

Form **990**
 Department of the Treasury
 Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

OMB No 1545-0047
2015
Open to Public Inspection

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

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization UNITED WAY OF SOUTHEAST LOUISIANA Doing business as Number and street (or P O box if mail is not delivered to street address) Room/suite 2515 CANAL STREET City or town, state or province, country, and ZIP or foreign postal code NEW ORLEANS, LA 70119	D Employer identification number 72-0471369 E Telephone number (504) 822-5540 G Gross receipts \$ 16,549,675
F Name and address of principal officer MICHAEL WILLIAMSON 2515 CANAL STREET NEW ORLEANS, LA 70119		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions) H(c) Group exemption number ▶
I Tax-exempt status <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		L Year of formation 1952 M State of legal domicile LA
J Website: ▶ UNITEDWAYSELA.ORG K Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities UNITED WAY OF SOUTHEAST LOUISIANA (UWSELA) IS A NOT-FOR-PROFIT 501(C)(3) CHARITABLE ORGANIZATION FOUNDED IN 1952 SERVING RESIDENTS OF JEFFERSON, ORLEANS, PLAQUEMINES, ST BERNARD, ST TAMMANY, TANGIPAHOA AND WASHINGTON PARISHES AND GOVERNED BY A VOLUNTEER BOARD UNITED WAY FUNDS PROGRAMS, SUPPORTS COLLABORATIONS, CONVENES EXPERTS, ADVOCATES FOR CHANGE AND FOSTERS NEW AND NEEDED COMMUNITY SERVICES BASED ON BEST PRACTICES WE WORK TO ENSURE QUALITY HEALTH AND HUMAN SERVICES FOR THE CITIZENS OF SOUTHEAST LA AND ASSESS THE SUCCESS OF PROGRAMS BASED ON THE ACHIEVEMENT OF PRE-DEFINED OUTCOMES																																	
	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)	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 5%;">3</td> <td style="width: 85%;"></td> <td style="width: 10%; text-align: right;">42</td> </tr> <tr> <td>4</td> <td>Number of independent voting members of the governing body (Part VI, line 1b)</td> <td style="text-align: right;">42</td> </tr> <tr> <td>5</td> <td>Total number of individuals employed in calendar year 2015 (Part V, line 2a)</td> <td style="text-align: right;">69</td> </tr> <tr> <td>6</td> <td>Total number of volunteers (estimate if necessary)</td> <td style="text-align: right;">5,854</td> </tr> <tr> <td>7a</td> <td>Total unrelated business revenue from Part VIII, column (C), line 12</td> <td style="text-align: right;">0</td> </tr> <tr> <td>7b</td> <td>Net unrelated business taxable income from Form 990-T, line 34</td> <td style="text-align: right;">0</td> </tr> </table>	3		42	4	Number of independent voting members of the governing body (Part VI, line 1b)	42	5	Total number of individuals employed in calendar year 2015 (Part V, line 2a)	69	6	Total number of volunteers (estimate if necessary)	5,854	7a	Total unrelated business revenue from Part VIII, column (C), line 12	0	7b	Net unrelated business taxable income from Form 990-T, line 34	0														
3		42																																
4	Number of independent voting members of the governing body (Part VI, line 1b)	42																																
5	Total number of individuals employed in calendar year 2015 (Part V, line 2a)	69																																
6	Total number of volunteers (estimate if necessary)	5,854																																
7a	Total unrelated business revenue from Part VIII, column (C), line 12	0																																
7b	Net unrelated business taxable income from Form 990-T, line 34	0																																
Revenue	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 5%;"></th> <th style="width: 75%;"></th> <th style="width: 10%; text-align: center;">Prior Year</th> <th style="width: 10%; text-align: center;">Current Year</th> </tr> </thead> <tbody> <tr> <td>8</td> <td>Contributions and grants (Part VIII, line 1h)</td> <td style="text-align: right;">14,366,976</td> <td style="text-align: right;">15,839,751</td> </tr> <tr> <td>9</td> <td>Program service revenue (Part VIII, line 2g)</td> <td style="text-align: right;">303,000</td> <td style="text-align: right;">373,979</td> </tr> <tr> <td>10</td> <td>Investment income (Part VIII, column (A), lines 3, 4, and 7d)</td> <td style="text-align: right;">240,368</td> <td style="text-align: right;">81,209</td> </tr> <tr> <td>11</td> <td>Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)</td> <td style="text-align: right;">-247,222</td> <td style="text-align: right;">-205,192</td> </tr> <tr> <td>12</td> <td>Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)</td> <td style="text-align: right;">14,663,122</td> <td style="text-align: right;">16,089,747</td> </tr> </tbody> </table>			Prior Year	Current Year	8	Contributions and grants (Part VIII, line 1h)	14,366,976	15,839,751	9	Program service revenue (Part VIII, line 2g)	303,000	373,979	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	240,368	81,209	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-247,222	-205,192	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	14,663,122	16,089,747									
		Prior Year	Current Year																															
8	Contributions and grants (Part VIII, line 1h)	14,366,976	15,839,751																															
9	Program service revenue (Part VIII, line 2g)	303,000	373,979																															
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	240,368	81,209																															
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-247,222	-205,192																															
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	14,663,122	16,089,747																															
Expenses	<table border="1" style="width: 100%; border-collapse: collapse;"> <tbody> <tr> <td style="width: 5%;">13</td> <td style="width: 75%;">Grants and similar amounts paid (Part IX, column (A), lines 1-3)</td> <td style="width: 10%; text-align: right;">10,120,662</td> <td style="width: 10%; text-align: right;">10,591,825</td> </tr> <tr> <td>14</td> <td>Benefits paid to or for members (Part IX, column (A), line 4)</td> <td style="text-align: right;">0</td> <td style="text-align: right;">0</td> </tr> <tr> <td>15</td> <td>Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)</td> <td style="text-align: right;">3,778,882</td> <td style="text-align: right;">3,609,169</td> </tr> <tr> <td>16a</td> <td>Professional fundraising fees (Part IX, column (A), line 11e)</td> <td style="text-align: right;">0</td> <td style="text-align: right;">0</td> </tr> <tr> <td>b</td> <td>Total fundraising expenses (Part IX, column (D), line 25) ▶ 1,963,239</td> <td></td> <td></td> </tr> <tr> <td>17</td> <td>Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)</td> <td style="text-align: right;">1,423,290</td> <td style="text-align: right;">1,482,754</td> </tr> <tr> <td>18</td> <td>Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)</td> <td style="text-align: right;">15,322,834</td> <td style="text-align: right;">15,683,748</td> </tr> <tr> <td>19</td> <td>Revenue less expenses Subtract line 18 from line 12</td> <td style="text-align: right;">-659,712</td> <td style="text-align: right;">405,999</td> </tr> </tbody> </table>	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	10,120,662	10,591,825	14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	3,778,882	3,609,169	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 1,963,239			17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	1,423,290	1,482,754	18	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	15,322,834	15,683,748	19	Revenue less expenses Subtract line 18 from line 12	-659,712	405,999	
13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	10,120,662	10,591,825																															
14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0																															
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	3,778,882	3,609,169																															
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0																															
b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 1,963,239																																	
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	1,423,290	1,482,754																															
18	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	15,322,834	15,683,748																															
19	Revenue less expenses Subtract line 18 from line 12	-659,712	405,999																															
Net Assets or Fund Balances	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 5%;"></th> <th style="width: 75%;"></th> <th style="width: 10%; text-align: center;">Beginning of Current Year</th> <th style="width: 10%; text-align: center;">End of Year</th> </tr> </thead> <tbody> <tr> <td>20</td> <td>Total assets (Part X, line 16)</td> <td style="text-align: right;">18,037,579</td> <td style="text-align: right;">18,036,942</td> </tr> <tr> <td>21</td> <td>Total liabilities (Part X, line 26)</td> <td style="text-align: right;">6,456,919</td> <td style="text-align: right;">6,133,236</td> </tr> <tr> <td>22</td> <td>Net assets or fund balances Subtract line 21 from line 20</td> <td style="text-align: right;">11,580,660</td> <td style="text-align: right;">11,903,706</td> </tr> </tbody> </table>			Beginning of Current Year	End of Year	20	Total assets (Part X, line 16)	18,037,579	18,036,942	21	Total liabilities (Part X, line 26)	6,456,919	6,133,236	22	Net assets or fund balances Subtract line 21 from line 20	11,580,660	11,903,706																	
		Beginning of Current Year	End of Year																															
20	Total assets (Part X, line 16)	18,037,579	18,036,942																															
21	Total liabilities (Part X, line 26)	6,456,919	6,133,236																															
22	Net assets or fund balances Subtract line 21 from line 20	11,580,660	11,903,706																															

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	2016-11-07 Date
	DEBRA MODLIN CFO Type or print name and title	

Paid Preparer Use Only	Print/Type preparer's name SHARON CASSIERE	Preparer's signature SHARON CASSIERE	Date	Check <input type="checkbox"/> if self-employed	PTIN P00543368
	Firm's name ▶ POSTLETHWAITE & NETTERVILLE	Firm's EIN ▶ 72-1202445			
	Firm's address ▶ ONE GALLERIA BLVD STE 2100 METAIRIE, LA 70001	Phone no (504) 837-5990			

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission

UNITED WAY OF SOUTHEAST LOUISIANA (UWSELA) IS A NOT-FOR-PROFIT 501(C)(3) CHARITABLE ORGANIZATION FOUNDED IN 1952 SERVING RESIDENTS OF JEFFERSON, ORLEANS, PLAQUEMINES, ST BERNARD, ST TAMMANY, TANGIPAHOA AND WASHINGTON PARISHES AND GOVERNED BY A VOLUNTEER BOARD UWSELA'S MISSION IS TO INCREASE THE ORGANIZED CAPACITY OF PEOPLE TO CARE FOR ONE ANOTHER IN ORDER TO CREATE A STRONGER COMMUNITY FOR ALL UWSELA COLLABORATES WITH GOVERNMENT, BUSINESSES, FAITH GROUPS AND OTHER NONPROFITS IN THE SEVEN PARISH REGION TO IDENTIFY AND ADDRESS SERIOUS ISSUES UWSELA RAISES FUNDS THROUGH AN ANNUAL WORKPLACE CAMPAIGN, INDIVIDUAL AND CORPORATE GIFTS, GRANTS AND PARTNERSHIPS UWSELA FUNDS FOSTER NEW AND NEEDED HEALTH AND HUMAN COMMUNITY SERVICES BASED ON BEST PRACTICES, AND ASSESSES THE SUCCESS OF THOSE PROGRAMS BASED ON THE ACHIEVEMENT OF PRE-DEFINED OUTCOMES UWSELA ALSO SERVES AS A CAMPAIGN AGENT FOR THE SOLICITATION OF CONTRIBUTIONS FROM FEDERAL CIVILIAN AND UNIFORMED SERVICE PERSONNEL

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

If "Yes," describe these new services on Schedule O

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

If "Yes," describe these changes on Schedule O

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

4a (Code) (Expenses \$ 9,983,475 including grants of \$ 8,788,654) (Revenue \$ 373,979)
 COMMUNITY IMPACT - STRATEGIC PLANNING & FUND DISTRIBUTION THIS PORTION OF THE COMMUNITY IMPACT DIVISION, AS DISTINCT FROM THE INITIATIVES AND PROGRAMS IT COORDINATES, IS RESPONSIBLE FOR THE ANNUAL STRATEGIC GRANTS FUNDING PROCESSES IT DEVELOPS STRATEGIC PLANS TO GUIDE THE FUNDING PROCESSES AND PROGRAM OR INITIATIVE DEVELOPMENT, AND ESTABLISHES AND MONITORS MEASURES OF PROGRAM SUCCESS AND FINANCIAL ACCOUNTABILITY ACCOMPLISHMENTS TOTAL # OF PEOPLE SERVED BY OUR GRANT PARTNERS FROM JULY 1, 2015 - JUNE 30, 2016 - 452,186 UWSELA-FUNDED PROGRAMS, FROM JULY 1, 2015 - JUNE 30, 2016 TO ADDRESS PRIORITIES SUCH AS HOUSING, MEDICAL AND MENTAL HEALTH CARE, CHILD AND ADULT CARE AND ACADEMIC SUPPORTS UWSELA ANSWERED OVER 452,186 APPEALS FOR HELP FROM OUR COMMUNITY

4b (Code) (Expenses \$ 1,187,595 including grants of \$ 1,140,967) (Revenue \$)
 REBUILDING INITIATIVE THE NO PLACE LIKE HOME (NPLH) INITIATIVE BUILDS UPON THE WORK OF THE LONG TERM RECOVERY INITIATIVE AND WAS ESTABLISHED IN MID-2010 IT CONTINUES TO COORDINATE DISASTER RECOVERY SERVICES IN THE REGION REBUILDING HOUSING TO MEET THE RECOVERY NEEDS OF RESIDENTS THE NPLH WORKS TO MEET THE PRIMARY GOAL OF UWSELA'S SAFETY NET/FINANCIAL STABILITY (INCOME) IMPACT AREA, "PEOPLE ARE LIVING IN SAFE AND PERMANENT HOUSING IN VITAL NEIGHBORHOODS " THE NPLH, WITH ITS COMMUNITY PARTNERS, SUPPORTS THE COORDINATION OF THE NECESSARY RESOURCES TO FULFILL HOUSING-RELATED UNMET NEEDS ONCE RESOURCES ARE SECURED TO MEET A CLIENT'S UNMET NEEDS, PARTICIPATING REBUILD AGENCIES USE THEIR VOLUNTEER LABOR AND PROJECT MANAGEMENT TO REBUILD HOMES CASH CONTRIBUTIONS FROM DONORS ARE USED TO PAY FOR LICENSED CONTRACTORS, APPLICANCES AND FURNISHINGS, OTHER HOUSING RELATED MATERIALS AND GOODS HELP TO BUID AND FURNISH HOMES THE NPLH PROGRAM HAS COME TO A CLOSE WITH ONE PROGRAM REMAINING IN PLAQUEMINES PARISH - HOMEBUYER ASSISTANCE PROGRAM-PLAQUEMINES INITIATIVE (HAPPI) HOMEBUYER ASSISTANCE PROGRAM - PLAQUEMINES INITIATIVE (HAPPI)HAPPI IS A SOFT SECOND MORTGAGE PROGRAM DESIGNED TO ASSIST PLAQUEMINES PARISH INDIVIDUALS AND FAMILIES TO BECOME FIRST-TIME HOMEOWNERS ALL AREAS OF PLAQUEMINES PARISH ARE ELIGIBLE FOR THIS LOAN PROGRAM UWSELA HAS BEEN AUTHORIZED BY PLAQUEMINES PARISH COUNCIL RESOLUTION NO 09-82 TO UNDERTAKE THE ADMINISTRATION OF THIS PROGRAM, AND HAD RECEIVED \$8,273,000 IN FUNDING UNDER THE LOUISIANA DISASTER RECOVERY CDBG PROGRAMS AN AMENDMENT WAS LATER ISSUED IN OCTOBER 2014 REDUCING THE AMOUNT TO \$2,676,976 ACCOMPLISHMENTS * 11 CLIENTS INITIATE HAPPI PAPERWORK WITH FAMILY RESOURCES OF NEW ORLEANS * 10 FAMILIES PURCHASED EXISTING HOMES * 11 CLIENT FILES WERE APPROVED BY UNITED WAY * 1 CLIENT FILE IS IN PROCESS WITH UNITED WAY * 0 CLIENTS WHO ARE DEEMED "READY" BY FAMILY RESOURCES OF NEW ORLEANS * 0 CLIENTS WHO ARE NO LONGER BEING CONSIDERED BECAUSE THEY HAVE DROPPED OUT * 1 CLIENT HAS COMPLETED FINANCIAL EDUCATION TRAINING WITH FAMILY RESOURCES OF NEW ORLEANS * 1 CLIENT HAS COMPLETED FIRST TIME HOME BUYER TRAINING WITH FAMILY RESOURCES OF NEW ORLEANS THE HAPPI PROGRAM WILL END ON DECEMBER 31, 2016 THERE ARE NO PLANS TO EXTEND THE PROGRAM AS THE REMAINING FUNDS HAVE BEEN REALLOCATED FOR ANOTHER PROJECT THAT DOES NOT INVOLVE UNITED WAY

4c (Code) (Expenses \$ 571,086 including grants of \$ 215,798) (Revenue \$)
 INDIVIDUAL DEVELOPMENT ACCOUNT PROJECT (IDA) AN IDA IS A MATCHED SAVINGS ACCOUNT THAT HELPS LOW-INCOME INDIVIDUALS AND FAMILIES SAVE MONEY TO ACQUIRE AN ECONOMIC ASSET THAT CAN BE A FOUNDATION FOR LONG-TERM FINANCIAL STABILITY AND SELF-SUFFICIENCY THIS PROJECT ALLOWS PARTICIPANTS TO USE THEIR IDAS FOR A DOWN PAYMENT/CLOSING COSTS ON A NEW HOME, TO START OR EXPAND A SMALL BUSINESS, TRANSFER IDA FOR POST-SECONDARY EDUCATION, AND VEHICLE PURCHASES PARTICIPANTS ARE REQUIRED TO ATTEND FINANCIAL EDUCATION COURSES AND ASSET SPECIFIC TRAINING PRIOR TO MAKING A PURCHASE THEY ARE ALSO REQUIRED TO SAVE FOR AT LEAST SIX MONTHS BEFORE MAKING A PURCHASE IDA PROJECT PARTNERS PROVIDE FINANCIAL EDUCATION, CREDIT COUNSELING, AND ASSET SPECIFIC TRAINING WE RECEIVED A \$250,000 ASSET FOR INDEPENDENCE (AFI) ON SEPTEMBER 30, 2013 TO START OUR SECOND PROGRAM ACCOMPLISHMENTS * TOTAL NUMBER OF PARTICIPANTS ENROLLED-45 * 32 HOMEOWNERSHIP * 1 VEHICLE * 7 BUSINESS START-UP OR EXPANSION * 5 TRANSFER IDA FOR POST-SECONDARY EDUCATION* TOTAL NUMBER OF PARTICIPANTS THAT HAVE COMPLETED 12 HOURS OF HOMEBUYER TRAINING-33 * TOTAL NUMBER OF PARTICIPANTS THAT HAVE COMPLETED 12 HOURS OF FINANCIAL EDUCATION-38 * ASSET PURCHASES-38 TOTAL, 33 HOMEOWNERSHIP, 3 SMALL BUSINESS, AND 2 VEHICLES

See Additional Data

4d Other program services (Describe in Schedule O)
 (Expenses \$ 845,195 including grants of \$ 446,406) (Revenue \$)

4e Total program service expenses ► 12,587,351

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)? <i>If "Yes," complete Schedule A</i>	Yes	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)?	Yes	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		No
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	Yes	
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? <i>If "Yes," complete Schedule C, Part III</i>		No
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>	Yes	
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		No
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		No
9 Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		No
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	Yes	
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? <i>If "Yes," complete Schedule D, Part VI</i>	Yes	
b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>	Yes	
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? <i>If "Yes," complete Schedule D, Part VIII</i>		No
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>		No
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	Yes	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	Yes	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	Yes	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>		No
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		No
14a Did the organization maintain an office, employees, or agents outside of the United States?		No
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>		No
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>		No
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>		No
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> (see instructions)		No
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	Yes	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		No
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		No
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
20b		

Part IV Checklist of Required Schedules (continued)

<p>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></p>	<p>21</p>	<p>Yes</p>	
<p>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></p>	<p>22</p>	<p>Yes</p>	
<p>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></p>	<p>23</p>	<p>Yes</p>	
<p>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></p>	<p>24a</p>		<p>No</p>
<p>b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?</p>	<p>24b</p>		
<p>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?</p>	<p>24c</p>		
<p>d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?</p>	<p>24d</p>		
<p>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></p>	<p>25a</p>		<p>No</p>
<p>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></p>	<p>25b</p>		<p>No</p>
<p>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></p>	<p>26</p>		<p>No</p>
<p>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></p>	<p>27</p>		<p>No</p>
<p>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)</p>			
<p>a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i></p>	<p>28a</p>		<p>No</p>
<p>b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i></p>	<p>28b</p>	<p>Yes</p>	
<p>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></p>	<p>28c</p>		<p>No</p>
<p>29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i></p>	<p>29</p>	<p>Yes</p>	
<p>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></p>	<p>30</p>		<p>No</p>
<p>31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i></p>	<p>31</p>		<p>No</p>
<p>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></p>	<p>32</p>		<p>No</p>
<p>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></p>	<p>33</p>		<p>No</p>
<p>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></p>	<p>34</p>		<p>No</p>
<p>35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?</p>	<p>35a</p>		<p>No</p>
<p>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></p>	<p>35b</p>		
<p>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></p>	<p>36</p>		<p>No</p>
<p>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></p>	<p>37</p>		<p>No</p>
<p>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</p>	<p>38</p>	<p>Yes</p>	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable		
1b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable		
1c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
2b	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)	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		No
3b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		No
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		No
5b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		No
5c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		No
6b	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).		
7a	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?	Yes	
7b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	Yes	
7c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		No
7d	If "Yes," indicate the number of Forms 8282 filed during the year		
7e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		No
7f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		No
7g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
7h	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?		No
9a	Did the sponsoring organization make any taxable distributions under section 4966?		No
9b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		No
10	Section 501(c)(7) organizations. Enter		
10a	Initiation fees and capital contributions included on Part VIII, line 12		
10b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
11	Section 501(c)(12) organizations. Enter		
11a	Gross income from members or shareholders		
11b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
12b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
13a	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		
13b	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		
13c	Enter the amount of reserves on hand		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		No
14b	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 lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O		
1b	Enter the number of voting members included in line 1a, above, who are independent		
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?		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		No
6	Did the organization have members or stockholders?	Yes	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	Yes	
7b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
8a	The governing body?	Yes	
8b	Each committee with authority to act on behalf of the governing body?	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		No

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

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

- 18** Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain in Schedule O)
- 19** Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records
 ▶DEBRA MODLIN 2515 CANAL STREET NEW ORLEANS, LA 70119 (504) 822-5540

Part VIII Statement of Revenue

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns 1a 928,669					
	b Membership dues 1b					
	c Fundraising events 1c 306,105					
	d Related organizations 1d					
	e Government grants (contributions) 1e 1,281,794					
	f All other contributions, gifts, grants, and similar amounts not included above 1f 13,323,183					
	g Noncash contributions included in lines 1a-1f \$ 73,121					
	h Total. Add lines 1a-1f ▶	15,839,751				
Program Service Revenue	2a SERVICE FEE INCOME					
	b					
	c					
	d					
	e					
	f All other program service revenue					
	g Total. Add lines 2a-2f ▶	373,979				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts) ▶	67,483			67,483	
	4 Income from investment of tax-exempt bond proceeds . . ▶					
	5 Royalties ▶	9			9	
	6a Gross rents	(i) Real	163,536			
		(ii) Personal				
		b Less rental expenses	336,575			
		c Rental income or (loss)	-173,039			
	d Net rental income or (loss) ▶	-173,039			-173,039	
	7a Gross amount from sales of assets other than inventory	(i) Securities	13,726			
		(ii) Other				
		b Less cost or other basis and sales expenses	0			
		c Gain or (loss)	13,726			
	d Net gain or (loss) ▶	13,726			13,726	
	8a Gross income from fundraising events (not including \$ 306,105 of contributions reported on line 1c) See Part IV, line 18	a	91,191			
		b Less direct expenses b	123,353			
c Net income or (loss) from fundraising events . . ▶		-32,162			-32,162	
9a Gross income from gaming activities See Part IV, line 19	a					
	b Less direct expenses b					
	c Net income or (loss) from gaming activities . . . ▶					
10a Gross sales of inventory, less returns and allowances	a					
	b Less cost of goods sold b					
	c Net income or (loss) from sales of inventory . . ▶					
Miscellaneous Revenue	Business Code					
11a						
b						
c						
d All other revenue						
e Total. Add lines 11a-11d ▶						
12 Total revenue. See Instructions ▶	16,089,747	373,979	0	-123,983		

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	9,225,606	9,225,606		
2	Grants and other assistance to domestic individuals See Part IV, line 22	1,366,219	1,366,219		
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	758,396	165,458	311,212	281,726
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	2,205,244	900,525	403,781	900,938
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	187,680	59,717	43,202	84,761
9	Other employee benefits	259,997	83,722	58,930	117,345
10	Payroll taxes	197,852	66,331	47,236	84,285
11	Fees for services (non-employees)				
a	Management				
b	Legal				
c	Accounting	27,151	1,638	23,192	2,321
d	Lobbying				
e	Professional fundraising services See Part IV, line 17				
f	Investment management fees	10,384	3,302	2,403	4,679
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	472,620	350,816	23,283	98,521
12	Advertising and promotion	96,718	38,539	3,613	54,566
13	Office expenses	293,021	109,147	33,734	150,140
14	Information technology				
15	Royalties				
16	Occupancy	65,232	15,202	9,886	40,144
17	Travel	88,522	38,343	6,497	43,682
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	197,670	122,090	16,906	58,674
20	Interest				
21	Payments to affiliates	132,053		132,053	
22	Depreciation, depletion, and amortization	77,413	35,012	13,429	28,972
23	Insurance				
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	MEMBERSHIP DUES	12,084	3,769	2,603	5,712
b	MISCELLANEOUS	9,886	1,915	1,198	6,773
c					
d					
e	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	15,683,748	12,587,351	1,133,158	1,963,239
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A)		(B)
		Beginning of year		End of year
Assets	1 Cash—non-interest-bearing	-156,749	1	-126,603
	2 Savings and temporary cash investments	6,761,560	2	6,923,660
	3 Pledges and grants receivable, net	5,180,791	3	5,271,721
	4 Accounts receivable, net		4	
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges		9	
	10a Land, buildings, and equipment—cost or other basis. Complete Part VI of Schedule D	10a 1,963,536		
	b Less: accumulated depreciation	10b 1,295,623	671,390	10c 667,913
	11 Investments—publicly traded securities	1,909,956	11	1,806,924
	12 Investments—other securities. See Part IV, line 11	3,506,866	12	3,349,000
	13 Investments—program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	163,765	15	144,327
16 Total assets. Add lines 1 through 15 (must equal line 34)	18,037,579	16	18,036,942	
Liabilities	17 Accounts payable and accrued expenses	518,069	17	482,501
	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	5,938,850	25	5,650,735
	26 Total liabilities. Add lines 17 through 25	6,456,919	26	6,133,236
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	5,083,848	27	5,976,135
	28 Temporarily restricted net assets	2,617,677	28	2,024,054
	29 Permanently restricted net assets	3,879,135	29	3,903,517
	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	11,580,660	33	11,903,706	
34 Total liabilities and net assets/fund balances	18,037,579	34	18,036,942	

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	16,089,747
2	Total expenses (must equal Part IX, column (A), line 25)	2	15,683,748
3	Revenue less expenses Subtract line 2 from line 1	3	405,999
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	11,580,660
5	Net unrealized gains (losses) on investments	5	-82,953
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	11,903,706

Part XII Financial Statements and Reporting

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

- 1** Accounting method used to prepare the Form 990 Cash Accrual Other _____
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant?
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both
 Separate basis Consolidated basis Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant?
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both
 Separate basis Consolidated basis Both consolidated and separate basis
- c** If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
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?
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

	Yes	No
2a		No
2b	Yes	
2c	Yes	
3a	Yes	
3b	Yes	

Additional Data

Software ID:

Software Version:

EIN: 72-0471369

Name: UNITED WAY OF SOUTHEAST LOUISIANA

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

(Code) (Expenses \$ 315,426 including grants of \$) (Revenue \$)

VITA, EITC, AND SINGLE STOP VITA IS THE VOLUNTEER INCOME TAX ASSISTANCE PROGRAM THAT ASSISTS LOW-TO-MODERATE INCOME WORKERS WITH FREE TAX PREPARATION SERVICES TO KEEP ALL OF THEIR TAX REFUNDS IN THEIR POCKETS IRS TRAINED VITA VOLUNTEERS HELPS THE TAXPAYERS AVOID PAYING HIGH FEES AND PREDATORY LENDING PRACTICES THE VOLUNTEERS MAKE SURE THAT THE TAXPAYERS TAKE ADVANTAGE OF ALL CREDITS SUCH AS EARNED INCOME TAX CREDITS (EITC), CHILD TAX CREDITS, ETC EITC IS THE NATION'S LARGEST ANTI-POVERTY PROGRAM THAT HELPS TO BRING LOW INCOME FAMILIES OUT OF POVERTY UNITED WAY CONDUCTS MARKETING AND OUTREACH ON THE VITA PROGRAM AND EITC THROUGHOUT OUR SEVEN PARISH SERVICE AREA AND BEYOND UNITED WAY PARTNERS WITH SINGLE STOP USA AND DELGADO COMMUNITY COLLEGE TO OFFER FREE TAX PREPARATION AND BENEFITS SCREENING FOR STUDENTS TO HELP THEM GET ALL THE PUBLIC BENEFITS THEY ARE ELIGIBLE FOR THE GOAL IS TO INCREASE THE STUDENT'S INCOME SO THEY DON'T HAVE TO DROP OUT OF SCHOOL BECAUSE OF LACK OF CHILD CARE OR HAVING TO MAKE TOUGH CHOICES LIKE PAYING FOR BOOKS OR FOOD ACCOMPLISHMENTS * TOTAL NUMBER OF INCOME TAX RETURNS COMPLETED--10,309 * TOTAL AMOUNT OF INCOME TAX REFUNDS--\$14,294,874* TOTAL AMOUNT OF EARNED INCOME TAX CREDITS--\$5,271,311 * TOTAL AMOUNT OF CHILD TAX CREDITS--\$1,559,911

(Code) (Expenses \$ 8,504 including grants of \$) (Revenue \$)

SUCCESS BY 6 (SB6) SINCE 2002 SUCCESS BY 6 (SB6) PARTNERS HAVE WORKED TOGETHER TO ENSURE THAT ALL CHILDREN WILL BE HEALTHY, SAFE, AND FUNCTIONING OPTIMALLY BY AGE SIX SB6'S 84 MEMBERS COLLABORATIVE INCLUDE PARENTS, CHILDCARE PROVIDERS, EARLY CHILDHOOD EXPERTS, AND FUNDERS PAST SB6 SUCCESSSES INCLUDE PASSAGE OF THREE STATE BILLS CURRENTLY SB6 IS FOCUSED ON IMPROVING THE SAFETY AND QUALITY OF CARE IN SMALL CHILDCARE SETTINGS UNITED WAY OF SOUTHEAST LOUISIANA (UWSELA), SUCCESS BY 6, WHICH RECEIVED A ROADMAPS TO HEALTH COMMUNITY GRANT IN 2012, WANTS TO ENSURE THAT ALL CHILD CARE SETTINGS IN THE STATE PROVIDE HIGH-QUALITY EARLY CARE SO THAT CHILDREN ARE PREPARED FOR KINDERGARTEN UWSELA HAS PREVIOUSLY SUCCESSFULLY ADVOCATED FOR OF THE INCLUSION OF A QUALITY RATING SYSTEM (LOUISIANA QUALITY START) FOR LARGE CHILD CARE FACILITIES, AND NOW THEY ARE ADVOCATING FOR LICENSING STANDARDS FOR SO-CALLED FAMILY CHILD CARE FACILITIES THAT WOULD CREATE A BASE-LEVEL OF REGULATION AND ALLOW THEM TO PARTICIPATE IN THE CURRENT QUALITY RATING SYSTEM THESE SMALL CENTERS ARE LOCATED IN THE PROVIDER'S HOME, AND LOUISIANA IS ONLY ONE OF THREE STATES IN THE COUNTRY THAT DO NOT REGULATE THEM BECAUSE ONE-THIRD OF PRESCHOOLERS ATTEND THESE SMALL CHILD CARE FACILITIES, ENSURING THE QUALITY OF THESE PROGRAMS IS CRITICAL TO IMPROVING SCHOOL READINESS FOR LOUISIANA'S CHILDREN IN 2014 THE COMMUNITY CATALYST TEAM SPOKE WITH UNITED WAY STAFF ABOUT SHARING THE WORK UWSELA UNDERTOOK AS A ROADMAPS TO HEALTH GRANTEE ON THE COUNTY HEALTH RANKINGS & ROADMAPS WEBSITE, VIA A COMMUNITIES IN ACTION SPOTLIGHT WE'RE EXCITED TO REPORT THAT THE WORK WILL BE FEATURED IN AN ARTICLE UWSELA'S WORK SERVES AS A GREAT EXAMPLE OF THE ASSESS NEEDS AND RESOURCES/COLLECT PRIMARY DATA ACTIVITY IN THE ROADMAPS TO HEALTH ACTION CENTER, ALLOWING OTHER COMMUNITIES TO LEARN HOW THIS ACTIVITY CAN MOVE FROM THE IDEA STAGE TO SUCCESSFUL IMPLEMENTATION IN ADDITION, UNITED WAY OF SOUTHEAST LOUISIANA AND ITS WOMEN'S LEADERSHIP COUNCIL IDENTIFIED KEY AREAS OF PUBLIC POLICY IMPORTANT TO WOMEN, CHILDREN AND FAMILIES WE ASKED THE FOUR HIGHEST POLLING GUBERNATORIAL CANDIDATES TO ANSWER QUESTIONS ABOUT ISSUES RELATED REGULATIONS FOR SMALL CHILD CARE SETTINGS (FAMILY CHILD CARE HOMES) AND WE WILL BE PURSUING IN THE 2016 LEGISLATIVE SESSION ACCOMPLISHMENTS * ROAD MAP TO SUCCESS EXECUTIVE SUMMARY DISTRIBUTED * WORKED WITH RWJ FOUNDATION TO DOCUMENT WORK UTILIZING FOCUS GROUPS FOR PUBLICATION * QUESTIONS ADDRESSED BY GUBERNATORIAL CANDIDATES AND RESPONSES PUBLISHED IN A VOTER'S GUIDE - WILL YOU SUPPORT LEGISLATION MANDATING LICENSURE OF SMALL CHILD-CARE CENTERS THAT SERVE SEVEN OR LESS CHILDREN AGES 0-6 THAT ARE NOT RELATED TO THE CAREGIVER?

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

(Code) (Expenses \$	10,038	including grants of \$) (Revenue \$	
-------	----------------	--------	------------------------	---------------	--

READY BY 21/SCHOOL TO CAREER UNITED WAY OF SOUTHEAST LOUISIANA'S SCHOOL TO CAREER INITIATIVE IN PARTNERSHIP WITH NOLA YOUTH WORKS/JOB 1 ARE WORKING TO CREATE A LOCAL CAREER DEVELOPMENT MODEL THAT INCORPORATES THE BEST PRACTICES OF YOUTH DEVELOPMENT WHILE SIMULTANEOUSLY BEING INFORMED BY THE NEEDS OF LOCAL BUSINESSES THE GOAL OF THIS PARTNERSHIP IS TO DEVISE A WAY TO INCORPORATE PROMISING PRACTICES IN YOUTH DEVELOPMENT INTO THE NOLA YOUTH WORKS PROGRAM THAT EMPLOYS AS MANY AS 3,000 ORLEANS PARISH YOUTH EACH SUMMER (12 5% OF THE ADOLESCENT POPULATION) ACCOMPLISHMENTS * RESULTS HAVE BEEN NOTED EACH YEAR OF THE PARTNERSHIP JULY 1 - AUGUST 30, 2013 - UNITED WAY AND NOLA YOUTH WORKS LAUNCHED A REVISED SUCCESS SERIES PILOT PROGAM RATHER THAN FOCUSING DIRECTLY ON YOUTH, UWSELA & NOLA YOUTH WORKS BROUGHT TOGETHER A COHORT OF FIVE PROVIDERS IN A COMMUNITY OF PRACTICE THAT FOCUSED ON IMPROVING THE EFFICACY OF ADULT EMPLOYERS/OUT OF SCHOOL TIME PROVIDERS THE COHORT ATTEND A SERIES OF SIX COMMUNITY PRACTICE MEETINGS TO BETTER UNDERSTAND ADOLESCENT BRAIN DEVELOPMENT, MENTORSHIP MODELS, COMMUNICATION STRATEGIES, EVALUATION TOOLS, AND OTHER DEVELOPMENTALLY APPROPRIATE PRACTICES FOR WORKING WITH ADOLESCENTS AN EVALUATION OF THE THREE YEAR PILOT WAS COMPLETED A SAMPLE OF YOUTH WAS SELECTED FROM EACH PROGRAM TO EVALUATE AND ASSESS YOUTH OPINIONS ABOUT THEIR SUMMER YOUTH EMPLOYMENT EXPERIENCE THE SURVEYS IDENTIFY WORKFORCE DEVELOPMENT SKILLS GAINED, YOUTH OVERALL SATISFACTION WITH THE PROGRAM, AND OTHER PERSONAL FACTORS RELATED TO YOUTH SUMMER EMPLOYMENT EXPERIENCE HERE ARE SOME OF THE RESULTS STUDENT EVALUATION * MAJORITY OF THE STUDENTS REPORT LEARNING ABOUT NOLA YOUTH WORKS FROM SCHOOL* YOUTH WERE VERY SATISFIED WITH THE OVERALL EXPERIENCE WITH THE APPLICATION PROCESS* 92% OF THE YOUTH WOULD RECOMMEND THE SUMMER PROGRAM TO THEIR PEERS* A MAJORITY WERE SATISFIED WITH THEIR OVERALL EXPERIENCE* WORK SITE SUPERVISOR WAS VERY HELPFUL* 89% OF YOUTH BELIEVE THEY ARE BETTER PREPARED FOR WORK PROVIDER EVALUATION * ORGANIZATIONAL STRUCTURE - MET EXPECTATIONS* ACADEMIC PLANNING & LEARNING - MET EXPECTATIONS* YOUTH PERSONAL DEVELOPMENT - MET EXPECTATIONS* EMPLOYER & INDUSTRY EXPOSURE & EXPERIENCE - MET EXPECTATIONS* ATTENDANCE - MET EXPECTATIONS

(Code) (Expenses \$	511,227	including grants of \$	446,406) (Revenue \$	
-------	----------------	---------	------------------------	---------	---------------	--

ALL OTHER PROGRAM SERVICES

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(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			
MR KEVIN ALKER TRUSTEE	4 00	X						0	0	
MS DANICA ANSARDI CLU CHFC MBA TRUSTEE & AUDIT COMMITTEE CHAIR	4 00	X						0	0	
DR TOYA BARNES-TEAMER TRUSTEE	4 00	X						0	0	
MS LORI BARTHELEMY TRUSTEE	4 00	X						0	0	
MRS KARIN STAFFORD BIRD TRUSTEE	4 00	X						0	0	
FORMER CONGRESSMAN ANH JOSEPH CAO TRUSTEE	4 00	X						0	0	
MR CHARLES A CERISE JR TRUSTEE & LEGAL ADVISOR	4 00	X						0	0	
MR CHRISTOPHER J CLAUS TRUSTEE	4 00	X						0	0	
MR MATT FAUST TRUSTEE	4 00	X						0	0	
MR JOHN FOLEY TRUSTEE	4 00	X						0	0	

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(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			
MR DAVID FRANCIS TRUSTEE	4 00	X						0	0	
MRS NORMA GRACE TRUSTEE - EXECUTIVE COMMITTEE AT-LARGE MEMBER	4 00	X						0	0	
MR RICHARD HAASE TRUSTEE - CAMPAIGN CHAIR	4 00	X						0	0	
MR AL HAMAUEI TRUSTEE	4 00	X						0	0	
MR ROBERT TIGER HAMMOND TRUSTEE	4 00	X						0	0	
MR MICHAEL HECHT TRUSTEE	4 00	X						0	0	
MR ALEXIS D HOCEVAR TRUSTEE - EXECUTIVE COMMITTEE AT-LARGE MEMBER	4 00	X						0	0	
MR RICHARD HOWE TRUSTEE	4 00	X						0	0	
MR CHRIS KAUFFMANN TRUSTEE	4 00	X						0	0	
MR ROBERT KIMBRO TRUSTEE	4 00	X						0	0	

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(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			
JUDGE NANCY AMATO KONRAD TRUSTEE	4 00	X						0	0	
MR EDWARD J KRAUSE TRUSTEE	4 00	X						0	0	
MR LARRY MILLER TRUSTEE	4 00	X						0	0	
MS CARRIE NETHERY TRUSTEE	4 00	X						0	0	
MS MARIAN H PIERRE TRUSTEE	4 00	X						0	0	
MS TARA RICHARD ESQ TRUSTEE	4 00	X						0	0	
MR COLEMAN RIDLEY TRUSTEE	4 00	X						0	0	
MR TOM SHAW TRUSTEE	4 00	X						0	0	
MR JOHN SILLARS TRUSTEE	4 00	X						0	0	
MS ADRIENNE SLACK TRUSTEE	4 00	X						0	0	

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(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			
MR TOD SMITH TRUSTEE	4 00	X						0	0	
MRS CAROL A SOLOMON TRUSTEE	4 00	X						0	0	
MRS KIM SPORT TRUSTEE & PUBLIC POLICY CHAIR	4 00	X						0	0	
CAPT MARK SUCATO TRUSTEE	4 00	X						0	0	
MS JESSICA VERMILYEA TRUSTEE & COMMUNITY IMPACT CHAIR	4 00	X						0	0	
MRS BARBARA TURNER WINDHORST TRUSTEE - EXECUTIVE COMMITTEE AT-LARGE MEMBER	4 00	X						0	0	
MRS CAROL B WISE TRUSTEE - EXECUTIVE COMMITTEE AT-LARGE MEMBER	4 00	X						0	0	
MR JOSEPH EXNICIOS PAST CHAIR & GOVERNANCE COMMITTEE CHAIR	4 00	X		X				0	0	
MR TODD SLACK CHAIRMAN	4 00	X		X				0	0	
MR CHARLES L RICE JR VICE CHAIR	4 00	X		X				0	0	

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(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			
MRS FLORENCE SCHORNSTEIN SECRETARY	4 00	X		X				0	0	
MR MICHAEL TODD TREASURER & FINANCE AND OPERATIONS CHAIR	4 00	X		X				0	0	
MICHAEL WILLIAMSON PRESIDENT/CEO	37 50			X				242,311	0	29,670
CHARMAIN CACCIOPPI EVP/COO	37 50			X				175,717	0	22,900
BETH TERRY EVP/CTO	37 50			X				147,558	0	11,380
DEBRA MODLIN CFO	37 50			X				116,594	0	12,250
MARY AMBROSE SR VP	37 50					X		110,479	0	12,260
JAMENE DAHMER SR VP	37 50					X		100,324	0	11,830

**SCHEDULE A
(Form 990 or
990EZ)**

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

Department of the Treasury
Internal Revenue Service

Name of the organization
UNITED WAY OF SOUTHEAST LOUISIANA

Employer identification number
72-0471369

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

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

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

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

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
 (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a)2011	(b)2012	(c)2013	(d)2014	(e)2015	(f)Total
1 Gifts, grants, contributions, and membership fees received (Do not include any unusual grants.)	19,879,691	15,879,305	26,642,234	14,366,976	15,839,751	92,607,957
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	19,879,691	15,879,305	26,642,234	14,366,976	15,839,751	92,607,957
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)						14,838,692
6 Public support. Subtract line 5 from line 4						77,769,265

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	19,879,691	15,879,305	26,642,234	14,366,976	15,839,751	92,607,957
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	319,157	296,821	358,806	202,565	231,019	1,408,368
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						94,016,325

12 Gross receipts from related activities, etc. (see instructions) **12** 1,329,253

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f))	14	82.720%
15 Public support percentage for 2014 Schedule A, Part II, line 14	15	84.210%
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 <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

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

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2015 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2014 Schedule A, Part III, line 17	18	
19a 33 1/3% support tests—2015. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here . The organization qualifies as a publicly supported organization <input type="checkbox"/>		
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 <input type="checkbox"/>		
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions <input type="checkbox"/>		

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)**Section B. Type I Supporting Organizations**

- 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.*
- 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.*

	Yes	No
1		
2		

Section C. Type II Supporting Organizations

- 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).*

	Yes	No
1		

Section D. All Type III Supporting Organizations

- 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, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?
- 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).*
- 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.*

	Yes	No
1		
2		
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** The organization satisfied the Activities Test. Complete **line 2** below.
- b** The organization is the parent of each of its supported organizations. Complete **line 3** below.
- c** The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).
- 2** Activities Test **Answer (a) and (b) below.**

- 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.*
- 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.*
- 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.*
- 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.*

	Yes	No
2a		
2b		
3a		
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 Nov. 20, 1970. **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income

- 1** Net short-term capital gain
- 2** Recoveries of prior-year distributions
- 3** Other gross income (see instructions)
- 4** Add lines 1 through 3
- 5** Depreciation and depletion
- 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)
- 7** Other expenses (see instructions)
- 8** **Adjusted Net Income** (subtract lines 5, 6 and 7 from line 4)

	(A) Prior Year	(B) Current Year (optional)
1		
2		
3		
4		
5		
6		
7		
8		

Section B - Minimum Asset Amount

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

	(A) Prior Year	(B) Current Year (optional)
1		
1a		
1b		
1c		
1d		
2		
3		
4		
5		
6		
7		
8		

Section C - Distributable Amount

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

		Current Year
1		
2		
3		
4		
5		
6		

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

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

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

d From 2014.			
e From 2015.			

Part VI Supplemental Information.

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

Facts And Circumstances Test

Return Reference	Explanation
SHORT YEAR EXPLANATION	THE YEAR ENDED JUNE 30, 2014 WAS A SHORT YEAR INCLUDED IN THE 2013 COLUMN OF SCHEDULE A, PART II ARE AMOUNTS FOR THE SIX MONTHS OF THE SHORT PERIOD FROM JANUARY 1, 2014 TO JUNE 30, 2014, AS WELL AS THE AMOUNTS FOR THE FULL YEAR ENDED DECEMBER 31, 2013

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

Department of the
Treasury
Internal Revenue
Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527
▶ Complete if the organization is described below. ▶ Attach to Form 990 or Form 990-EZ.
▶ Information about Schedule C (Form 990 or 990-EZ) and its instructions is at
www.irs.gov/form990.

OMB No 1545-0047
2015
Open to Public
Inspection

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

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

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

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

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

- Section 501(c)(4), (5), or (6) organizations Complete Part III

Name of the organization UNITED WAY OF SOUTHEAST LOUISIANA	Employer identification number 72-0471369
---	--

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV
- 2 Political expenditures ▶ \$ _____
- 3 Volunteer hours _____

Part I-B Complete if the organization is exempt under section 501(c)(3).

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ \$ _____
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$ _____
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Yes No
- 4a Was a correction made? Yes No
- b If "Yes," describe in Part IV

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$ _____
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ \$ _____
- 3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b ▶ \$ _____
- 4 Did the filing organization file Form 1120-POL for this year? Yes No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization's funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-
2				
3				
4				
5				
6				

Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

A Check if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)

B Check if the filing organization checked box A and "limited control" provisions apply

Limits on Lobbying Expenditures
(The term "expenditures" means amounts paid or incurred.)

(a) Filing organization's totals

(b) Affiliated group totals

1a	Total lobbying expenditures to influence public opinion (grass roots lobbying)	22,727	
b	Total lobbying expenditures to influence a legislative body (direct lobbying)	9,091	
c	Total lobbying expenditures (add lines 1a and 1b)	31,818	
d	Other exempt purpose expenditures	15,651,930	
e	Total exempt purpose expenditures (add lines 1c and 1d)	15,683,748	
f	Lobbying nontaxable amount Enter the amount from the following table in both columns	934,187	
	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	
	Not over \$500,000	20% of the amount on line 1e	
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000	
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000	
	Over \$17,000,000	\$1,000,000	
g	Grassroots nontaxable amount (enter 25% of line 1f)	233,547	
h	Subtract line 1g from line 1a If zero or less, enter -0-	0	
i	Subtract line 1f from line 1c If zero or less, enter -0-	0	
j	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		

Y e s **No**

4-Year Averaging Period Under section 501(h)
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period

	Calendar year (or fiscal year beginning in)	(a)2012	(b)2013	(c)2014	(d)2015	(e) Total
2a	Lobbying nontaxable amount	927,334	1,574,688	916,142	934,187	4,352,351
b	Lobbying ceiling amount (150% of line 2a, column(e))					6,528,527
c	Total lobbying expenditures	944	26,139	26,583	31,818	85,484
d	Grassroots nontaxable amount	231,834	393,672	229,036	233,547	1,088,089
e	Grassroots ceiling amount (150% of line 2d, column (e))					1,632,134
f	Grassroots lobbying expenditures		18,718	18,988	22,727	60,433

SCHEDULE D
(Form 990)

Supplemental Financial Statements

OMB No 1545-0047

2015

Open to Public Inspection

▶ 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.

Department of the Treasury
Internal Revenue Service

Name of the organization
UNITED WAY OF SOUTHEAST LOUISIANA

Employer identification number
72-0471369

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	7	
2 Aggregate value of contributions to (during year)	1,443,110	
3 Aggregate value of grants from (during year)	1,051,932	
4 Aggregate value at end of year	907,893	

- 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Yes No
- 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Yes No

Part II Conservation Easements. Complete if the organization answered "Yes" 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 an historically important land area
- Protection of natural habitat Preservation of a certified historic structure
- Preservation of open space

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

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

	Held at the End of the Year
2a	
2b	
2c	
2d	

- 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____
- 4 Number of states where property subject to conservation easement is located ▶ _____
- 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Yes No
- 6 Staff and volunteer hours devoted to monitoring, inspecting, 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.

- 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items
- b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items
- (i) Revenue included on Form 990, Part VIII, line 1 ▶ \$ _____
- (ii) Assets included in Form 990, Part X ▶ \$ _____
- 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items
- a Revenue included on Form 990, Part VIII, line 1 ▶ \$ _____
- b Assets included in Form 990, Part X ▶ \$ _____

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

(continued)

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

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

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

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

- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No

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

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	5,410,544	5,426,745	5,415,650	4,902,319	4,351,305
b Contributions			11,217	18,750	205,000
c Net investment earnings, gains, and losses	-44,186	192,942	194,564	687,214	514,169
d Grants or scholarships	220,366	209,143	194,686	82,396	158,733
e Other expenditures for facilities and programs				100,051	
f Administrative expenses				10,186	9,422
g End of year balance	5,145,992	5,410,544	5,426,745	5,415,650	4,902,319

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

- a** Board designated or quasi-endowment **▶** 21.690%
 - b** Permanent endowment **▶** 75.860%
 - c** Temporarily restricted endowment **▶** 2.450%
- The percentages on lines 2a, 2b, and 2c should equal 100%

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

- (i)** unrelated organizations
- (ii)** related organizations

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

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

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

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		302,893		302,893
b Buildings		1,218,245	935,298	282,947
c Leasehold improvements				
d Equipment		407,859	339,093	68,766
e Other		34,539	21,232	13,307
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c))				667,913

Part VII Investments—Other Securities. 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) BENEFICIAL INTEREST IN ASSETS HELD BY OTHERS	3,042,245	F
INVESTMENT IN COMMON ENDOWMENT FUND OF GREATER NEW (B) ORLEANS FOUNDATION	306,755	F
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)	3,349,000	

Part VIII Investments—Program Related. 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
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)		

Part IX Other Assets. 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
Total. (Column (b) must equal Form 990, Part X, col (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.

1. (a) Description of liability	(b) Book value
Federal income taxes	
ALLOCATIONS, DESIGNATIONS AND PROGRAMS PAYABLE	5,650,735
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)	5,650,735

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	12,829,936
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12			
a	Net unrealized gains (losses) on investments	2a	-82,953	
b	Donated services and use of facilities	2b	807,625	
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII)	2d		
e	Add lines 2a through 2d		2e	724,672
3	Subtract line 2e from line 1		3	12,105,264
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	10,384	
b	Other (Describe in Part XIII)	4b	3,974,099	
c	Add lines 4a and 4b		4c	3,984,483
5	Total revenue Add lines 3 and 4c . (This must equal Form 990, Part I, line 12)		5	16,089,747

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	12,506,890
2	Amounts included on line 1 but not on Form 990, Part IX, line 25			
a	Donated services and use of facilities	2a	807,625	
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII)	2d		
e	Add lines 2a through 2d		2e	807,625
3	Subtract line 2e from line 1		3	11,699,265
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	10,384	
b	Other (Describe in Part XIII)	4b	3,974,099	
c	Add lines 4a and 4b		4c	3,984,483
5	Total expenses Add lines 3 and 4c . (This must equal Form 990, Part I, line 18)		5	15,683,748

Part XIII Supplemental Information

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

Return Reference	Explanation
PART V, LINE 4	IN A PRIOR YEAR, UWSELA ESTABLISHED ENDOWMENT FUNDS TO RECEIVE AND INVEST FUNDS FOR THE BENEFIT OF UWSELA MOST INCOME RECEIVED FROM THE ENDOWMENTS IS UNRESTRICTED AND WILL BE USED TO COVER OPERATING EXPENSES THE ORIGINAL TRANSFERS ARE CONSIDERED TO BE PERMANENTLY RESTRICTED BECAUSE THEY ARE IRREVOCABLE GIFTS TO PERMANENT ENDOWMENTS

Part XIII Supplemental Information (continued)

Return Reference	Explanation
PART XI, LINE 4B - OTHER ADJUSTMENTS	DONOR DESIGNATIONS 3,974,099
PART XII, LINE 4B - OTHER ADJUSTMENTS	DONOR DESIGNATIONS 3,974,099

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

**Supplemental Information Regarding
Fundraising or Gaming Activities**

OMB No 1545-0047

2015

**Open to Public
Inspection**

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

Department of the Treasury
Internal Revenue Service

Name of the organization
UNITED WAY OF SOUTHEAST LOUISIANA

Employer identification number

72-0471369

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 col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total				▶		

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

Part II Fundraising Events.

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

		(a)Event #1 SHELL GOLF TOURNAMENT (event type)	(b)Event #2 DE TOCQUEVILLE (event type)	(c)Other events 3 (total number)	(d) Total events (add col (a) through col (c))
Revenue	1 Gross receipts	159,068	164,708	73,520	397,296
	2 Less Contributions	129,900	130,041	46,164	306,105
	3 Gross income (line 1 minus line 2)	29,168	34,667	27,356	91,191
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	28,088	61,846	33,419	123,353
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				123,353
	11 Net income summary Subtract line 10 from line 3, column (d) ▶				-32,162

Part III Gaming.

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

		(a)Bingo	(b)Pull tabs/Instant bingo/progressive bingo	(c)Other gaming	(d) Total gaming (add col (a) through col (c))
Revenue	1 Gross revenue				
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	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No		
7 Direct expense summary Add lines 2 through 5 in column (d) ▶					
8 Net gaming income summary Subtract line 7 from line 1, column (d). ▶					

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

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

b If "No," explain _____

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

b If "Yes," explain _____

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

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

13 Indicate the percentage of gaming activity conducted in

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

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

Name ▶ _____

Address ▶ _____

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

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

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

Name ▶ _____

Address ▶ _____

16 Gaming manager information

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

Director/officer Employee Independent contractor

17 Mandatory distributions

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

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

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

Return Reference	Explanation
------------------	-------------

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) ASSET FOR INDEPENDENCE	104	213,998	0		
(2) CRISIS ASSISTANCE	23	17,477	0		
(3) REBUILDING HOMES	10	1,134,744	0		

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

Return Reference	Explanation
PART I, LINE 2	<p>PRIOR TO MONEY BEING GRANTED/ALLOCATED TO A PROGRAM, THE AGENCY GOES THROUGH AN EXTENSIVE REVIEW OF ITS AUDIT AND/OR FINANCIAL DOCUMENTS INCLUDING ITS MOST CURRENT FORM 990 BY AN INDEPENDENT AUDIT COMMITTEE ONCE THEY ARE FOUND TO BE FINANCIALLY "IN GOOD STANDING AND THEY HAVE SIGNED THE "COUNTERTERRORISM FORM," MONEY IS GRANTED SITE VISITS ARE CONDUCTED ONCE DURING THE FUNDING YEAR, AND THE OUTCOME/GOAL ATTAINMENT DATA IS REPORTED TO US BY OUR FUNDED PARTNERS EVERY SIX MONTHS</p>

Additional Data**Software ID:****Software Version:****EIN:** 72-0471369**Name:** UNITED WAY OF SOUTHEAST LOUISIANA**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

(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
A CHILD'S WISH OF GREATER NEW ORLEANS INC PO BOX 5984 METAIRIE, LA 70009	58-1602803	501(C)3	8,089				DESIGNATED GIFTS
ADAPT INC 216 MEMPHIS STREET BOGALUSA, LA 70427	72-1274844	501(C)3	7,130				GRANT FUNDING
ALZHEIMER'S ASSOCIATION LA 3445 CAUSEWAY BLVD SUITE 902 METAIRIE, LA 70002	13-3039601	501(C)3	8,970				DESIGNATED GIFTS

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

(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
AMERICAN CANCER SOCIETY MID SOUTH 2605 RIVER ROAD NEW ORLEANS, LA 70121	64-0329009	501(C)3	5,150				DESIGNATED GIFTS
AMERICAN RED CROSS - SE LA 3131 N I-10 SERVICE ROAD E 4TH FL METAIRIE, LA 70002	72-0408907	501(C)3	311,971				GRANT FUNDING & DESIGNATED GIFTS
AMERICAN RED CROSS TANGIPAOHA PO BOX 1546 HAMMOND, LA 70404	72-0408907	501(C)3	22,259				GRANT FUNDING & DESIGNATED GIFTS

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

(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
AMERICAN RED CROSS-NATIONAL PO BOX 73857 CHICAGO, IL 60673	53-0196605	501(C)3	5,119				DESIGNATED GIFTS
AMERICA'S CHARITIES SUNTRUST BK WHOLESAL DEPT LOCKBX 79570 BALTIMORE, MD 21279	54-1517707	501(C)3	10,823				DESIGNATED GIFTS
ANIMAL CHARITIES OF AMERICA PO BOX 45754 SAN FRANCISCO, CA 94145	94-3193389	501(C)3	18,036				DESIGNATED GIFTS

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

(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
ARC OF GREATER NEW ORLEANS THE 925 S LABARRE RD METAIRIE, LA 70001	72-0456903	501(C)3	68,485				GRANT FUNDING & DESIGNATED GIFTS
ARC OF WASHINGTON PARISH 2640 CANAL STREET NEW ORLEANS, LA 70119	72-0408907	501(C)3	8,982				GRANT FUNDING & DESIGNATED GIFTS
ARCHDIOCESE OF NEW ORLEANS 2525 MAIN AVENUE METAIRIE, LA 70003	72-0408966	501(C)3	61,760				GRANT FUNDING & DESIGNATED GIFTS

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

(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
BOY SCOUTS - ISTROUMA AREA COUNCIL PO BOX 66676 BATON ROUGE, LA 70896	72-0411324	501(C)3	9,227				GRANT FUNDING & DESIGNATED GIFTS
BOY SCOUTS - SOUTHEAST LOUISIANA COUNCIL 4200 S I-10 SERVICE RD WEST METAIRIE, LA 70001	72-0408954	501(C)3	71,550				GRANT FUNDING & DESIGNATED GIFTS
BOYS & GIRLS CLUBS OF SOUTHEAST LA INC 650 POYDRAS ST STE 2225 NEW ORLEANS, LA 70130	72-0648695	501(C)3	34,640				GRANT FUNDING & DESIGNATED GIFTS

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

(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 HOPE GIRLS HOPE OF GNO PO BOX 19307 NEW ORLEANS, LA 70179	72-0905785	501(C)3	7,301				DESIGNATED GIFTS
BRIDGE HOUSE CORP 1160 CAMP STREET NEW ORLEANS, LA 70130	72-6027674	501(C)3	7,902				DESIGNATED GIFTS
BRIGHT PRESCHOOL FOR THE DEAF 1636 TOLEDANO ST NEW ORLEANS, LA 70115	72-0538259	501(C)3	24,410				GRANT FUNDING & DESIGNATED GIFTS

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

(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
CADA 3520 GENERAL DEGAULLE DR STE 5010 NEW ORLEANS, LA 70114	72-0541502	501(C)3	43,081				GRANT FUNDING & DESIGNATED GIFTS
CANCER ASSOCIATION OF GNO 824 ELMWOOD PARK BLVD STE 240 NEW ORLEANS, LA 70123	72-0517802	501(C)3	165,554				GRANT FUNDING & DESIGNATED GIFTS
CANCER ASSOCIATION OF TANGIPAHOA 824 ELMWOOD PARK BLVD STE 240 NEW ORLEANS, LA 70123	72-0517802	501(C)3	6,298				GRANT FUNDING & DESIGNATED GIFTS

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

(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
CANCERCURE OF AMERICACARE UNDERSTAND RESEARCH & END PO BOX 45754 SAN FRANCISCO, CA 94145	81-0648432	501(C)3	19,193				DESIGNATED GIFTS
CAPITAL AREA CASA ASSOCIATION 848 LOUISIANA AVENUE BATON ROUGE, LA 70802	72-1197395	501(C)3	5,313				DESIGNATED GIFTS
CAPITAL AREA UNITED WAY LA 700 LAUREL STREET BATON ROUGE, LA 70802	72-0447100	501(C)3	255,685				DESIGNATED GIFTS

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

(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
CASA NEW ORLEANS 1340 POYDRAS ST STE 2120 NEW ORLEANS, LA 70112	72-1054889	501(C)3	26,415				GRANT FUNDING & DESIGNATED GIFTS
CATHOLIC CHARITIES ARCHDIOCESE OF NEW ORLEANS 1000 HOWARD AVE STE 1000 NEW ORLEANS, LA 70113	72-0408911	501(C)3	325,387				GRANT FUNDING & DESIGNATED GIFTS
CATHOLIC SERVICE ORGANIZATIONS OF AMERICA PO BOX 45754 SAN FRANCISCO, CA 94145	45-1679647	501(C)3	5,210				DESIGNATED GIFTS

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

(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
CENTER FOR ETHICAL LIVING 2903 JEFFERSON AVENUE NEW ORLEANS, LA 70115	75-3265307	501(C)3	12,140				DESIGNATED GIFTS
CHARITIES UNDER 1 OVERHEAD PO BOX 45754 SAN FRANCISCO, CA 94145	27-3132554	501(C)3	5,614				DESIGNATED GIFTS
CHILD ADVOCACY SERVICES 1504 W CHURCH STREET HAMMOND, LA 70401	72-1262466	501(C)3	32,456				GRANT FUNDING & DESIGNATED GIFTS

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

(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
CHILDHOOD & FAMILY LEARNING FOUNDATION 2405 JACKSON AVENUE SUITE C213 NEW ORLEANS, LA 70113	33-1159042	501(C)3	303,129				GRANT FUNDING & DESIGNATED GIFTS
CHILDREN FIRST - AMERICA'S CHARITIES SUNTRUST BK WHOLESALE DEPT LOCKBX 79570 BALTIMORE, MD 21279	30-0186795	501(C)3	9,798				DESIGNATED GIFTS
CHILDREN'S BUREAU OF NEW ORLEANS 400 LAFAYETTE ST STE 140 NEW ORLEANS, LA 701303206	72-0408916	501(C)3	259,328				GRANT FUNDING & DESIGNATED GIFTS

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

(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
CHILDREN'S CHARITIES OF AMERICA PO BOX 45754 SAN FRANCISCO, CA 94145	94-3148588	501(C)3	9,813				DESIGNATED GIFTS
CHILDREN'S HOSPITAL-LA 200 HENRY CLAY AVENUE NEW ORLEANS, LA 70118	72-0467503	501(C)3	7,777				DESIGNATED GIFTS
CHILDREN'S MEDICAL CHARITIES OF AMERICA PO BOX 45754 SAN FRANCISCO, CA 94145	27-0093393	501(C)3	5,055				DESIGNATED GIFTS

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

(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
CHRISTIAN SERVICE CHARITIES PO BOX 79704 BALTIMORE, MD 21279	94-3193374	501(C)3	10,773				DESIGNATED GIFTS
CITY YEAR NEW ORLEANS INC 805 HOWARD AVE NEW ORLEANS, LA 70113	22-2882549	501(C)3	12,321				GRANT FUNDING & DESIGNATED GIFTS
COLLEGE TRACK 111 BROADWAY SUITE 101 OAKLAND, CA 94607	94-3279613	501(C)3	34,312				GRANT FUNDING & DESIGNATED GIFTS

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

(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
COLLEGIATE ACADEMIES 5552 READ BLVD NEW ORLEANS, LA 70127	80-0601507	501(C)3	300,000				GRANT FUNDING
COMMUNITIES IN SCHOOL OF NEW ORLEANS PO BOX 792800 NEW ORLEANS, LA 70179	72-1317054	501(C)3	16,575				GRANT FUNDING & DESIGNATED GIFTS
COMMUNITY CENTER OF ST BERNARD 1107 LEBEAU ST ARABI, LA 70032	74-3173649	501(C)3	16,557				GRANT FUNDING & DESIGNATED GIFTS

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

(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
COMMUNITY CHRISTIAN CONCERN SLIDELL 2228 SECOND ST SLIDELL, LA 70458	72-1050312	501(C)3	13,941				GRANT FUNDING & DESIGNATED GIFTS
COMMUNITY HEALTH CHARITIES SOUTHEAST PO BOX 758858 BALTIMORE, MD 212758858	72-0812884	501(C)3	104,679				DESIGNATED GIFTS
COMMUNITY HEALTH CHARITIES-NATIONAL PO BOX 75153 BALTIMORE, MD 21275	13-6167225	501(C)3	70,023				DESIGNATED GIFTS

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

(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
COMMUNITY SERVICE CENTER INC 4000 MAGAZINE ST NEW ORLEANS, LA 70115	22-0626773	501(C)3	59,213				GRANT FUNDING & DESIGNATED GIFTS
COVENANT HOUSE NEW ORLEANS 611 N RAMPART STREET NEW ORLEANS, LA 70112	58-1669937	501(C)3	7,106				DESIGNATED GIFTS
CRIME STOPPERS OF TANGIPAHOA PO BOX 2973 HAMMOND, LA 70404	68-0516834	501(C)3	6,414				GRANT FUNDING & DESIGNATED GIFTS

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

(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
DENTAL LIFELINE NETWORK 1800 15TH STRREET UNIT 100 DENVER, CO 80202	74-2537604	501(C)3	11,943				GRANT FUNDING & DESIGNATED GIFTS
DOLLYWOOD FOUNDATION 111 DOLLYWOOD LANE PIGEON FORGE, TN 37863	62-1348105	501(C)3	12,029				DESIGNATED GIFTS
DRYADES YMCA 2222 ORETHA CASTLE HALEY NEW ORLEANS, LA 70113	77-0428019	501(C)3	120,813				GRANT FUNDING & DESIGNATED GIFTS

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

(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
EARTHSHARE DEPT 4011 WASHINGTON, DC 20042	52-1601960	501(C)3	6,958				DESIGNATED GIFTS
EAST ST TAMMANY RAINBOW CHILD CARE CENTER INC 121 KINGSPPOINT BLVD SLIDELL, LA 70461	72-1028297	501(C)3	49,607				GRANT FUNDING & DESIGNATED GIFTS
EDUCATE NOW 625 ST CHARLES AVENUE APT 7A NEW ORLEANS, LA 70130	26-3606930	501(C)3	83,539				GRANT FUNDING

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

(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
EDUCATION'S NEXT HORIZON 412 N 4TH ST SUITE 240 BATON ROUGE, LA 70802	20-8286694	501(C)3	15,667				GRANT FUNDING
ELAINE P NUNEZ COMMUNITY COLLEGE 3701 PARIS ROAD CHALMETTE, LA 70043	72-1308725	501(C)3	10,000				GRANT FUNDING
EPWORTH PROJECT 360 ROBERT BLVD SLIDELL, LA 70458	20-4250103	501(C)3	6,223				GRANT FUNDING

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

(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
FAMILY SERVICE OF GNO 2515 CANAL ST 2ND FL NEW ORLEANS, LA 70119	72-0408931	501(C)3	294,475				GRANT FUNDING & DESIGNATED GIFTS
FORE KIDS FOUNDATION 11005 LAPALCO BLVD AVONDALE, LA 70094	58-1940111	501(C)3	10,000				DESIGNATED GIFTS
FOUNDATION FOR SCIENCE AND MATHEMATICS EDUCATION 5625 LOYOLA AVENUE NEW ORLEANS, LA 70115	20-5197170	501(C)3	5,000				GRANT FUNDING

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

(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
FOUNDATION FOR THE LSU HEALTH SCIENCES CENTER 450A S CLAIBORNE AVE NEW ORLEANS, LA 70112	72-1115391	501(C)3	21,666				GRANT FUNDING & DESIGNATED GIFTS
GLOBAL IMPACT PO BOX 409616 ATLANTA, GA 30384	52-1273585	501(C)3	11,505				DESIGNATED GIFTS
GNO NONPROFIT KNOWLEDGE WORKS 1600 CONSTANCE ST NEW ORLEANS, LA 70130	72-1400841	501(C)3	72,818				GRANT FUNDING & DESIGNATED GIFTS

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

(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
GOOD SAMARITAN MINISTRY 910 CROSS GATES BLVD SLIDELL, LA 70461	72-0947538	501(C)3	26,042				GRANT FUNDING & DESIGNATED GIFTS
GREATER BATON ROUGE FOOD BANK PO BOX 45830 BATON ROUGE, LA 708954830	72-1065318	501(C)3	9,729				DESIGNATED GIFTS
GREATER KALAMAZOO UNITED WAY 709 S WESTNEDGE AVENUE KALAMAZOO, MI 490076003	38-1359193	501(C)3	7,322				GRANT FUNDING

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

(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
GREATER NEW ORLEANS FOUNDATION 1055 ST CHARLES AVENUE SUITE 100 NEW ORLEANS, LA 70130	72-0408921	501(C)3	17,483				GRANT FUNDING
GREATER OTTAWA COUNTY UNITED WAY PO BOX 1349 HOLLAND, MI 49422	38-3522782	501(C)3	5,591				GRANT FUNDING
HARRISON COUNTY UNITED WAY 301 W MAIN ST RM 608 CLARKSBURG, WV 26301	55-0421431	501(C)3	5,530				GRANT FUNDING

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

(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
HEALING HEARTS FOR COMMUNITY DEVELOP 2701 TRANSCONTINENTAL DRIVE METAIRIE, LA 70006	76-0792803	501(C)3	12,814				GRANT FUNDING & DESIGNATED GIFTS
HEALTH & MEDICAL RESEARCH CHARITIES OF AMERICA PO BOX 45754 SAN FRANCISCO, CA 94145	94-3217739	501(C)3	23,030				DESIGNATED GIFTS
HEART OF ARKANSAS UNITED WAY PO BOX 798 LITTLE ROCK, AR 72115	71-0329790	501(C)3	75,442				GRANT FUNDING

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

(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
JEWISH COMMUNITY CENTER 5342 ST CHARLES AVE NEW ORLEANS, LA 70115	72-0408937	501(C)3	48,585				GRANT FUNDING & DESIGNATED GIFTS
JEWISH FAMILY SERVICE 3330 W ESPLANADE STE 600 METAIRIE, LA 70002	72-0851575	501(C)3	97,533				GRANT FUNDING & DESIGNATED GIFTS
JEWISH FEDERATION OF GNO THE 3747 WEST ESPLANADE AVENUE METAIRIE, LA 70002	72-0408938	501(C)3	5,000				DESIGNATED GIFTS

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

(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 GNO INC 5100 ORLEANS AVENUE NEW ORLEANS, LA 70124	72-1084132	501(C)3	23,849				DESIGNATED GIFTS
JUST THE RIGHT ATTITUDE 13150 I-10 SERVICE ROAD NEW ORLEANS, LA 70128	72-1446982	501(C)3	10,117				GRANT FUNDING & DESIGNATED GIFTS
KINGSLEY HOUSE 1600 CONSTANCE ST NEW ORLEANS, LA 70130	72-0408940	501(C)3	381,059				GRANT FUNDING & DESIGNATED GIFTS

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

(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
KIPP NEW ORLEANS INC 1307 ORETHA CASTLE HALEY BLVD SUITE 302 NEW ORLEANS, LA 70113	20-2277213	501(C)3	5,000				GRANT FUNDING
LAND TRURST FOR LOUISIANA PO BOX 1636 HAMMOND, LA 70404	35-2239029	501(C)3	5,000				DESIGNATED GIFTS
LOUISIANA APPELSEED 909 POYDRAS ST SUITE 550 NEW ORLEANS, LA 70112	72-1402876	501(C)3	6,488				DESIGNATED GIFTS

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

(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
LOUISIANA ASSOCIATION OF UNITED WAYS 2515 CANAL STREET NEW ORLEANS, LA 70119	20-4586416	501(C)3	59,191				GRANT FUNDING
LOUISIANA CHILDREN'S MUSEUM 420 JULIA ST NEW ORLEANS, LA 70130	72-0929068	501(C)3	12,643				GRANT FUNDING & DESIGNATED GIFTS
LOUISIANA INSTITUTE FOR CHILDREN IN FAMILIES INC 1100 POYDRAS STREET SUITE 100 NEW ORLEANS, LA 70163	47-5068062	501(C)3	50,000				GRANT FUNDING & DESIGNATED GIFTS

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

(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
LOUISIANA SOCIETY FOR THE PREVENTION OF CRUELTY TO ANIMALS 1700 MADI GRAS BLVD NEW ORLEANS, LA 70114	72-0471368	501(C)3	9,309				DESIGNATED GIFTS
LOUISIANA STATE UNIVERSITY 136 MANSHIP SCHOOL RESEARCH FACILITY SOUTH STADIUM RD BATON ROUGE, LA 70803	72-6000848	501(C)3	45,000				GRANT FUNDING
LOWER 9TH WARD NEIGHBORHOOD 1120 LAMANCHE STREET NEW ORLEANS, LA 70117	76-0827045	501(C)3	14,278				GRANT FUNDING & DESIGNATED GIFTS

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

(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
MARCH OF DIMES - LOUISIANA 11960 BRICKSOME AVENUE SUITE A BATON ROUGE, LA 70816	13-1846366	501(C)3	14,103				DESIGNATED GIFTS
MARY QUEEN OF VIETNAM COMMUNITY DEVELOPMENT CORP INC 4626 ALCEE FORTIER BLVD NEW ORLEANS, LA 70129	20-4929600	501(C)3	12,252				GRANT FUNDING & DESIGNATED GIFTS
METROPOLITAN CENTER FOR WOMEN PO BOX 10775 JEFFERSON, LA 70181	72-1062244	501(C)3	14,737				GRANT FUNDING & DESIGNATED GIFTS

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

(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
METROPOLITAN CRIME COMMISSION 1615 POYDRAS STREET NEW ORLEANS, LA 701122711	72-6009984	501(C)3	20,000			GRANT FUNDING	GRANT FUNDING
MILITARY FAMILY & VETERANS SERVICE ORGANIZATIONS OF AMERICA PO BOX 45754 SAN FRANCISCO, CA 94145	94-3193418	501(C)3	14,488				DESIGNATED GIFTS
MONTGOMERY COUNTY UNITED WAY PO BOX 352 VIDALIA, GA 30475	58-1872000	501(C)3	127,543				GRANT FUNDING & DESIGNATED GIFTS

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

(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
NATIONAL WORLD WAR II MUSEUM THE 945 MAGAZINE STREET NEW ORLEANS, LA 70130	27-2262560	501(C)3	6,074				GRANT FUNDING
NEIGHBORHOOD HOUSING SERVICES 4700 FRERET ST NEW ORLEANS, LA 70115	72-0801513	501(C)3	11,892				GRANT FUNDING & DESIGNATED GIFTS
NEW HEIGHTS THERAPY CENTER PO BOX 1283 FOLSOM, LA 70437	72-1420620	501(C)3	21,519				GRANT FUNDING & DESIGNATED GIFTS

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

(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
NEW HORIZONS YOUTH SERVICE BUREAU 47257 RIVER ROAD HAMMOND, LA 70401	72-0794639	501(C)3	21,630				GRANT FUNDING & DESIGNATED GIFTS
NEW ORLEANS BALLET ASSOCIATION ONE LEE CIRCLE NEW ORLEANS, LA 70130	23-7122403	501(C)3	5,850				DESIGNATED GIFTS
NEW ORLEANS FAMILY JUSTICE ALLIANCE 701 LOYOLA AVENUE SUITE 201 NEW ORLEANS, LA 70150	26-2541029	501(C)3	113,288				GRANT FUNDING & DESIGNATED GIFTS

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

(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
NEW ORLEANS NEIGHBORHOOD DEVELOPMENT 1429 SOUTH RAMPARAT STREET NEW ORLEANS, LA 70113	58-1681468	501(C)3	10,722				GRANT FUNDING & DESIGNATED GIFTS
NEW ORLEANS SPEECH & HEARING CENTER 1636 TOLEDANO NEW ORLEANS, LA 70115	72-0443103	501(C)3	49,324				GRANT FUNDING & DESIGNATED GIFTS
NOAIDS TASK FORCE 2601 TULANE AVENUE STE 500 NEW ORLEANS, LA 70119	72-1059635	501(C)3	93,289				GRANT FUNDING & DESIGNATED GIFTS

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

(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
ODYSSEY HOUSE LOUISIANA INC 1125 N TONTI ST NEW ORLEANS, LA 70119	72-0743677	501(C)3	31,876				GRANT FUNDING & DESIGNATED GIFTS
OPTIONS INC 19362 W SHELTON ROAD HAMMOND, LA 70401	72-1161001	501(C)3	14,257				GRANT FUNDING & DESIGNATED GIFTS
OUR DAILY BREAD OF TANGIPAHOA PO BOX 1476 HAMMOND, LA 70404	72-1438651	501(C)3	20,845				GRANT FUNDING & DESIGNATED GIFTS

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

(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
OZANAM INN PO BOX 30565 NEW ORLEANS, LA 70130	72-0854403	501(C)3	10,517				DESIGNATED GIFTS
PLAQUEMINES COMMUNITY CARE CENTER 8480 HWY 23 BELLE CHASSE, LA 70037	20-3884943	501(C)3	28,271				GRANT FUNDING & DESIGNATED GIFTS
POSTAL EMPLOYEES' RELIEF FUND PO BOX 7630 WOODBIDGE, VA 22195	52-1666010	501(C)3	7,672				DESIGNATED GIFTS

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

(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
PROJECT HOMECOMING 2221 FILMORE AVENUE NEW ORLEANS, LA 70122	32-0312933	501(C)3	32,613				GRANT FUNDING & DESIGNATED GIFTS
PROJECT LAZARUS PO BOX 3906 NEW ORLEANS, LA 70177	72-1154192	501(C)3	24,579				GRANT FUNDING & DESIGNATED GIFTS
RAINTREE CHILDREN AND FAMILY SERVICES 1233 EIGHT STREET NEW ORLEANS, LA 70115	72-0456905	501(C)3	27,303				GRANT FUNDING & DESIGNATED GIFTS

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

(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
REGINA COELI CHILD DEVELOPMENT 22476 HIGHWAY 190 EAST ROBERT, LA 70455	72-0680604	501(C)3	19,026				GRANT FUNDING & DESIGNATED GIFTS
RIVER VALLEY UNITED WAY INC PO BOX 636 RUSSELLVILLE, AR 728110636	71-0410894	501(C)3	111,355				GRANT FUNDING
ROSARY CHILD DEVELOPMENT 5100 WILLOW BROOK DRIVE NEW ORLEANS, LA 70129	20-0525080	501(C)3	10,922				GRANT FUNDING & DESIGNATED GIFTS

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

(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
ROYAL CASTLE CHILD DEVELOPMENT 3800 EAGLE ST NEW ORLEANS, LA 701183404	72-1317443	501(C)3	41,383			GRANT FUNDING	GRANT FUNDING
SAFE HARBOR INC 4441 IBERVILLE ST MANDEVILLE, LA 70471	12-1181684	501(C)3	23,426			GRANT FUNDING & DESIGNATED GIFTS	GRANT FUNDING & DESIGNATED GIFTS
SALVATION ARMY AREA COMMAND THE 4526 S CLAIBORNE AVE NEW ORLEANS, LA 70125	63-0288866	501(C)3	71,592			GRANT FUNDING & DESIGNATED GIFTS	GRANT FUNDING & DESIGNATED GIFTS

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

(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
SEAMAN'S CHURCH INSTITUTE IND 50 BROADWAY FLOOR 26 NEW YORK, NY 10004	13-5562356	501(C)3	6,177				DESIGNATED GIFTS
SECOND HARVEST FOOD BANK 1201 SAMS AVE NEW ORLEANS, LA 70123	72-0956468	501(C)3	136,737				GRANT FUNDING & DESIGNATED GIFTS
SOUTHEAST LA LEGAL SERVICES CO 1200 DEREK STE 100 HAMMOND, LA 70403	72-0877422	501(C)3	57,293				GRANT FUNDING & DESIGNATED GIFTS

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

(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
SOUTHEAST SPOUSE ABUSE PROGRAM PO BOX 1946 HAMMOND, LA 704041946	52-1243258	501(C)3	14,670				GRANT FUNDING & DESIGNATED GIFTS
ST BERNARD BATTERED WOMEN 3010 JEAN LAFITTE PKWY CHALMETTE, LA 70043	58-1834566	501(C)3	42,029				GRANT FUNDING & DESIGNATED GIFTS
ST JOHN UNITED WAY PO BOX 2019 RESERVE, LA 70084	23-7204234	501(C)3	71,309				GRANT FUNDING & DESIGNATED GIFTS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ST JUDE CHILDREN'S RESEARCH HOSPITAL 501 ST JUDE PLACE MEMPHIS, TN 38105	62-0646012	501(C)3	101,008				GRANT FUNDING & DESIGNATED GIFTS
ST JUDE CHILDREN'S RESEARCH HOSPITAL 14333 PERKINS ROAD SUITE A BATON ROUGE, LA 70810	35-1044585	501(C)3	8,804				DESIGNATED GIFTS
ST MICHAEL SPECIAL SCHOOL 1522 CHIPPEWA STREET NEW ORLEANS, LA 70130	58-1889401	501(C)3	5,123				DESIGNATED GIFTS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ST TAMMANY HOSPITAL FOUNDATION 1202 S TYLER STREET COVINGTON, LA 70433	37-1458857	501(C)3	10,000				GRANT FUNDING
STARC 1541 ST ANN PLACE SLIDELL, LA 70460	72-0727074	501(C)3	96,146				GRANT FUNDING & DESIGNATED GIFTS
TANGI FOOD PANTRY PO BOX 3081 HAMMOND, LA 704043081	58-1788937	501(C)3	7,419				GRANT FUNDING & DESIGNATED GIFTS

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

(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
TANGIPAOA VOLUNTARY COUNCIL ON AGING 106 NORTH BAY ST AMITE, LA 70422	72-0903571	501(C)3	30,605				GRANT FUNDING & DESIGNATED GIFTS
TARC 201 EAST CHURCH STREET HAMMOND, LA 70401	72-0736593	501(C)3	22,348				GRANT FUNDING & DESIGNATED GIFTS
TEACH FOR AMERICA 1055 ST CHARLES AVENUE SUITE 600 NEW ORLEANS, LA 70130	13-3541913	501(C)3	6,179				DESIGNATED GIFTS

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

(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
TRAVELERS AID SOCIETY 611 NORTH RAMPART ST NEW ORLEANS, LA 70112	72-0408990	501(C)3	279,182				GRANT FUNDING & DESIGNATED GIFTS
TRIDENT UNITED WAY 6296 RIVERS AVENUE CHARLESTON, SC 29406	57-0314378	501(C)3	10,000				GRANT FUNDING
UNIQUE AND NOTEWORTHY CHARITIES PO BOX 45754 SAN FRANCISCO, CA 94145	46-3016556	501(C)3	5,292				DESIGNATED GIFTS

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

(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
UNITED NEGRO COLLEGE FUND 1100 POYDRAS ST STE 1400 NEW ORLEANS, LA 70163	13-1624241	501(C)3	58,795				GRANT FUNDING & DESIGNATED GIFTS
UNITED NEGRO COLLEGE FUND-NATIONAL 8260 WILLOW OAKS CORPORATE DRIVE FAIRFAX, VA 22031	13-1624241	501(C)3	9,794				DESIGNATED GIFTS
UNITED WAY FOR SOUTH LOUISIANA 7910 MAIN STREET SUITE 460 HOUMA, LA 70360	72-0867661	501(C)3	38,890				GRANT FUNDING & DESIGNATED GIFTS

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

(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
UNITED WAY OF ACADIANA PO BOX 52033 LAFAYETTE, LA 70505	72-0513639	501(C)3	16,829				DESIGNATED GIFTS
UNITED WAY OF BEAUMONT & NORTH PO BOX 1430 BEAUMONT, TX 777041403	74-1200117	501(C)3	36,313				GRANT FUNDING
UNITED WAY OF CENTRAL ARKANSAS PO BOX 489 CONWAY, AR 720330489	23-7222534	501(C)3	9,458				GRANT FUNDING

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

(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
UNITED WAY OF GARLAND COUNTY 233 HOBSON AVENUE HOT SPRINGS, AR 719133724	71-0264296	501(C)3	10,235			GRANT FUNDING	GRANT FUNDING
UNITED WAY OF GREATER HOUSTON 50 WAUGH DRIVE HOUSTON, TX 77007	74-1167964	501(C)3	67,281			GRANT FUNDING & DESIGNATED GIFTS	GRANT FUNDING & DESIGNATED GIFTS
UNITED WAY OF GREATER OSWEGO COUNTY ONE SOUTH FIRST STREET FULTON, NY 130691704	15-0532224	501(C)3	50,488			GRANT FUNDING	GRANT FUNDING

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

(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
UNITED WAY OF GREATER PLYMOUTH 934 W CHESNUT STREET BROCKTON, MA 023015538	04-2103940	501(C)3	23,044				GRANT FUNDING
UNITED WAY OF INDEPENDENCE COUNTY PO BOX 2639 BATESVILLE, AR 725032639	71-0548432	501(C)3	10,214				GRANT FUNDING
UNITED WAY OF MIAMI-DADE 3250 SW 3RD AVENUE MIAMI, FL 331292712	59-0830840	501(C)3	11,531				DESIGNATED GIFTS

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

(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
UNITED WAY OF MID & S JEFFERSON 7980 ANCHOR DR SUITE 600 PORT ARTHUR, TX 776428280	74-1187386	501(C)3	5,108				GRANT FUNDING
UNITED WAY OF NORTHEAST LOUISIANA 1201 HUDSON LANE MONROE, LA 712016005	72-0498515	501(C)3	19,112				GRANT FUNDING & DESIGNATED GIFTS
UNITED WAY OF ORANGE COUNTY PO BOX 1583 ORANGE, TX 776311583	74-6023140	501(C)3	12,335				GRANT FUNDING

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

(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
UNITED WAY OF SALINE COUNTY PO BOX 1576 BENTON, AR 720181576	71-0558510	501(C)3	10,128				GRANT FUNDING
UNITED WAY OF SOUTHEAST ARKANSAS PO BOX 8702 PINE BLUFF, AR 716118702	71-0236869	501(C)3	13,471				GRANT FUNDING
UNITED WAY OF SOUTHWEST LOUISIANA 715 RYAN ST SUITE 102 LAKE CHARLES, LA 706014200	72-0456901	501(C)3	40,967				GRANT FUNDING & DESIGNATED GIFTS

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

(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
UNITED WAY OF SOUTHWEST MICHIGAN 2015 LAKEVIEW AVENUE ST JOSEPH, MI 490851648	38-1358411	501(C)3	21,516				GRANT FUNDING
UNITED WAY OF ST CHARLES 13207 RIVER ROAD LULING, LA 70070	72-0928066	501(C)3	49,083				GRANT FUNDING & DESIGNATED GIFTS
UNITED WAY OF THE CAPITAL AREA INC MS PO DRAWER 23169 JACKSON, MS 39225	64-0303075	501(C)3	61,072				GRANT FUNDING & DESIGNATED GIFTS

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

(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
UNITED WAY OF THE MIDLANDS (SC) 1800 MAIN STREET COLUMBIA, SC 29202	57-0314396	501(C)3	20,014				GRANT FUNDING & DESIGNATED GIFTS
UNITED WAY OF UNION COUNTY (AR) 200 N JEFFERSON AVE SUITE 103 EL DORADO, AR 717305842	71-0338355	501(C)3	6,002				GRANT FUNDING
UNITED WAY OF WEST CENTRAL MIS PO BOX 203 VICKSBURG, MS 391810203	64-0330259	501(C)3	85,900				GRANT FUNDING

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

(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
UNITED WAY OF WESTCHESTER & PU 336 CENTRAL PARK AVENUE WHITE PLAINS, NY 106061502	13-1997636	501(C)3	19,407				GRANT FUNDING
UNITED WAY OF WHITE COUNTY IN PO BOX 907 SEARCY, AR 721450907	71-0525401	501(C)3	10,819				GRANT FUNDING
UNITED WAY WORLDWIDE 701 NORTH FAIRFAX STREET ALEXANDRIA, VA 223142045	13-1635294	501(C)3	23,609				DESIGNATED GIFTS

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

(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
URBAN LEAGUE OF GREATER NEW ORLEANS 2322 CANAL ST NEW ORLEANS, LA 70119	72-0423627	501(C)3	31,525				GRANT FUNDING & DESIGNATED GIFTS
VALLEY OF THE SUN UNITED WAY 1515 EAST OSBORN ROAD PHOENIX, AZ 85064	86-0104419	501(C)3	73,574				DESIGNATED GIFTS
VAN BUREN COUNTY UNITED WAY 181 W MICHIGAN AVENUE PAW PAW, MI 49079	23-7113927	501(C)3	30,965				GRANT FUNDING

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

(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
VIA LINK 2820 NAPOLEON AVE STE 550 NEW ORLEANS, LA 70115	72-0706669	501(C)3	224,509				GRANT FUNDING & DESIGNATED GIFTS
VILLAGE HEARTBEAT PO BOX 49152 COLORADO SPRINGS, CO 80949	84-1477837	501(C)3	11,552				DESIGNATED GIFTS
VOLUNTEERS OF AMERICA OF GNO 4152 CANAL ST NEW ORLEANS, LA 70119	72-0709750	501(C)3	50,275				GRANT FUNDING & DESIGNATED GIFTS

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

(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
WATER FOR PEOPLE 100 EAST TENNESSEE AVENUE DENVER, CO 80209	84-1166148	501(C)3	400,000				GRANT FUNDING
WOMEN CHILDREN AND FAMILY SERVICE CHARITIES OF AMERICA PO BOX 45754 SAN FRANCISCO, CA 94145	94-3193386	501(C)3	5,660				DESIGNATED GIFTS
WOUNDED WARRIOR PROJECT 4899 BELFORT ROAD SUITE 300 JACKSONVILLE, FL 32256	20-2370934	501(C)3	12,231				DESIGNATED GIFTS

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

(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
YMCA BOGALUSA 411 AVENUE B BOGALUSA, LA 704273656	72-0441354	501(C)3	9,255				GRANT FUNDING & DESIGNATED GIFTS
YMCA OF GREATER NEW ORLEANS 1215 PRYTANIA ST STE 103 NEW ORLEANS, LA 70130	72-0423890	501(C)3	63,764				GRANT FUNDING & DESIGNATED GIFTS
YOUTH SERVICE BUREAU OF ST TAMMANY 430 N NEW HAMPSHIRE COVINGTON, LA 70433	72-0933867	501(C)3	94,302				GRANT FUNDING & DESIGNATED GIFTS

**Schedule J
(Form 990)**

Compensation Information

OMB No 1545-0047

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
 ▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 23.**
 ▶ **Attach to Form 990.**

2015

Open to Public Inspection

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

Department of the Treasury
Internal Revenue Service

Name of the organization
UNITED WAY OF SOUTHEAST LOUISIANA

Employer identification number
72-0471369

Part I Questions Regarding Compensation

- 1a** 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 in 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, 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 checked="" type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input checked="" 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?
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
- c** Participate in, or receive payment from, an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.
- Only 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?
- b** Any related organization?
If "Yes," on 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?
- b** Any related organization?
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 in 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" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

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

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 MICHAEL WILLIAMSON PRESIDENT/CEO	(i) 211,225	28,224	2,862	6,714	22,965	271,990	0
	0	0	0	0	0	0	0
2 CHARMAIN CACCIOPPI EVP/COO	(i) 163,205	10,000	2,512	6,902	16,000	198,619	0
	0	0	0	0	0	0	0
3 BETH TERRYVEP/CTO	(i) 113,305	0	34,253	4,575	6,809	158,942	0
	0	0	0	0	0	0	0

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.

Return Reference**Explanation**

Schedule L (Form 990 or 990-EZ)

Transactions with Interested Persons

OMB No 1545-0047

Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

2015

Open to Public Inspection

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

Department of the Treasury Internal Revenue Service

Name of the organization UNITED WAY OF SOUTHEAST LOUISIANA

Employer identification number

72-0471369

Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only)

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

Table with 5 main columns: (a) Name of disqualified person, (b) Relationship between disqualified person and organization, (c) Description of transaction, (d) Corrected? (Yes/No). Includes rows for reporting and a total line.

- 2 Enter the amount of tax incurred by organization managers or disqualified persons during the year under section 4958.
3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization.

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26, or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22

Table with 9 main columns: (a) Name of interested person, (b) Relationship with organization, (c) Purpose of loan, (d) Loan to or from the organization (To/From), (e) Original principal amount, (f) Balance due, (g) In default? (Yes/No), (h) Approved by board or committee? (Yes/No), (i) Written agreement? (Yes/No). Includes a total line.

Total \$

Part III Grants or Assistance Benefiting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

Table with 5 main columns: (a) Name of interested person, (b) Relationship between interested person and the organization, (c) Amount of assistance, (d) Type of assistance, (e) Purpose of assistance.

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) CANDICE WRIGHT	DAUGHTER OF COO	68,863	EMPLOYEE WAGES AND BENEFITS FOR FISCAL YEAR 2015-2016, MS WRIGHT REPORTS TO THE VICE PRESIDENT OF RESOURCE DEVELOPMENT, SR VICE PRESIDENT OF RESOURCE DEVELOPMENT, AND CEO		No

Part V Supplemental Information

Provide additional information for responses to questions on Schedule L (see instructions)

Return Reference	Explanation
------------------	-------------

SCHEDULE M
(Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

OMB No 1545-0047

2015

Open to Public Inspection

▶ **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 SOUTHEAST LOUISIANA

Employer identification number
72-0471369

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				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded	X	9	73,121	FAIR MARKET VALUE
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				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (_____)				
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	
-----------	--

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?

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?

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?

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

	Yes	No
30a		No
31		No
32a		No
33		

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.

Return Reference	Explanation
PART I, COLUMN (B)	THE ORGANIZATION IS REPORTING THE NUMBER OF INSTANCES OF CONTRIBUTIONS

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

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.

2015

**Open to Public
Inspection**

Department of the
Treasury
Internal Revenue
Service

Name of the organization
UNITED WAY OF SOUTHEAST LOUISIANA

Employer identification number

72-0471369

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 6	EVERY CONTRIBUTOR TO A FUND-SOLICITING CAMPAIGN CONDUCTED BY THIS CORPORATION SHALL AUTOMATICALLY BECOME A MEMBER OF THE CORPORATION FOR THE CALENDAR YEAR FOR WHICH SUCH CONTRIBUTION IS MADE AT EVERY MEETING OF THE CORPORATION MEMBERS, EACH MEMBER SHALL BE ENTITLED TO ONE VOTE, WHICH VOTE MUST BE CAST BY THE MEMBER IN PERSON TEN MEMBERS SHALL CONSTITUTE A QUORUM
FORM 990, PART VI, SECTION A, LINE 7A	THE MEMBERS SHALL MEET ANNUALLY AT THE CALL OF THE BOARD OF TRUSTEES TO FIX THE NUMBER OF TRUSTEES, TO ELECT THE BOARD OF TRUSTEES AND TO REVIEW THE PROGRAMS AND FINANCES OF THE UNITED WAY

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11	THE 990 IS PRESENTED TO AND REVIEWED BY THE BOARD OF TRUSTEES AT A MONTHLY MEETING AFTER A REVIEW IS CONDUCTED BY THE CFO AND BY THE AUDIT COMMITTEE.
FORM 990, PART VI, SECTION B, LINE 12C	<p>THE CONFLICT OF INTEREST POLICY IS DISTRIBUTED TO THE UNITED WAY STAFF AND THE BOARD OF TRUSTEES ANNUALLY ALL COMPLETED EMPLOYEE FORMS ARE RETURNED TO THE VICE-PRESIDENT OF HUMAN RESOURCES FOR REVIEW AND ALL BOARD/TRUSTEE FORMS ARE RETURNED TO THE PRESIDENT'S EXECUTIVE ASSISTANT FOR REVIEW. TRANSACTIONS WITH PARTIES WITH WHOM A CONFLICTING INTEREST EXISTS MAY BE UNDERTAKEN ONLY IF ALL OF THE FOLLOWING ARE OBSERVED: 1. THE CONFLICTING INTEREST IS FULLY DISCLOSED, 2. THE PERSON WITH THE CONFLICT OF INTEREST IS EXCLUDED FROM THE DISCUSSION AND APPROVAL OF SUCH TRANSACTION, 3. A COMPETITIVE BID OR COMPARABLE VALUATION EXISTS, AND 4. THE BOARD OR A DULY CONSTITUTED COMMITTEE THEREOF HAS DETERMINED THAT THE TRANSACTION IS IN THE BEST INTEREST OF THE ORGANIZATION. DISCLOSURE IN THE ORGANIZATION SHOULD BE MADE TO THE CHIEF EXECUTIVE OFFICER (OR IF HE OR SHE IS THE ONE WITH THE CONFLICT, THEN TO THE BOARD CHAIR), WHO SHALL BRING THE MATTER TO THE ATTENTION OF THE BOARD OR A DULY CONSTITUTED COMMITTEE THEREOF. DISCLOSURE INVOLVING DIRECTORS SHOULD BE MADE TO THE BOARD CHAIR, (OR IF HE OR SHE IS THE ONE WITH THE CONFLICT, THEN TO THE BOARD VICE-CHAIR) WHO SHALL BRING THESE MATTERS TO THE BOARD OR A DULY CONSTITUTED COMMITTEE THEREOF. THE BOARD OR A DULY CONSTITUTED COMMITTEE THEREOF SHALL DETERMINE WHETHER A CONFLICT EXISTS AND IN THE CASE OF AN EXISTING CONFLICT, WHETHER THE CONTEMPLATED TRANSACTION MAY BE AUTHORIZED AS JUST, FAIR, AND REASONABLE TO UNITED WAY. THE DECISION OF THE BOARD OR A DULY CONSTITUTED COMMITTEE THEREOF ON THESE MATTERS WILL REST IN THEIR SOLE DISCRETION, AND THEIR CONCERN MUST BE THE WELFARE OF UNITED WAY AND THE ADVANCEMENT OF ITS PURPOSE.</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	THE CEO'S SALARY IS DETERMINED BY THE EXECUTIVE COMMITTEE, WHICH IS MADE UP OF INDIVIDUALS FROM OUR VOLUNTEER BOARD OF TRUSTEES OTHER TOP MANAGEMENT SALARIES ARE DETERMINED BY THE CEO COMPARABILITY DATA IS OBTAINED FROM INDEPENDENT SOURCES AS WELL AS FROM UNITED WAY WORLDWIDE AND IS USED TO CREATE SALARY RANGES FOR EACH POSITION THESE SALARY RANGES ARE ADJUSTED FOR INFLATION PERIODICALLY
FORM 990, PART VI, SECTION C, LINE 19	THE DOCUMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST IN ADDITION, THE AUDIT AND TAX RETURN ARE PUBLISHED ON THE WEBSITE

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XII, LINE 2C	THERE HAS BEEN NO CHANGE IN THE PROCESS FROM THE PRIOR YEAR