 3,019,280.
	11 Investments – publicly traded securities	1,265,591.	11	1,095,103.
	12 Investments – other securities. See Part IV, line 11		12	
	13 Investments – program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11		15	
16 Total assets. Add lines 1 through 15 (must equal line 34)		7,510,694.	16	7,065,732.
Liabilities	17 Accounts payable and accrued expenses	73,150.	17	78,989.
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	967,760.	25	1,246,396.
	26 Total liabilities. Add lines 17 through 25	1,040,910.	26	1,325,385.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	3,552,894.	27	3,063,376.
	28 Temporarily restricted net assets	900,978.	28	693,509.
	29 Permanently restricted net assets	2,015,912.	29	1,983,462.
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	6,469,784.	33	5,740,347.
	34 Total liabilities and net assets/fund balances	7,510,694.	34	7,065,732.

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Form 990 (2015)

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	5,827,667.
2	Total expenses (must equal Part IX, column (A), line 25)	2	6,414,650.
3	Revenue less expenses. Subtract line 2 from line 1	3	-586,983.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	6,469,784.
5	Net unrealized gains (losses) on investments	5	-142,454.
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	5,740,347.

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____		
If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		X
If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:			
<input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis			
2b	Were the organization's financial statements audited by an independent accountant?	X	
If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:			
<input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis			
2c	If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	X	
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	X	
3b	If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	X	

BAA

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.

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

OMB No. 1545-0047

2015

Open to Public Inspection

Name of the organization UNITED WAY OF ACADIANA, INC.	Employer identification number 72-0513639
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Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

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

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 An organization that normally receives: (1) more than 33-1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions – subject to certain exceptions, and (2) no more than 33-1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 10 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations
 - g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

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

Schedule A (Form 990 or 990-EZ) 2015

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants'.)	4,639,268.	5,799,216.	5,589,301.	5,146,956.	5,439,354.	26,614,095.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.						0.
3 The value of services or facilities furnished by a governmental unit to the organization without charge.						0.
4 Total. Add lines 1 through 3.	4,639,268.	5,799,216.	5,589,301.	5,146,956.	5,439,354.	26,614,095.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f).						2,947,659.
6 Public support. Subtract line 5 from line 4.						23,666,436.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
7 Amounts from line 4.	4,639,268.	5,799,216.	5,589,301.	5,146,956.	5,439,354.	26,614,095.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.	203,641.	301,408.	322,043.	339,449.	300,278.	1,466,819.
9 Net income from unrelated business activities, whether or not the business is regularly carried on.						0.
10 Other income. Do not include gain or loss from the sale of capital assets. (Explain in Part VI.) SEE PART VI				91,005.	88,035.	179,040.
11 Total support. Add lines 7 through 10.						28,259,954.
12 Gross receipts from related activities, etc. (see instructions)					12	0.
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f)).	14	83.75 %
15 Public support percentage from 2014 Schedule A, Part II, line 14.	15	85.56 %
16a 33-1/3% support test – 2015. If the organization did not check the box on line 13, and line 14 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization. ▶ <input checked="" type="checkbox"/>		
b 33-1/3% support test – 2014. If the organization did not check a box on line 13 or 16a, and line 15 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization. ▶ <input type="checkbox"/>		
17a 10%-facts-and-circumstances test – 2015. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part VI how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization. ▶ <input type="checkbox"/>		
b 10%-facts-and-circumstances test – 2014. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part VI how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization. ▶ <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions. ▶ <input type="checkbox"/>		

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1 Gifts, grants, contributions and membership fees received. (Do not include any 'unusual grants.')						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose.						
3 Gross receipts from activities that are not an unrelated trade or business under section 513.						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.						
5 The value of services or facilities furnished by a governmental unit to the organization without charge.						
6 Total. Add lines 1 through 5.						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons.						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year.						
c Add lines 7a and 7b.						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
9 Amounts from line 6.						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						
c Add lines 10a and 10b.						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

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

Section D. Computation of Investment Income Percentage

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

19a 33-1/3% support tests – 2015. If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line 17 is not more than 33-1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization.

b 33-1/3% support tests – 2014. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization.

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If 'Yes,' explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If 'Yes,' answer (b) and (c) below.</i>		
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)? <i>If 'Yes,' describe in Part VI when and how the organization made the determination.</i>		
3c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If 'Yes,' explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ('foreign supported organization')? <i>If 'Yes' and if you checked 11a or 11b in Part I, answer (b) and (c) below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
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)? <i>If 'Yes,' explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If 'Yes,' answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?.....		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?.....		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If 'Yes,' provide detail in Part VI.</i>		
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? <i>If 'Yes,' complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If 'Yes,' complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
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))? <i>If 'Yes,' provide detail in Part VI.</i>		
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? <i>If 'Yes,' provide detail in Part VI.</i>		
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If 'Yes,' provide detail in Part VI.</i>		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If 'Yes,' answer 10b below.</i>		
b Did the organization, have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a	
b A family member of a person described in (a) above?	11b	
c A 35% controlled entity of a person described in (a) or (b) above? If 'Yes' to a, b, or c, provide detail in Part VI	11c	

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section 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):			
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).			
2 Activities Test. Answer (a) and (b) below.		Yes	No
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If 'Yes,' then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a		
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If 'Yes,' explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b		
3 Parent of Supported Organizations. Answer (a) and (b) below.			
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.	3a		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If 'Yes,' describe in Part VI the role played by the organization in this regard.	3b		

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

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

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

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

Section C – Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	

7 Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions).

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

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

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

BAA

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

PART II, LINE 10 - OTHER INCOME

<u>NATURE AND SOURCE</u>	<u>2015</u>	<u>2014</u>	<u>2013</u>	<u>2012</u>	<u>2011</u>
NET INCOME FUNDRAISER SCHEDULE G					
	\$ 88,035.	\$ 91,005.			
TOTAL	<u>\$ 88,035.</u>	<u>\$ 91,005.</u>	<u>\$ 0.</u>	<u>\$ 0.</u>	<u>\$ 0.</u>

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

Department of the Treasury
Internal Revenue Service

PUBLIC DISCLOSURE COPY
Schedule of Contributors

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

OMB No. 1545-0047

2015

Name of the organization

UNITED WAY OF ACADIANA, INC.

Employer identification number

72-0513639

Organization type (check one):

Filers of:

Form 990 or 990-EZ

Section:

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

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

Special Rules

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

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

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

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

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2015)

Name of organization UNITED WAY OF ACADIANA, INC.	Employer identification number 72-0513639
---	---

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	----- ----- -----	\$ 757,083.	Person <input checked="" type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	----- ----- -----	\$ 167,664.	Person <input checked="" type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	----- ----- -----	\$ 334,726.	Person <input checked="" type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	----- ----- -----	\$ 154,339.	Person <input checked="" type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	----- ----- -----	\$ 126,772.	Person <input checked="" type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	----- ----- -----	\$ 117,640.	Person <input checked="" type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization UNITED WAY OF ACADIANA, INC.	Employer identification number 72-0513639
---	---

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	----- ----- -----	\$ 114,520.	Person <input checked="" type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
-----	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
-----	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
-----	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
-----	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
-----	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

UNITED WAY OF ACADIANA, INC.

72-0513639

Part II **Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
-----	N/A ----- ----- -----	\$-----	-----
-----	----- ----- -----	\$-----	-----
-----	----- ----- -----	\$-----	-----
-----	----- ----- -----	\$-----	-----
-----	----- ----- -----	\$-----	-----
-----	----- ----- -----	\$-----	-----
-----	----- ----- -----	\$-----	-----
-----	----- ----- -----	\$-----	-----

Name of organization UNITED WAY OF ACADIANA, INC.	Employer identification number 72-0513639
---	---

Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this information once. See instructions.) ▶ \$ _____ *N/A*
 Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
N/A			
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
-----		-----	
-----		-----	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
-----		-----	
-----		-----	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
-----		-----	
-----		-----	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
-----		-----	
-----		-----	

**SCHEDULE D
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2015

Open to Public Inspection

Name of the organization

Employer identification number

UNITED WAY OF ACADIANA, INC.

72-0513639

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Part II Conservation Easements.

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).

Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

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

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

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

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

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

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

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

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

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

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 8.

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

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

(i) Revenue included on Form 990, Part VIII, line 1. ▶ \$ _____

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

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

a Revenue included on Form 990, Part VIII, line 1. ▶ \$ _____

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

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

- 3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange programs
 - e Other _____
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

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

- 1 a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If 'Yes,' explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|---------------------------------|--------|
| c Beginning balance | 1 c |
| d Additions during the year | 1 d |
| e Distributions during the year | 1 e |
| f Ending balance | 1 f |
- 2 a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b If 'Yes,' explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII.

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1 a Beginning of year balance	1,265,591.	1,263,580.	1,095,655.	1,001,687.	975,577.
b Contributions			50.	350.	379.
c Net investment earnings, gains, and losses	-69,488.	102,011.	207,875.	93,618.	25,731.
d Grants or scholarships	101,000.	100,000.	40,000.		
e Other expenditures for facilities and programs				0.	
f Administrative expenses					
g End of year balance	1,095,103.	1,265,591.	1,263,580.	1,095,655.	1,001,687.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment _____ %
 - b Permanent endowment 65.17 %
 - c Temporarily restricted endowment 34.83 %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3 a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|--|--------|----|
| (i) unrelated organizations | 3a(i) | X |
| (ii) related organizations | 3a(ii) | X |
| b If 'Yes' on line 3a(ii), are the related organizations listed as required on Schedule R? | 3b | |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds. SEE PART XIII

Part VI Land, Buildings, and Equipment.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1 a Land		585,000.		585,000.
b Buildings		3,046,328.	627,029.	2,419,299.
c Leasehold improvements				
d Equipment				
e Other		248,873.	233,892.	14,981.

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) 3,019,280.

Part VII Investments – Other Securities.

N/A

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A) -----		
(B) -----		
(C) -----		
(D) -----		
(E) -----		
(F) -----		
(G) -----		
(H) -----		
(I) -----		
Total. (Column (b) must equal Form 990, Part X, column (B) line 12.)		

Part VIII Investments – Program Related.

N/A

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. (Column (b) must equal Form 990, Part X, column (B) line 13.)		

Part IX Other Assets.

N/A

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, column (B) line 15.)	

Part X Other Liabilities.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25

(a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) COMPENSATED ABSENCES	31,186.
(3) DEFERRED GRANT REVENUE	209,548.
(4) DONOR DESIGNATIONS PAYABLE	1,005,662.
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
Total. (Column (b) must equal Form 990, Part X, column (B) line 25.)	1,246,396.

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII.

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

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

1	Total revenue, gains, and other support per audited financial statements	1	4,826,400.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
	a Net unrealized gains (losses) on investments	2a	-142,454.
	b Donated services and use of facilities	2b	113,635.
	c Recoveries of prior year grants	2c	
	d Other (Describe in Part XIII.)	2d	
	e Add lines 2a through 2d	2e	-28,819.
3	Subtract line 2e from line 1	3	4,855,219.
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.) SEE PART XIII	4b	972,448.
	c Add lines 4a and 4b	4c	972,448.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	5,827,667.

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

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

1	Total expenses and losses per audited financial statements	1	5,555,837.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
	a Donated services and use of facilities	2a	113,635.
	b Prior year adjustments	2b	
	c Other losses	2c	
	d Other (Describe in Part XIII.)	2d	
	e Add lines 2a through 2d	2e	113,635.
3	Subtract line 2e from line 1	3	5,442,202.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
	a Investment expenses not included on Form 990, Part VIII, line 7b	4a	
	b Other (Describe in Part XIII.) SEE PART XIII	4b	972,448.
	c Add lines 4a and 4b	4c	972,448.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	6,414,650.

Part XIII Supplemental Information.

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

PART V, LINE 4 - INTENDED USES OF ENDOWMENT FUND

THE INTENDED USE OF THE ENDOWMENT FUND IS TO SUPPORT NEWLY EMERGING PROGRAMS, TO FILL GAPS IN SERVICES, FUND EXTERNAL COMMUNITY PROGRAMS, AND AUGMENT INTERNAL OPERATIONS.

**SCHEDULE D, PART XI, LINE 4B
OTHER REVENUE INCLUDED ON FORM 990 BUT NOT INCLUDED IN F/S**

PLEDGES DESIGNATED TO OTHER 501(C) (3)	\$	972,448.
TOTAL	\$	<u>972,448.</u>

Part XIII Supplemental Information (continued)

**SCHEDULE D, PART XII, LINE 4B
OTHER EXPENSES INCLUDED ON FORM 990 BUT NOT INCLUDED IN F/S**

DESIGNATED PLEDGES PAID TO 501 (C) (3).....	\$ 972,448.
TOTAL	<u>\$ 972,448.</u>

**SCHEDULE G
(Form 990 or 990-EZ)**

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2015

Open to Public Inspection

Name of the organization

UNITED WAY OF ACADIANA, INC.

Employer identification number

72-0513639

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

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

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

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

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

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in column (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total						0.

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

LA

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

REVENUE	(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
	GUMBO COOKOFF (event type)	(event type)	NONE (total number)	(add column (a) through column (c))
1	Gross receipts	255,470.		255,470.
2	Less: Contributions	119,285.		119,285.
3	Gross income (line 1 minus line 2)	136,185.		136,185.
DIRECT EXPENSES	4	Cash prizes		
	5	Noncash prizes		
	6	Rent/facility costs	3,583.	3,583.
	7	Food and beverages		
	8	Entertainment	9,802.	9,802.
	9	Other direct expenses	34,765.	34,765.
	10	Direct expense summary. Add lines 4 through 9 in column (d)		
11	Net income summary. Subtract line 10 from line 3, column (d)			88,035.

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

REVENUE	(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming
	(add column (a) through column (c))			
1	Gross revenue			
DIRECT EXPENSES	2	Cash prizes		
	3	Noncash prizes		
	4	Rent/facility costs		
	5	Other direct expenses		
	6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No
7	Direct expense summary. Add lines 2 through 5 in column (d)			
8	Net gaming income summary. Subtract line 7 from line 1, column (d)			

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

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

b If 'No,' explain: _____

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

b If 'Yes,' explain: _____

11 Does the organization conduct gaming activities with nonmembers? Yes No

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

13 Indicate the percentage of gaming activity conducted in:

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

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

Name ▶ _____

Address ▶ _____

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

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

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

Name ▶ _____

Address ▶ _____

16 Gaming manager information:

Name ▶ _____

Gaming manager compensation ▶ \$ _____.

Description of services provided ▶ _____

Director/officer Employee Independent contractor

17 Mandatory distributions

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

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

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

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

Complete if the organization answered 'Yes' on Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990.

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

OMB No. 1545-0047

2015

**Open to Public
Inspection**

Name of the organization

UNITED WAY OF ACADIANA, INC.

Employer identification number

72-0513639

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. **SEE PART IV**

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.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) 16TH JDA 300 IBERIA STREET STE. 200 NEW IBERIA, LA 70560	72-1112483	501 (C) (3)	37,500.	0.			FAMILY SERVICES
(2) 232-HELP CONTRACT P.O. BOX 52763 LAFAYETTE, LA 70505	72-0628109	501 (C) (3)	140,726.	0.			ENHANCED INFO & REFERRAL SERVICES
(3) ACADIA COUNCIL ON AGING P.O. BOX 1482 CROWLEY, LA 70527	72-0736101	501 (C) (3)	6,458.	0.			TRANSPORTATION PROGRAM
(4) ACADIANA OUTREACH CENTER P.O. BOX 2747 LAFAYETTE, LA 70502	58-1925867	501 (C) (3)	8,651.	0.			ENHANCED I&R SERV.
(5) ACADIANA SYMPHONY ASSOCIATION 412 TRAVIS STREET LAFAYETTE, LA 70503	58-1698703	501 (C) (3)	35,300.	0.			EDUCATION
(6) AMERICAN RED CROSS - ACADIANA P.O. BOX 62419 LAFAYETTE, LA 70596	53-0196605	501 (C) (3)	80,289.	0.			DISASTER SERVICES/DONOR DESIGNATION
(7) ASSIST AGENCY 11 N PARKERSON AVE CROWLEY, LA 70526	72-0786459	501 (C) (3)	14,368.	0.			FINANCIAL COUNSELING
(8) BIG BROTHER BIG SISTER 123 E. MAIN STREET LAFAYETTE, LA 70501	58-1634741	501 (C) (3)	84,042.	0.			COMMUNITY AND SCHOOL MENTORING

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **27**

3 Enter total number of other organizations listed in the line 1 table **27**

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered 'Yes' on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1					
2					
3					
4					
5					
6					
7					

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

PART I, LINE 2 - PROCEDURES FOR MONITORING USE OF GRANTS FUNDS IN U.S.

FUNDED AGENCIES RECEIVING ALLOCATIONS COMPLETE A QUARTERLY PERFORMANCE REPORT AND END OF YEAR FINAL GRANT REPORT. THE REPORT INCLUDES INFORMATION TO TRACK PROGRAM INPUTS, ACTIVITIES, OUTPUTS AND OUTCOMES ACHIEVED. THE FUNDED AGENCY MUST EXPEND FUNDS IN ACCORDANCE WITH THE TERMS SET FORTH IN THE UWA APPROVED PROGRAM BUDGET. THE FUNDS MAY NOT BE EXPENDED FOR ANY OTHER PURPOSE WITHOUT PRIOR WRITTEN APPROVAL BY UWA. THE FUNDED AGENCY MUST PROVIDE PROOF OF 501(C)3 STATUS, IF APPLICABLE, AN IRS FORM 990, AGENCY BY-LAWS, FINANCIAL AUDITS, AUDIT MANAGEMENT LETTERS, BOARD MINUTES, AND ACCREDITATION CERTIFICATIONS. FUNDED AGENCIES MUST VERIFY COMPLIANCE WITH THE PATRIOT ACT AND MUST CERTIFY COMPLIANCE WITH DEBARMENT AND SUSPENSION MATTERS, PER U.S. SMALL BUSINESS ADMINISTRATION REGULATIONS.

8/30/16

10:14AM

PART I, LINE 2 - PROCEDURES FOR MONITORING USE OF GRANTS FUNDS IN U.S. (CONTINUED)

AGENCIES RECEIVING DONOR DESIGNATED CONTRIBUTIONS THROUGH UWA UNDERGO SCREENING PRIOR TO DISTRIBUTION OF FUNDING. SUCH SCREENING INCLUDES VERIFICATION OF COMPLIANCE WITH THE PATRIOT ACT AND VERIFICATION OF CURRENT STATUS AS A AN IRS CODE SECTION 501(C)3 NONPROFIT ORGANIZATION.

Continuation Sheet for Schedule I (Form 990)

2015

▶ Attach to Form 990 to list additional information for
Schedule I (Form 990), Part II and Part III.

Continuation Page 1 of 5

Name of the organization UNITED WAY OF ACADIANA, INC.	Employer identification number 72-0513639
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Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments. (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BOYS AND GIRLS CLUB OF ACADIA P.O. BOX 62166 LAFAYETTE, LA 70596	72-0940072	501 (C) (3)	111,407.				FORMULA IMPACT K-5/DONOR DESIGNATIO
CATHOLIC SERVICES OF ACADIANA P.O. BOX 3177 LAFAYETTE, LA 70502	72-0977497	501 (C) (3)	128,588.				SUMMER ENRICHMENT/DONO R DESIGNATION
CENTRAL RAYNE KINDERGARTEN 507 NORTH POLK STREET RAYNE, LA 70578	72-6000009	501 (C) (3)	9,867.				LEADER IN ME
EMPOWERING THE COMMUNITY 1016 N. AVENUE C CROWLEY, LA 70526	32-0373695	501 (C) (3)	7,070.				DONOR DESIGNATION
EVANGELINE BOY SCOUTS 2255 S. COLLEGE STE. E LAFAYETTE, LA 70508	72-0423617	501 (C) (3)	48,032.				SCOUTING, LEARNING FOR LIFE
FAITH HOUSE P.O. BOX 93145 LAFAYETTE, LA 70509	72-0910067	501 (C) (3)	112,391.				SHELTER PROGRAM/DONOR DESIGNATION
FOOD NET P.O. BOX 53997 LAFAYETTE, LA 70505	58-1990111	501 (C) (3)	30,645.				FOOD FOR FAMILIES/DONOR DESIGNATION
GIRL SCOUTS PINES TO THE GULF 1720 KALISTE SALOOM RD C-1 LAFAYETTE, LA 70508	72-0488660	501 (C) (3)	29,272.				GIRL SCOUT TROOP PROGRAM
HEARTS OF HOPE 911 GENERAL MOUTON AVE. LAFAYETTE, LA 70501	72-1321800	501 (C) (3)	43,497.				KNOWLEDGE IS POWER
I AM A LEADER FOUNDATION 180 N. UNIVERSITY AVE STE 410 PROVO, UT 84601	45-4625508	501 (C) (3)	149,020.				EDUCATION

Continuation Sheet for Schedule I (Form 990)

2015

▶ Attach to Form 990 to list additional information for Schedule I (Form 990), Part II and Part III.

Continuation Page 2 of 5

Name of the organization: UNITED WAY OF ACADIANA, INC. Employer identification number: 72-0513639

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments. (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
JUNIOR ACHIEVEMENT OF ACADIAN P.O. BOX 52148 LAFAYETTE, LA 70505	84-1267604	501 (C) (3)	5,779.				THE ECONOMICS OF STAYING IN SCHOOL
LAFAYETTE COMMUNITY HEALTH CA 1317 JEFFERSON STREET LAFAYETTE, LA 70501	72-1221982	501 (C) (3)	148,373.				HEALTHCARE OF UNINSURED/DONOR DESIG
LAFAYETTE COUNCIL ON AGING 160 INDUSTRIAL PKWY LAFAYETTE, LA 70508	72-0649877	501 (C) (3)	8,963.				HOME DELIVERED MEALS
LAFAYETTE GENERAL FOUNDATION 1214 COLLIDGE STREET LAFAYETTE, LA 70503	37-1766778	501 (C) (3)	15,000.				DONOR DESIGNATIONS
MARTIN PETITJEAN ELEM 4039 CROWLEY RAYNE HWY RAYNE, LA 70578	72-6000009	501 (C) (3)	6,416.				EDUCATION
NEW HOPE COMMUNITY DEVELOP PO BOX 53654 LAFAYETTE, LA 70505	45-5187648	501 (C) (3)	8,750.				TUTORING PROGRAM
ROSS ELEMENTARY 1809 W HUTCHINSON AVE CROWLEY, LA 70526	72-6000009	501 (C) (3)	15,000.				EDUCATION
SECOND HARVEST FOOD BANK 700 EDWARDS AVENUE NEW ORLEANS, LA 70123	72-0956768	501 (C) (3)	61,057.				FOOD DISTRIBUTION
ST. MARTIN COUNCIL ON AGING 511 WILD CHERRY LANE BREAUX BRIDGE, LA 70517	72-0758720	501 (C) (3)	7,110.				HOME DELIVERED MEALS
ST. MARTIN PARISH SCHOOL BRD 305 WASHINGTON STREET ST. MARTINVILLE, LA 70582	72-6001274	501 (C) (3)	67,500.				ACCESS TO CARE

Continuation Sheet for Schedule I (Form 990)

2015

▶ Attach to Form 990 to list additional information for
Schedule I (Form 990), Part II and Part III.

Continuation Page 3 of 5

Name of the organization UNITED WAY OF ACADIANA, INC.	Employer identification number 72-0513639
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Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments. (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE FAMILY TREE INFO CENTER PO BOX 2386 LAFAYETTE, LA 70502	72-0879405	501 (C) (3)	6,976.				DONOR DESIGNATIONS
UW HEART OF ARKANSAS P.O. BOX 3257 LITTLE ROCK, AR 72203	71-0329790	501 (C) (3)	10,309.				DONOR DESIGNATION
UW OF BALDWIN COUNTY P.O. BOX 244 FOLEY, AL 36536	63-1050217	501 (C) (3)	5,740.				DONOR DESIGNATION
UW OF BROWARD COUNTY ANSIN BUILDING 1300 S ANDREWS FORT LAUDERDALE, LA 33316	59-0624402	501 (C) (3)	5,602.				DONOR DESIGNATIONS
UW OF CAPITAL AREA 700 LAUREL ST. BATON ROUGE, LA 70802	72-0447100	501 (C) (3)	32,255.				DONOR DESIGNATION
UW OF CENTRAL ALABAMA P.O. BOX 320189 BIRMINGHAM, AL 35232	63-0288846	501 (C) (3)	60,641.				DONOR DESIGNATION
UW OF CENTRAL ARKANSAS P.O. BOX 489 CONWAY, AR 72033	23-7222534	501 (C) (3)	9,829.				DONOR DESIGNATION
UW OF COLLIER COUNTY 848 FIRST AVENUE, NORTH #240 NAPLES, FL 34102	59-1026096	501 (C) (3)	35,800.				DONOR DESIGNATIONS
UW OF GREATER HOUSTON P.O. BOX 3247 HOUSTON, TX 77253	74-1167964	501 (C) (3)	21,742.				DONOR DESIGNATION
UW OF IBERIA PARISH 449 E. ST. PETER STREET NEW IBERIA, LA 70560	72-0514494	501 (C) (3)	18,466.				DONOR DESIGNATION

Continuation Sheet for Schedule I (Form 990)

2015

▶ Attach to Form 990 to list additional information for
Schedule I (Form 990), Part II and Part III.

Continuation Page 4 of 5

Name of the organization

UNITED WAY OF ACADIANA, INC.

Employer identification number

72-0513639

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments. (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
<u>UW OF LEE COUNTY</u> <u>7273 CONCOURSE DR.</u> FORT MYERS, FL 33908	59-1005169	501 (C) (3)	31,633.				DONOR DESIGNATION
<u>UW OF MANATEE COUNTY</u> <u>P.O. BOX 109</u> BRADENTON, FL 34206	59-0901509	501 (C) (3)	11,385.				DONOR DESIGNATION
<u>UW OF METRO DALLAS</u> <u>1800 N. LAMAR</u> DALLAS, TX 75202	75-6005352	501 (C) (3)	6,150.				DONOR DESIGNATIONS
<u>UW OF NE ARKANSAS</u> <u>407 UNION ST.</u> JONESBORO, AR 72401	71-6057164	501 (C) (3)	15,806.				DONOR DESIGNATION
<u>UW OF NE LOUISIANA</u> <u>1201 HUDSON LANE</u> MONROE, LA 71201	72-0498515	501 (C) (3)	16,832.				DONOR DESIGNATION
<u>UW OF NW LA - SHREVEPORT</u> <u>820 JORDAN ST. STE 370</u> SHREVEPORT, LA 71101	72-0503930	501 (C) (3)	7,535.				DONOR DESIGNATIONS
<u>UW OF PALM BEACH COUNTY</u> <u>2600 QUANTUM BLVD</u> BOYNTON BEACH, FL 33426	59-0683258	501 (C) (3)	8,469.				DONOR DESIGNATION
<u>UW OF SO. LOUISIANA HOUMA</u> <u>7910 MAIN STREET STE 460</u> HOUMA, LA 70360	72-0867661	501 (C) (3)	10,415.				DONOR DESIGNATION
<u>UW OF SOUTHEAST LA</u> <u>2515 CANAL ST.</u> NEW ORLEANS, LA 70119	72-0471369	501 (C) (3)	70,299.				DONOR DESIGNATION
<u>UW OF ST. LANDRY</u> <u>P.O. BOX 189</u> OPELOUSAS, LA 70571	72-0564845	501 (C) (3)	9,354.				DONOR DESIGNATION

Continuation Sheet for Schedule I (Form 990)

2015

▶ Attach to Form 990 to list additional information for
Schedule I (Form 990), Part II and Part III.

Continuation Page 5 of 5

Name of the organization

UNITED WAY OF ACADIANA, INC.

Employer identification number

72-0513639

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments. (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
<u>UW OF SW ALABAMA</u> <u>P.O. BOX 89</u> MOBILE, AL 36601	63-0351568	501 (C) (3)	9,183.				DONOR DESIGNATION
<u>UW OF SW LOUISIANA</u> <u>715 RYAN ST. #102</u> LAKE CHARLES, LA 70601	72-0456901	501 (C) (3)	24,376.				DONOR DESIGNATION
<u>UW OF THE FLORIDA KEYS</u> <u>P.O. BOX 1287</u> ISLAMORADA, FL 33036	59-1288630	501 (C) (3)	9,065.				DONOR DESIGNATION
<u>UW SUNCOAST</u> <u>1445 2ND STREET</u> SARASOTA, FL 34236	59-3725701	501 (C) (3)	5,976.				DONOR DESIGNATION
<u>VERMILION PARISH PUB SCHOOL</u> <u>220 JEFFERSON STREET</u> ABBEVILLE, LA 70510	72-6001434	501 (C) (3)	14,583.				EDUCATION
<u>VITA</u> <u>905 JEFFERSON STREET SUITE 40</u> LAFAYETTE, LA 70501	72-0954229	501 (C) (3)	104,470.				PARENTS KEYS TO SUCCESS

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

2015

▶ Complete if the organization answered 'Yes' on Form 990, Part IV, line 23.

▶ Attach to Form 990.

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

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

Name of the organization

UNITED WAY OF ACADIANA, INC.

Employer identification number

72-0513639

Part I Questions Regarding Compensation

1 a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|--|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) |

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If 'No,' complete Part III to explain.

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a?

3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- | | |
|--|--|
| <input type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment? **4 a**
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan? **4 b**
- c** Participate in, or receive payment from, an equity-based compensation arrangement? **4 c**
- If 'Yes' to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization? **5 a**
- b** Any related organization? **5 b**
- If 'Yes' to line 5a or 5b, describe in Part III.

6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization? **6 a**
- b** Any related organization? **6 b**
- If 'Yes' on line 6a or 6b, describe in Part III.

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described on lines 5 and 6? If 'Yes,' describe in Part III.

8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If 'Yes,' describe in Part III.

9 If 'Yes' to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1 b		
2		
4 a		X
4 b		X
4 c		X
5 a		X
5 b		X
6 a		X
6 b		X
7		X
8		X
9		

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

Schedule J (Form 990) 2015

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns(B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1	(i)							
	(ii)							
2	(i)							
	(ii)							
3	(i)							
	(ii)							
4	(i)							
	(ii)							
5	(i)							
	(ii)							
6	(i)							
	(ii)							
7	(i)							
	(ii)							
8	(i)							
	(ii)							
9	(i)							
	(ii)							
10	(i)							
	(ii)							
11	(i)							
	(ii)							
12	(i)							
	(ii)							
13	(i)							
	(ii)							
14	(i)							
	(ii)							
15	(i)							
	(ii)							
16	(i)							
	(ii)							

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2015

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Inspection**

Department of the Treasury
Internal Revenue Service

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

Name of the organization UNITED WAY OF ACADIANA, INC.	Employer identification number 72-0513639
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Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art – Works of art				
2 Art – Historical treasures				
3 Art – Fractional interests				
4 Books and publications				
5 Clothing and household goods	X		863.	SELLING PRICE
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities – Publicly traded				
10 Securities – Closely held stock				
11 Securities – Partnership, LLC, or trust interests				
12 Securities – Miscellaneous				
13 Qualified conservation contribution – Historic structures				
14 Qualified conservation contribution – Other				
15 Real estate – Residential				
16 Real estate – Commercial				
17 Real estate – Other				
18 Collectibles				
19 Food inventory	X		10,257.	SELLING PRICE
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (SEE PART II)				
26 Other ▶ (.....)				
27 Other ▶ (.....)				
28 Other ▶ (.....)				

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

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

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

Schedule M (Form 990) (2015)

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

**SCH M, PART I, LINES 25-28
OTHER NON-CASH CONTRIBUTIONS**

DESCRIPTION	APPL?	NUMBER OF CONTR.	REVENUE ON FORM 990, PART VIII	METHOD OF DETER. REV.
MARKETING	X		\$ 71,222.	SELLING PRICE
TECHNOLOGY	X		4,708.	SELLING PRICE
TOYS	X		6,443.	SELLING PRICE
SUPPLIES	X		21,281.	SELLING PRICE
MEDICINES	X		2,208.	SELLING PRICE

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Name of the organization

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2015

**Open to Public
Inspection**

UNITED WAY OF ACADIANA, INC.

Employer identification number

72-0513639

FORM 990, PART III, LINE 4A - PROGRAM SERVICE ACCOMPLISHMENTS

IN 2015, UNITED WAY OF ACADIANA GRANTED \$1.4 MILLION TO 27 COMMUNITY ORGANIZATIONS TO SUPPORT A TOTAL OF 42 PROGRAMS AND INITIATIVES IN THE FORM OF PACT GRANTS AND VENTURE GRANTS IN EDUCATION, EARNINGS, AND ESSENTIAL FOCUS AREAS. THESE PROGRAMS REACHED APPROXIMATELY 114,349 PEOPLE. UNITED WAY OF ACADIANA IS WORKING TO INCREASE THE NUMBER OF YOUNG PEOPLE WHO GRADUATE FROM HIGH SCHOOL ON TIME; TO HELP HARD WORKING, LOW-INCOME FAMILIES BECOME MORE FINANCIALLY STABLE BY BUILDING AND SUSTAINING APPRECIATING ASSETS; AND TO HELP RESIDENTS MEET THEIR BASIC NEEDS AFTER TEMPORARY FINANCIAL SETBACKS OR WIDE-SCALE DISASTER.

TO MEET OUR GOAL FOR EDUCATION WE ARE HELPING FAMILIES PREPARE THEIR CHILDREN TO ENTER KINDERGARTEN READY TO LEARN AND SUCCEED. BORN LEARNING, AN EARLY CHILDHOOD DEVELOPMENT CAMPAIGN, IS BASED ON THE IDEA THAT PARENTS ARE A CHILD'S FIRST TEACHER AND THAT LEARNING STARTS LONG BEFORE THE FIRST DAY OF SCHOOL. THE PROGRAM USES A COMBINATION OF MEDIA MESSAGES AND EDUCATIONAL MATERIALS TO SHOW PARENTS AND CAREGIVERS HOW TO TURN EVERYDAY MOMENTS INTO LEARNING OPPORTUNITIES. UWA WORKS WITH LOCAL PEDIATRICIANS, SCHOOL SYSTEMS AND COMMUNITY ORGANIZATIONS TO PROVIDE INFORMATION PACKETS TO PARENTS AND MAINTAINS 11 BORN LEARNING TRAILS IN PUBLIC PARKS THROUGHOUT OUR SERVICE AREA.

DOLLY PARTON'S IMAGINATION LIBRARY (DPIL) PROVIDES A NEW, AGE-APPROPRIATE BOOK EACH MONTH TO ENROLLED CHILDREN UP TO 5 YEARS OF AGE. THERE IS NO COST TO THE RECIPIENT FAMILY TO PARTICIPATE IN THIS PROGRAM. RESEARCH SHOWS THAT THE BEST WAY TO HELP CHILDREN LEARN TO READ IS TO READ TO THEM; YET MOST HOMES IN POVERTY HAVE ONLY 4 OR FEWER BOOKS. DPIL HELPS FAMILIES GIVE THEIR CHILDREN AN ENVIRONMENT THAT IS RICH IN EDUCATIONAL EXPERIENCES AND ENCOURAGES PARENTS TO SPEND TIME READING WITH THEIR

Name of the organization

Employer identification number

UNITED WAY OF ACADIANA, INC.

72-0513639

FORM 990, PART III, LINE 4A - PROGRAM SERVICE ACCOMPLISHMENTS

CHILDREN, AS OF DECEMBER 2015, OVER 20,818 CHILDREN HAVE BEEN SERVED THROUGH DPIL. IN 2015, THE COST OF BOOKS FOR THIS PROGRAM WAS \$234,542.

TO HELP MORE STUDENTS READ ON GRADE LEVEL BY 3RD GRADE, UWA LAUNCHED UNITED WAY READERS IN OCTOBER 2011. THE PROGRAM PAIRS STRUGGLING READERS IN THE 1ST AND 2ND GRADES WITH TRAINED VOLUNTEER TUTORS WHO PROVIDE A MINIMUM OF 30 MINUTES OF ADDITIONAL READING PRACTICE AT LEAST ONCE A WEEK. DURING THE 2014-2015 SCHOOL YEAR, 168 VOLUNTEER TUTORS SPENT OVER 1,500 HOURS HELPING 309 STUDENTS IMPROVE THEIR READING SKILLS AT 23 SCHOOLS IN LAFAYETTE, ST. MARTIN, AND ACADIA PARISHES.

UNITED WAY OF ACADIANA IS HELPING TO IMPLEMENT FRANKLIN COVEY'S THE LEADER IN ME IN ALL INTERESTED SCHOOLS IN OUR SERVICE AREA BY 2020. BASED ON STEVEN COVEY'S THE 7 HABITS OF HIGHLY EFFECTIVE PEOPLE, THE LEADER IN ME IS A SCHOOL-WIDE PROCESS THAT TRANSFORMS THE CULTURE OF THE SCHOOL AND INSTILLS STUDENTS WITH THE KEY SKILLS THAT BUSINESSES AND EDUCATORS HAVE IDENTIFIED AS VITAL FOR SUCCESS IN THE 21ST CENTURY. AS OF SCHOOL YEAR 2015-16, THE LEADER IN ME REACHED MORE THAN 17,500 STUDENTS IN 29 SCHOOLS IN THE UWA SERVICE AREA. UNITED WAY OF ACADIANA HAS PROVIDED DIRECT SUPPORT TO 22 OF THOSE 29 SCHOOLS. STUDIES HAVE PROVEN THAT IMPLEMENTATION OF THE LEADER IN ME, EVEN IN HIGH-POVERTY SCHOOLS LEADS TO INCREASED STUDENT ATTENDANCE AND DECREASED DISCIPLINE ISSUES, WITH THE END RESULT BEING HIGHER ACADEMIC PERFORMANCE.

THE EARN.SAVE.SUCCEED. (ESS) CAMPAIGN HELPS INDIVIDUALS AND FAMILIES BECOME MORE ECONOMICALLY SECURE BY HELPING THEM INCREASE THEIR INCOME, IMPROVE THEIR FINANCIAL SKILLS, AND DEVELOP SAVINGS PLANS TO PURCHASE APPRECIATING ASSETS. THE FIRST PHASE OF ESS FOCUSES ON INCREASING AWARENESS OF THE EARNED INCOME TAX CREDIT (EITC) AND INCREASING ACCESS TO FREE VOLUNTEER INCOME TAX ASSISTANCE (VITA). IN 2015, THE 12

Name of the organization

UNITED WAY OF ACADIANA, INC.

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FORM 990, PART III, LINE 4A - PROGRAM SERVICE ACCOMPLISHMENTS

VITA SITES WHICH WE PARTNERED WITH HELPED 1,107 PEOPLE CLAIM OVER \$2 MILLION IN EITC.

UNITED WAY OF ACADIANA, SEVERAL PROMINENT COMMUNITY BANKS, AND LAFAYETTE CONSOLIDATED GOVERNMENT SUPPORT A COLLABORATIVE INITIATIVE CALLED BANK ON LAFAYETTE THAT OFFERS SPECIAL DEPOSIT ACCOUNTS TO UNBANKED AND UNDER-BANKED INDIVIDUALS IN LAFAYETTE PARISH WHO MAY NOT QUALIFY FOR TRADITIONAL BANK PRODUCTS. THESE ACCOUNTS AND THE ADDITIONAL SUPPORTS AVAILABLE THROUGH BANK ON LAFAYETTE ARE DESIGNED TO PROVIDE THE SKILLS AND MENTORING NEEDED TO LEARN HOW TO MAINTAIN A DEPOSIT ACCOUNT SUCCESSFULLY, THUS ENHANCING THOSE INDIVIDUALS' CHANCES OF FUTURE FINANCIAL SUCCESS AND STABILITY IN THEIR LIVES AND IN THE LAFAYETTE COMMUNITY. CENSUS DATA REVEAL THAT NEARLY 30% OF HOUSEHOLDS IN LAFAYETTE PARISH ARE "UNBANKED," MEANING NO CHECKING OR SAVINGS ACCOUNT, OR "UNDER-BANKED," MEANING THE HOUSEHOLD RELIES ON NONTRADITIONAL SERVICES SUCH AS PAYDAY LOANS OR CHECK-CASHING SERVICES. STATISTICS SHOW THAT DURING A LIFETIME, AN UNBANKED WORKER CAN PAY MORE THAN \$40,000 IN CHECK-CASHING FEES. THE INITIATIVE AIMS TO ADDRESS THESE NEEDS AND CONNECT MORE OF THE LOCAL COMMUNITY TO MAINSTREAM FINANCIAL INSTITUTIONS.

UWA DISTRIBUTES FAMILYWISE DISCOUNTED PRESCRIPTION CARDS FOR MEDICATIONS NOT COVERED BY INSURANCE, MEDICAID, MEDICARE OR OTHER BENEFIT PLANS. THE FAMILYWISE CARD IS ACCEPTED AT MOST PHARMACIES IN OUR AREA AND CAN BE USED BY ANYONE FREE OF CHARGE THAT DOES NOT HAVE HEALTH INSURANCE OR PRESCRIPTION BENEFITS COVERAGE. IN 2015, A TOTAL OF 4,838 PRESCRIPTIONS WERE FILLED IN OUR SERVICE AREA WITH DISCOUNTS FROM A FAMILYWISE CARD RESULTING IN A TOTAL SAVING OF \$112,000 OR APPROXIMATELY 38% OF THE PRESCRIPTION COSTS.

Name of the organization

UNITED WAY OF ACADIANA, INC.

Employer identification number

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FORM 990, PART III, LINE 4A - PROGRAM SERVICE ACCOMPLISHMENTS

DONORS TO UWA MAY DESIGNATE THAT THEIR GIFT BE DIRECTED TO A UNITED WAY SERVING ANOTHER COMMUNITY IN LOUISIANA OR ANOTHER STATE OR TO ANY 501(C)3 ORGANIZATION PROVIDED THAT ORGANIZATION MEETS THE REQUIREMENTS OF THE USA PATRIOT ACT OF 2011. UWA FORWARDED \$972,448 TO OTHER NOT-FOR-PROFITS INCLUDING OTHER UNITED WAYS PER THESE DONOR DESIGNATIONS.

FORM 990, PART III, LINE 4B - PROGRAM SERVICE ACCOMPLISHMENTS

THROUGH A FEDERAL GRANT AWARDED BY THE ADMINISTRATION FOR CHILDREN AND FAMILIES, DEPARTMENT OF HEAD START, THE UNITED WAY OF ACADIANA OPERATES AN EARLY HEAD START PROGRAM SERVING 103 CHILDREN FROM SIX WEEKS TO THREE YEARS OF AGE AND PREGNANT WOMEN. THE PROGRAM OPERATES TWO, LOUISIANA QUALITY START 4-STAR RATED, EARLY CHILDHOOD EDUCATION CENTERS; ONE IN ABBEVILLE SERVING VERMILION PARISH AND THE OTHER IN LAFAYETTE WITH EMPHASIS ON THE 70501, 70503, 70506 AND 70507 ZIP CODE AREAS. THE PROGRAM PROVIDES HIGH-QUALITY EARLY CHILDHOOD EDUCATION AND INTELLECTUAL DEVELOPMENT SERVICES TO ENSURE ALL CHILDREN ENTER SCHOOL READY TO LEARN. THE CHILDREN IN OUR PROGRAM HAVE MADE GREAT PROGRESS, DEMONSTRATING AN 89 PERCENT OVERALL IMPROVEMENT IN BECOMING SCHOOL-READY, SURPASSING THE PROGRAM'S SCHOOL READINESS GOAL. THE PROGRAM ALSO ASSISTS PARENTS TO FULFILL THEIR PARENTAL ROLE AND TO MOVE TOWARD SELF-SUFFICIENCY. FAMILIES ARE SELECTED INTO THE PROGRAM THROUGH A PRIORITY RATING SYSTEM WITH EMPHASIS ON WORKING FAMILIES, FAMILIES SEEKING TO FURTHER THEIR EDUCATION, AND FAMILIES WHO HAVE CHILDREN WITH DISABILITIES.

FORM 990, PART III, LINE 4C - PROGRAM SERVICE ACCOMPLISHMENTS

UNITED WAY OF ACADIANA'S VISION IS FOR AN EDUCATED, PROSPEROUS AND SAFE ACADIANA WHERE ALL INDIVIDUALS AND FAMILIES ACHIEVE THEIR POTENTIAL. UNITED WAY OF ACADIANA'S MISSION IS TO UNITE PEOPLE AND ORGANIZATIONS WITH PASSION, EXPERTISE AND RESOURCES TO CREATE MORE OPPORTUNITIES FOR A BETTER LIFE. THE VOLUNTEER MOBILIZATION TEAM MAINTAINS A BASE OF VOLUNTEERS WHO ARE ACTIVELY ENGAGED IN ACTIVITIES THAT SUPPORT

Name of the organization

UNITED WAY OF ACADIANA, INC.

Employer identification number

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FORM 990, PART III, LINE 4C - PROGRAM SERVICE ACCOMPLISHMENTS

EDUCATION, EARNINGS, AND ESSENTIALS. IN 2015, 4,376 PEOPLE PARTICIPATED IN DIRECT VOLUNTEER OPPORTUNITIES, PROVIDING 14,706 HOURS OF SERVICES AT AN ESTIMATED VALUE OF OVER \$334,256. OUR MULTI-TENANT FACILITY IS ALSO MADE AVAILABLE AT NO CHARGE FOR MEETINGS BY OTHER NON-PROFITS AND IS USED FOR STORAGE THROUGHOUT THE YEAR FOR ITEMS USED IN COLLABORATION WITH OTHER PARTNERS FOR DISASTER RECOVERY, EDUCATIONAL MATERIALS, AND BUILDING SUPPLIES. IT ALLOWS NON-PROFITS TO DEVELOP THEIR OWN CAPACITY TO WORK WITHIN OUR MAIN FOCUS AREAS OF EDUCATION, EARNINGS, AND ESSENTIALS THROUGH OCCUPANCY SUPPORT AT BELOW MARKET RATES. IN 2015, UWA TENANTS WERE LAFAYETTE PARISH PUBLIC LIBRARY, HABITAT FOR HUMANITY RE-STORE, AND SECOND HARVEST FOOD BANK OF GREATER NEW ORLEANS AND ACADIANA.

FORM 990, PART III, LINE 4D - OTHER PROGRAM SERVICES DESCRIPTION

LOUISIANA VOLUNTEER ORGANIZATIONS ACTIVE IN DISASTERS (LAVOAD) HAS BECOME INCREASINGLY VITAL TO THE STATE'S EFFORTS IN IDENTIFYING NEEDS, DEPLOYING ASSETS, GATHERING INFORMATION AND COORDINATING DISASTER RESPONSE AND RECOVERY EFFORTS THROUGH AN ORGANIZED STATEWIDE NETWORK OF COMMUNITY-BASED ORGANIZATIONS. UWA CONTINUES TO SERVE IN LEADERSHIP POSITIONS FOR LAVOAD AND THE LOCAL ACADIANA VOAD (AVOAD). UWA STAFF WILL LEAD THE ORGANIZATION'S EFFORTS IN ACTIVATING RESOURCES TO IMPACT ACADIANA PARISHES IN RESPONSE TO DISASTERS. LOUISIANA HOSTED THE NATIONAL VOAD CONFERENCE IN MAY 2015.

UWA ALSO PARTICIPATES IN EFSP PROGRAMS IN ACADIANA. THE EMERGENCY FOOD AND SHELTER PROGRAM (EFSP) IS GOVERNED BY A NATIONAL BOARD, CHAIRED BY THE FEDERAL EMERGENCY MANAGEMENT AGENCY. THE PROGRAM WAS CREATED TO HELP MEET THE NEEDS OF HUNGRY AND HOMELESS PEOPLE THROUGHOUT THE UNITED STATES AND ITS TERRITORIES BY ALLOCATING FEDERAL FUNDS FOR THE PROVISION OF FOOD AND SHELTER. THROUGH LOCAL BOARDS RESPONSIBLE FOR DETERMINING WHICH ORGANIZATIONS WILL RECEIVE FUNDS AND WHICH

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FORM 990, PART III, LINE 4D - OTHER PROGRAM SERVICES DESCRIPTION

SERVICES ARE FUNDED, THE EFSP DISTRIBUTES FUNDS TO HUMAN SERVICE AGENCIES. UWA SERVES TO PROVIDE GOVERNING SUPPORT TO THE LOCAL BOARD LOCATED IN ACADIA PARISH, WITH UWA STAFF SERVING AS LOCAL BOARD CHAIR IN THIS PARISH. IN 2014-15, FUNDS ALLOCATED TO ACADIA PARISH WERE DISTRIBUTED DIRECTLY TO THE ASSIST AGENCY AND SECOND HARVEST FOOD BANK OF GREATER NEW ORLEANS AND ACADIANA.

FORM 990, PART VI, LINE 11B - FORM 990 REVIEW PROCESS

PART VI. SECTION A. GOVERNING BODY AND MANAGEMENT- 8A; 8B

THE EXECUTIVE COMMITTEE CONSISTS OF THE OFFICERS OF THE BOARD OF DIRECTORS. THE EXECUTIVE COMMITTEE HAS AND EXERCISES ALL THE POWERS OF THE BOARD OF DIRECTORS SUBJECT TO SUCH LIMITATIONS AS THE LAW OF THE STATE OF LOUISIANA OR RESOLUTIONS THAT THE BOARD OF DIRECTORS MAY IMPOSE, AND HAS THE POWER TO AFFIX THE SEAL OF THE CORPORATION TO ALL PAPERS REQUIRING IT. THE CHAIRMAN OF THE BOARD SERVES AS THE CHAIRPERSON OF THE EXECUTIVE COMMITTEE. THE EXECUTIVE COMMITTEE HAS THE POWER TO MAKE RULES AND REGULATIONS FOR THE CONDUCT OF ITS BUSINESS. REGULAR MINUTES OF ITS PROCEEDS ARE KEPT AND REPORTED TO THE BOARD OF DIRECTORS. IN MATTERS REQUIRING IMMEDIATE ACTION, THE EXECUTIVE COMMITTEE MAY ACT ON BEHALF OF THE BOARD OF DIRECTORS, EXCEPT TO AMEND BYLAWS; ADOPT A PLAN OF MERGER OF CONSOLIDATION; SELL, LEASE, EXCHANGE, MORTGAGE, PLEDGE OR MAKE ANY OTHER DISPOSITION OF ANY OF THE PROPERTY AND ASSETS OF THE ORGANIZATION. THE EXECUTIVE COMMITTEE'S RESPONSIBILITIES INCLUDE SUBMITTING RECOMMENDATIONS FOR BOARD ACTIONS REGARDING THE MANAGEMENT AND ADMINISTRATION OF THE AFFAIRS OF THE ORGANIZATION, RECOMMENDATIONS FOR BOARD ACTION ON THE UNITED WAY'S INTERNAL BUDGET, AND RECOMMENDATIONS FOR BOARD ACTION ON THE EMPLOYMENT OF THE PRESIDENT.

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FORM 990, PART VI, LINE 11B - FORM 990 REVIEW PROCESS (CONTINUED)

PART VI. SECTION B. REVIEW PROCESS - 11A

THE FORM 990 IS PRESENTED TO THE UNITED WAY BOARD OF DIRECTORS FOR REVIEW VIA EMAIL PRIOR TO PRESENTATION TO THE BOARD OF DIRECTORS ON JULY 27, 2016. THE REVIEW AND APPROVAL PROCESS ARE DOCUMENTED THROUGH THE BOARD MINUTES.

FORM 990, PART VI, LINE 12C - EXPLANATION OF MONITORING AND ENFORCEMENT OF CONFLICTS

ANNUALLY, ALL POLICIES ARE REVIEWED AND REVISED. BOARD MEMBERS ARE BRIEFED ON STATUS OF COMPLIANCE WITH EACH POLICY. BOARD MEMBERS ARE MANDATED TO EXCUSE HIM/HERSELF FROM ANY ACTION WHERE A CONFLICT MAY ARISE. SUCH ACTION IS DOCUMENTED IN THE MINUTES OF THE MEETING. BOARD MEMBERS ANNUALLY SUBMIT A DISCLOSURE FORM REGARDING CONFLICT OF INTEREST. THESE DISCLOSURE FORMS ARE KEPT ON FILE.

FORM 990, PART VI, LINE 15B - COMPENSATION REVIEW & APPROVAL PROCESS - OFFICERS & KEY EMPLOYEES

THE PROCESS FOR DETERMINING COMPENSATION FOR KEY EMPLOYEES AS REPORTED IN PART VII INCLUDES AN INITIAL REVIEW AND APPROVAL BY THE EXECUTIVE COMMITTEE. THE EXECUTIVE COMMITTEE PRESENTS A RECOMMENDATION TO THE BOARD OF DIRECTORS FOR FINAL REVIEW AND APPROVAL.

THE COMPENSATION LEVEL FOR THE KEY EMPLOYEES IS BASED ON COMPARISON TO THE SALARY RANGE FOR POSITIONS OF SIMILAR RESPONSIBILITIES WITHIN THE UNITED WAY WORLDWIDE SYSTEM. THE REVIEW AND APPROVAL PROCESSES ARE DOCUMENTED THROUGH EACH COMMITTEE AND BOARD MEETING MINUTES.

FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS PUBLICLY AVAILABLE

UNITED WAY OF ACADIANA MAKES AVAILABLE FOR PUBLIC VIEWING, FINANCIAL DOCUMENTATION THAT MAY INCLUDE BUT ARE NOT LIMITED TO, ARTICLES OF INCORPORATION; BY LAWS; FORM 990; ALL POLICIES AND PROCEDURES; AND AUDITED FINANCIAL STATEMENTS.