

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](http://www.irs.gov/form990)

OMB No 1545-0047  
**2016**  
**Open to Public Inspection**

**A For the 2016 calendar year, or tax year beginning 07-01-2016, and ending 06-30-2017**

- B** Check if applicable:  
 Address change  
 Name change  
 Initial return  
 Final  
 Return/terminated  
 Amended return  
 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 \$ 19,576,488

**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?  Yes  No  
**H(b)** Are all subordinates included?  Yes  No  
If "No," attach a list (see instructions)  
**H(c)** Group exemption number ▶

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

**J** Website: ▶ UNITEDWAYSELA.ORG

**K** Form of organization  Corporation  Trust  Association  Other ▶

**L** Year of formation 1952 **M** State of legal domicile LA

**Part I Summary**

**1** Briefly describe the organization's mission or most significant activities  
TO ERADICATE POVERTY IN SOUTHEAST LOUISIANA

**2** Check this box  if the organization discontinued its operations or disposed of more than 25% of its net assets

<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	33
<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	33
<b>5</b> Total number of individuals employed in calendar year 2016 (Part V, line 2a)	63
<b>6</b> Total number of volunteers (estimate if necessary)	4,459
<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	0
<b>7b</b> Net unrelated business taxable income from Form 990-T, line 34	0

	Prior Year	Current Year
<b>8</b> Contributions and grants (Part VIII, line 1h)	15,839,751	16,594,998
<b>9</b> Program service revenue (Part VIII, line 2g)	373,979	494,965
<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	81,209	369,706
<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-205,192	1,694,571
<b>12</b> Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	16,089,747	19,154,240
<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	10,591,825	9,775,536
<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	0	0
<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	3,609,169	3,685,814
<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	0	0
<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ 2,016,608		
<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	1,482,754	1,511,877
<b>18</b> Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	15,683,748	14,973,227
<b>19</b> Revenue less expenses Subtract line 18 from line 12	405,999	4,181,013

	Beginning of Current Year	End of Year
<b>20</b> Total assets (Part X, line 16)	18,036,942	22,379,796
<b>21</b> Total liabilities (Part X, line 26)	6,133,236	6,096,422
<b>22</b> Net assets or fund balances Subtract line 21 from line 20	11,903,706	16,283,374

**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 \_\_\_\_\_ Date 2017-11-07  
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	

**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, TANGIPAOHA AND WASHINGTON PARISHES AND GOVERNED BY A VOLUNTEER BOARD UWSELA'S MISSION IS TO ERADICATE POVERTY IN SOUTHEAST LOUISIANA 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 PROVIDES GRANTS TO SUPPORT PROGRAMS AND GROUPS WORKING TOGETHER IN A COLLABORATIVE WAY THAT SUPPORTS OUR VISION OF "EQUITABLE COMMUNITIES WHERE ALL INDIVIDUALS ARE HEALTHY, EDUCATED, AND ECONOMICALLY STABLE "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 \$ 7,570,868 including grants of \$ 7,131,902 ) (Revenue \$ 494,965 )

See Additional Data

**4b** (Code ) (Expenses \$ 2,626,873 including grants of \$ 2,488,384 ) (Revenue \$ )

See Additional Data

**4c** (Code ) (Expenses \$ 972,627 including grants of \$ 42,000 ) (Revenue \$ )

See Additional Data

See Additional Data Table

**4d** Other program services (Describe in Schedule O )  
(Expenses \$ 629,088 including grants of \$ 113,250 ) (Revenue \$ )

**4e Total program service expenses** ▶ 11,799,456

**Part IV Checklist of Required Schedules**

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

**Part IV Checklist of Required Schedules (continued)**

	Yes	No
<b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H . . . . .</i>		No
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
<b>21</b> 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>	Yes	
<b>22</b> 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>	Yes	
<b>23</b> 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>	Yes	
<b>24a</b> 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>		No
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . .		
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .		
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . . .		
<b>25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> 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>		No
<b>b</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>		No
<b>26</b> 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>		No
<b>27</b> 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>		No
<b>28</b> 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)		
<b>a</b> A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV . . . . .</i>		No
<b>b</b> A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV . . . . .</i>		No
<b>c</b> 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>		No
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M . . . . .</i>	Yes	
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M . . . . .</i>		No
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I . . . . .</i>		No
<b>32</b> 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>		No
<b>33</b> 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>		No
<b>34</b> 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>		No
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)?		No
<b>b</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>		
<b>36 Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2 . . . . .</i>		No
<b>37</b> 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>		No
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O . . . . .	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with columns for question number, question text, and Yes/No response boxes. Includes sections for backup withholding, employee reporting, foreign accounts, prohibited tax shelter transactions, deductible contributions, and 501(c)(7), (12), and (29) organizations.

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 [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year (33); 1b Enter the number of voting members included in line 1a, above, who are independent (33); 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? (Yes); 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? (Yes); 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.)

Table with 3 columns: Question, Yes, No. Rows include: 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

Table with 2 columns: Question, Answer. Rows include: 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: [X] Own website, [ ] Another's website, [X] 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 VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** (continued)

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										
<b>1b Sub-Total</b>										
<b>c Total from continuation sheets to Part VII, Section A</b>										
<b>d Total (add lines 1b and 1c)</b>							628,010	0	119,826	

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ **4**

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

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation
FSG INC 1020 19TH STREET NW SUITE 420 WASHINGTON, DC 20036	CONSULTING	225,794

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶ **1**



**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
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b> Federated campaigns . . . . .	<b>1a</b> 1,255,866			
	<b>b</b> Membership dues . . . . .	<b>1b</b>			
	<b>c</b> Fundraising events . . . . .	<b>1c</b> 117,463			
	<b>d</b> Related organizations . . . . .	<b>1d</b>			
	<b>e</b> Government grants (contributions) . . . . .	<b>1e</b> 677,888			
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above . . . . .	<b>1f</b> 14,543,781			
	<b>g</b> Noncash contributions included in lines 1a-1f \$ _____	1,517,427			
	<b>h Total.</b> Add lines 1a-1f . . . . .		16,594,998		

<b>Program Service Revenue</b>			Business Code			
	<b>2a</b> SERVICE FEE INCOME		900099	494,965	494,965	
<b>b</b> _____						
<b>c</b> _____						
<b>d</b> _____						
<b>e</b> _____						
<b>f</b> All other program service revenue . . . . .						
<b>g Total.</b> Add lines 2a-2f . . . . .			494,965			

<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) . . . . .			81,990			81,990
	<b>4</b> Income from investment of tax-exempt bond proceeds . . . . .						
	<b>5</b> Royalties . . . . .						
	<b>6a</b> Gross rents	(i) Real	(ii) Personal				
		145,453					
	<b>b</b> Less rental expenses . . . . .	336,353					
	<b>c</b> Rental income or (loss) . . . . .	-190,900					
	<b>d</b> Net rental income or (loss) . . . . .			-190,900			-190,900
	<b>7a</b> Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		295,420	6,500				
	<b>b</b> Less cost or other basis and sales expenses . . . . .	0	14,204				
	<b>c</b> Gain or (loss) . . . . .	295,420	-7,704				
	<b>d</b> Net gain or (loss) . . . . .			287,716			287,716
	<b>8a</b> Gross income from fundraising events (not including \$ 117,463 of contributions reported on line 1c) See Part IV, line 18 . . . . .	<b>a</b>	40,756				
	<b>b</b> Less direct expenses . . . . .	<b>b</b>	71,691				
<b>c</b> Net income or (loss) from fundraising events . . . . .			-30,935			-30,935	
<b>9a</b> Gross income from gaming activities See Part IV, line 19 . . . . .	<b>a</b>						
<b>b</b> Less direct expenses . . . . .	<b>b</b>						
<b>c</b> Net income or (loss) from gaming activities . . . . .							
<b>10a</b> Gross sales of inventory, less returns and allowances . . . . .	<b>a</b>						
<b>b</b> Less cost of goods sold . . . . .	<b>b</b>						
<b>c</b> Net income or (loss) from sales of inventory . . . . .							
Miscellaneous Revenue	Business Code						
<b>11a</b> SETTLEMENT PROCEEDS	900099	1,913,563				1,913,563	
<b>b</b> INSURANCE PROCEEDS	900099	2,843				2,843	
<b>c</b> _____							
<b>d</b> All other revenue . . . . .							
<b>e Total.</b> Add lines 11a-11d . . . . .			1,916,406				
<b>12 Total revenue.</b> See Instructions . . . . .			19,154,240	494,965	0	2,064,277	

**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
<b>1</b> Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	7,860,284	7,860,284		
<b>2</b> Grants and other assistance to domestic individuals See Part IV, line 22	1,915,252	1,915,252		
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, line 15 and 16				
<b>4</b> Benefits paid to or for members				
<b>5</b> Compensation of current officers, directors, trustees, and key employees	628,569	152,199	326,748	149,622
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
<b>7</b> Other salaries and wages	2,414,145	1,036,282	395,248	982,615
<b>8</b> Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	192,536	73,130	29,827	89,579
<b>9</b> Other employee benefits	258,429	95,663	47,014	115,752
<b>10</b> Payroll taxes	192,135	71,283	44,627	76,225
<b>11</b> Fees for services (non-employees)				
<b>a</b> Management				
<b>b</b> Legal				
<b>c</b> Accounting	26,816	1,695	23,048	2,073
<b>d</b> Lobbying				
<b>e</b> Professional fundraising services See Part IV, line 17				
<b>f</b> Investment management fees	10,412	3,589	2,432	4,391
<b>g</b> Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	398,205	178,864	32,544	186,797
<b>12</b> Advertising and promotion	84,627	35,447	3,365	45,815
<b>13</b> Office expenses	352,614	147,518	43,436	161,660
<b>14</b> Information technology				
<b>15</b> Royalties				
<b>16</b> Occupancy	67,336	17,195	9,946	40,195
<b>17</b> Travel	109,913	50,205	11,656	48,052
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials				
<b>19</b> Conferences, conventions, and meetings	224,764	131,411	23,494	69,859
<b>20</b> Interest				
<b>21</b> Payments to affiliates	149,829		149,829	
<b>22</b> Depreciation, depletion, and amortization	65,645	23,325	10,822	31,498
<b>23</b> Insurance				
<b>24</b> 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)				
<b>a</b> MEMBERSHIP DUES	11,270	3,737	1,807	5,726
<b>b</b> MISCELLANEOUS	10,446	2,377	1,320	6,749
<b>c</b>				
<b>d</b>				
<b>e</b> All other expenses				
<b>25</b> Total functional expenses. Add lines 1 through 24e	14,973,227	11,799,456	1,157,163	2,016,608
<b>26</b> 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 IX

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash—non-interest-bearing . . . . .	-126,603	<b>1</b>	6,347
	<b>2</b> Savings and temporary cash investments . . . . .	6,923,660	<b>2</b>	9,642,011
	<b>3</b> Pledges and grants receivable, net . . . . .	5,271,721	<b>3</b>	5,405,237
	<b>4</b> Accounts receivable, net . . . . .		<b>4</b>	
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		<b>5</b>	
	<b>6</b> 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		<b>6</b>	
	<b>7</b> Notes and loans receivable, net . . . . .		<b>7</b>	
	<b>8</b> Inventories for sale or use . . . . .		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges . . . . .		<b>9</b>	
	<b>10a</b> Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	1,970,512		
	<b>b</b> Less accumulated depreciation	1,318,033		
	<b>11</b> Investments—publicly traded securities . . . . .	1,806,924	<b>11</b>	1,960,888
	<b>12</b> Investments—other securities See Part IV, line 11 . . . . .	3,349,000	<b>12</b>	3,486,687
	<b>13</b> Investments—program-related See Part IV, line 11 . . . . .		<b>13</b>	
	<b>14</b> Intangible assets . . . . .		<b>14</b>	
	<b>15</b> Other assets See Part IV, line 11 . . . . .	144,327	<b>15</b>	1,226,147
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .	18,036,942	<b>16</b>	22,379,796	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	482,501	<b>17</b>	530,448
	<b>18</b> Grants payable . . . . .		<b>18</b>	
	<b>19</b> Deferred revenue . . . . .		<b>19</b>	
	<b>20</b> Tax-exempt bond liabilities . . . . .		<b>20</b>	
	<b>21</b> Escrow or custodial account liability Complete Part IV of Schedule D		<b>21</b>	
	<b>22</b> 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 . . . . .		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .		<b>24</b>	
	<b>25</b> 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	5,650,735	<b>25</b>	5,565,974
	<b>26 Total liabilities.</b> Add lines 17 through 25 . . . . .	6,133,236	<b>26</b>	6,096,422
<b>Net Assets or Fund Balances</b>	<b>27 Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b> Unrestricted net assets	5,976,135	<b>27</b>	8,863,910
	<b>28</b> Temporarily restricted net assets . . . . .	2,024,054	<b>28</b>	3,506,991
	<b>29</b> Permanently restricted net assets	3,903,517	<b>29</b>	3,912,473
	<b>30 Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.</b> Capital stock or trust principal, or current funds . . . . .		<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building or equipment fund . . . . .		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds		<b>32</b>	
	<b>33 Total net assets or fund balances . . . . .</b>	11,903,706	<b>33</b>	16,283,374
	<b>34 Total liabilities and net assets/fund balances . . . . .</b>	18,036,942	<b>34</b>	22,379,796

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12) . . . . .	<b>1</b>	19,154,240
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25) . . . . .	<b>2</b>	14,973,227
<b>3</b>	Revenue less expenses Subtract line 2 from line 1 . . . . .	<b>3</b>	4,181,013
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . . . . .	<b>4</b>	11,903,706
<b>5</b>	Net unrealized gains (losses) on investments . . . . .	<b>5</b>	198,655
<b>6</b>	Donated services and use of facilities . . . . .	<b>6</b>	
<b>7</b>	Investment expenses . . . . .	<b>7</b>	
<b>8</b>	Prior period adjustments . . . . .	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O) . . . . .	<b>9</b>	0
<b>10</b>	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	16,283,374

**Part XII Financial Statements and Reporting**

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

		Yes	No
<p><b>1</b> Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____</p> <p>If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O</p>			
<p><b>2a</b> Were the organization's financial statements compiled or reviewed by an independent accountant?</p> <p>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</p> <p><input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis</p>	<b>2a</b>		No
<p><b>b</b> Were the organization's financial statements audited by an independent accountant?</p> <p>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</p> <p><input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis</p>	<b>2b</b>	Yes	
<p><b>c</b> 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?</p> <p>If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O</p>	<b>2c</b>	Yes	
<p><b>3a</b> 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?</p>	<b>3a</b>		No
<p><b>b</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</p>	<b>3b</b>		

**Software ID:****Software Version:****EIN:** 72-0471369**Name:** UNITED WAY OF SOUTHEAST LOUISIANA

Form 990 (2016)

**Form 990, Part III, Line 4a:**

COMMUNITY IMPACT - STRATEGIC PLANNING & FUND DISTRIBUTION UNITED WAY OF SOUTHEAST LOUISIANA (UWSELA) HAS A BOLD VISION FOR ERADICATING POVERTY IN SELA GRANT-MAKING SUPPORTS THE VISION OF "EQUITABLE COMMUNITIES WHERE ALL INDIVIDUALS ARE HEALTHY, EDUCATED AND ECONOMICALLY STABLE " THIS MEANS BOTH A SHARPENED FOCUS ON POVERTY THROUGH SUPPORTING THE CRITICAL PROGRAMS THAT FORM THE BEDROCK OF SERVING OUR POPULATION, AND A SYSTEMS CHANGE APPROACH CENTERED ON COLLABORATION OUR GRANT-MAKING IS ROOTED IN ADDRESSING THE COMPLEX INTERPLAY OF SYMPTOMS AND DRIVERS OF POVERTY IN THE REGION IN 2016, UNITED WAY LAUNCHED ITS FIRST CYCLE OF GRANTS TO SUPPORT PROGRAMS AND GROUPS WORKING TOGETHER IN A COLLABORATIVE WAY TO ADDRESS THE OUTCOMES IN OUR BLUEPRINT FOR PROSPERITY 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 1 PROGRAM GRANTS TOTAL NUMBER OF PEOPLE SERVED BY OUR 78 GRANT PARTNERS FROM JULY 1, 2016-JUNE 30, 2017 - 374,280 UWSELA-FUNDED 78 PROGRAMS, FROM JULY 1, 2016 - JUNE 30, 2017 TO ADDRESS PRIORITIES SUCH AS HOUSING, MEDICAL AND MENTAL HEALTH CARE, CHILD AND ADULT CARE AND ACADEMIC SUPPORTS UWSELA ANSWERED OVER 374,280 APPEALS FOR HELP FROM OUR COMMUNITY 2 COLLABORATION GRANTS BASED ON THE BLUEPRINT, UWSELA PROVIDED \$500,000 IN FUNDING TO SUPPORT SEVEN (7) COLLABORATIONS FOCUSED ON SYSTEMIC CHANGE TO ERADICATE POVERTY ACCOMPLISHMENTS ENDING HOMELESSNESS THROUGH SYSTEMS CHANGE COLLABORATIVE - IMPLEMENTATION STAGE- 60 ORGANIZATIONS ACTIVELY PARTICIPATING IN COLLABORATION- ADVOCACY SUBCOMMITTEE FORMED- 18,000 BENEFICIARIES DIRECTLY SUPPORTED BY COLLABORATIVE- 340 PERMANENT SUPPORTIVE HOUSING UNITS IDENTIFIED- 31 HOUSING NAVIGATORS TRAINED- 43 CHRONICALLY HOMELESS INDIVIDUALS HOUSED- 126 CHRONICALLY HOMELESS FAMILIES REFERRED FOR HOUSINGNEW ORLEANS TRAUMA-INFORMED SCHOOLS LEARNING COLLABORATIVE - IMPLEMENTATION STAGE- 12 ORGANIZATIONS ACTIVELY PARTICIPATING IN COLLABORATION- 6 SCHOOL CONVENINGS HOSTED FOR SHARED LEARNING AND PROFESSIONAL DEVELOPMENT RELATED TO TRAUMA-INFORMED PRACTICES- 4 MINI-GRANTS TO PARTNER SCHOOLS DISTRIBUTED- 3-YEAR STRATEGIC PLAN DEVELOPEDNEW ORLEANS WORK (NOW) COLLABORATIVE - IMPLEMENTATION STAGE- FUNDERS COLLABORATIVE MADE UP OF 8 FUNDERS THAT IS FOCUSED ON WORKFORCE SOLUTIONS - TRAINED AT 57 JOBBEEKERS AND INCUMBENT WORKERS IN THE HEALTHCARE SECTOR- THE VA GRADUATED 11 INCUMBENT WORKERS THROUGH THE NOW FUNDED HUDSON THOMAS INITIATIVE - THROUGH THE VA'S HUDSON THOMAS PROGRAM OVER 1/4 OF THE PARTICIPANTS THAT HAVE SUCCESSFULLY COMPLETED THE PROGRAM HAVE ADVANCED BEYOND THE GS-5 LEVEL AND HAVE GAINED WAGE INCREASES AND PROMOTIONS - CHILDREN'S HOSPITAL THROUGH THEIR CHAMP PROGRAM FOR INCUMBENT WORKERS AND JOBBEEKERS GRADUATED 46 INDIVIDUALS FOR JOBS AS MEDICAL ASSISTANTS AS WELL AS ADMINISTRATIVE POSITIONS 90% ARE RETAINED AT YEAR ONE - PUBLICATION OF CAREER MAP FOR FIVE ENTRY-LEVEL POSITIONS HOSTED AN EMPLOYER CONVENING TO FINALIZE CAREER MAPPING PROJECT - WE ARE ALSO WORKING IN CONJUNCTION WITH OCHSNR AND LCMC ON A JOINT PROPOSAL TO TRAIN INDIVIDUALS WITH A NEW TRAINING PARTNER THIS WOULD BE THE FIRST TIME THE TWO LARGEST HEALTHCARE PROVIDERS WOULD BE JOINING FORCES FOR A JOINT TRAINING PROGRAM - WORKING TO FINALIZE A PARTNERSHIP IN CONJUNCTION WITH THE CITY OF NEW ORLEANS AND DELGADO COMMUNITY COLLEGE TO TRAIN MEN FOR JOBS IN ADVANCED MANUFACTURING LOUISIANA PRISONER RE-ENTRY COLLABORATIVE - PLANNING STAGE- 42 ORGANIZATIONS ACTIVELY PARTICIPATING IN PLANNING ON STEERING COMMITTEES (ORLEANS, JEFFERSON, & ST TAMMANY)- 82 INDIVIDUALS ACTIVELY PARTICIPATING IN PLANNING ON STEERING COMMITTEES - 14 FORMER PRISONERS ENGAGED ON STEERING COMMITTEES (TARGET POPULATION)- LOCAL COALITION IS SEATED, 160 MEMBERS ADOPTS LA-PRI FRAMEWORK IN ORLEANS, ST TAMMANY JEFFERSON IS PENDING - THE GOALS AND VISION OF THE COLLABORATIVE ARE APPROVED BY THE STEERING COMMITTEE W/ A DATA-INFORMED PROBLEM DEFINITION, SHARED VISION, STRATEGIES, AND GUIDING PRINCIPLES - CONDUCTED FOUR COALITION AND STEERING COMMITTEE TRAININGS ON LA-PRI FRAMEWORK IN ORLEANS AND ST TAMMANY- 2 LOCAL COMMUNITY COORDINATORS UNDER CONTRACT IN ORLEANS & ST TAMMANY- COMMUNITY ASSESSMENTS COMPLETED - ST TAMMANY COMPLETED, ORLEANS PENDING- DEPARTMENT OF PUBLIC SAFETY & CORRECTIONS (DPSC) COMPLETES PIPELINE DATA AND DISTRIBUTES TO STEERING COMMITTEES - CENTER DESIGNS ANNUAL COMPREHENSIVE PLAN - DPSC REAP (RE-ENTRY ACCOUNTABILITY PLAN) POLICY/PROCEDURES COMPLETED, STEERING COMMITTEES TRAINED- ST COMMUNITY CO-CHAIRS SEATED ON STATE IMPLEMENTATION STEERING COMMITTEES - ORLEANS AND ST TAMMANYNEW ORLEANS GRADE LEVEL READING CAMPAIGN - PLANNING STAGE- 49 ORGANIZATIONS ACTIVELY PARTICIPATING IN THE COLLABORATION - 57 OF COMMUNITY MEMBERS INVOLVED THROUGH THE COLLABORATION- STEERING COMMITTEE, DESIGN TEAM AND CORE TEAMS LAUNCHED WITH MONTHLY MEETINGS REPRESENTING 8+ SECTORS/CONSTITUENCIES - THE CAMPAIGN HAS ENGAGED A DIVERSE GROUP OF STAKEHOLDERS IN PLANNING THERE HAS BEEN INTENTIONAL ENGAGEMENT OF AFRICAN-AMERICAN FAMILIES AND STAKEHOLDERS WHO WORK REGULARLY WITH THOSE FAMILIES IN THE PROCESS THE NEXT PHASE OF THE CAMPAIGN WILL INCREASE DIRECT ENGAGEMENT WITH LOW-INCOME AND AFRICAN-AMERICAN FAMILIES - A SHORT TERM 2017 WORK PLAN WITH GANNT CHART AND LONG-TERM WORK PLAN FROM 2017 THROUGH 2020 THAT LISTS STRATEGIES, KEY ACTIVITIES AND RESPONSIBLE PARTIES/PARTNERS HAS BEEN OUTLINED AND AGREED UPON - ALL-AMERICA CITY APPLICATION WAS SUBMITTED IN JANUARY 2017- COMMUNITY SOLUTIONS ACTION PLAN HAS BEEN DEVELOPED AND IS BEING WRITTEN UP FOR FINAL SUBMISSION TO THE NATIONAL CAMPAIGN FOR GRADE-LEVEL READING- REPRESENTATIVES FROM THE ORLEANS PARISH SCHOOL BOARD, NOBLE MINDS (A NEW CHARTER SCHOOL) AND EDUCATION ORGANIZATIONS, INCLUDING OPEN, COMMUNITIES IN SCHOOLS AND CITY YEAR WERE REGULAR PARTICIPANTS IN DESIGN TEAM ACTIVITIES ALONGSIDE 4 PEOPLE WHO PRIMARILY IDENTIFY AS PARENTS OF PUBLIC SCHOOL STUDENTS - DURING THE GRANT PERIOD, THE CAMPAIGN LAUNCHED TO ENGAGE A BROAD CROSS SECTION OF COMMUNITY LEADERS AND CHILD ADVOCATES A NEXT PHASE OF PUBLIC ROLLOUT OF THE CAMPAIGN STRATEGIES IS SLATED FOR MARCH 2018 IN COORDINATION WITH NORDC'S ANNUAL SUMMER CAMP EXPO NEW ORLEANS YOUTH PROGRAM QUALITY INITIATIVE - IMPLEMENTATION STAGE- 44 ORGANIZATIONS ACTIVELY PARTICIPATING IN THE COLLABORATION - 320 COMMUNITY MEMBERS INVOLVED THROUGH COLLABORATION- 8 FUNDERS SUPPORTING THE COLLABORATION- 31 QUALITY IMPROVEMENT PLANS WERE DEVELOPED AND THE GROUNDWORK WAS LAID FOR 51 ADDITIONAL QUALITY IMPROVEMENT PLANS (TO BE DEVELOPED IN OCTOBER) FOR SUMMER CAMPS - AVERAGE INSTRUCTIONAL TOTAL SCORE ON THE YOUTH PROGRAM QUALITY ASSESSMENT ACROSS 31 PARTICIPATING PROGRAMS INCREASED FROM 3 08 OUT OF 5 IN FALL 2016 TO 3 32 OUT OF 5 IN SPRING 2017 THIS REPRESENTS AN 8% INCREASE SOME AREAS RELATED TO YOUTH VOICE, CHOICE AND PLANNING SAW INCREASES AS HIGH AS 22% - 31 PROGRAMS PARTICIPATING IN YEAR-ROUND PILOT- 15 METHOD TRAINERS WHO HAVE LED WORKSHOPS- 17 METHOD TRAINERS CERTIFIED- 16 PEOPLE SERVING YPQI WORKING GROUP- 320 PEOPLE ATTENDED A YPQI TRAINING- 50 ACTIVELY CERTIFIED ASSESSORS- 50 ACTIVELY CERTIFIED ASSESSORS YOUTHFORCE NOLA - IMPLEMENTATION STAGE- 12 ORGANIZATIONS ACTIVELY PARTICIPATING IN THE COLLABORATION- 5 ACTIVE WORKING GROUPS SUPPORTED BY THE COLLABORATION- FAMILY ENGAGEMENT- EMPLOYER ENGAGEMENT- SCHOOL SUPPORT- SOFT SKILLS- CAREER CENTER/TRAINING PROVIDERS- 10 FUNDERS SUPPORTING THE COLLABORATION - \$12 MILLION SECURED/LEVERAGED TO SUPPORT THE COLLABORATION- YOUTHFORCE NOLA DELIVERED A SUCCESSFUL PAID INTERNSHIP PROGRAM, WITH 99 OF THE TARGETED 100 MEMBERS OF THE CLASS OF 2017 COMPLETING THE FULL 150 HOURS OF THE PROGRAM EMPLOYER SATISFACTION WAS NEARLY 95%- 180 MEMBERS OF THE CLASS OF 2017 EARNED INDUSTRY RECOGNIZED CREDENTIALS IN YFN'S TARGET INDUSTRIES

## Form 990, Part III, Line 4b:

FLOOD RELIEF AND NO PLACE LIKE HOME (NPLH) THE NPLH INITIATIVE BUILDS UPON THE WORK OF THE LONG TERM RECOVERY INITIATIVE AND WAS ESTABLISHED IN MID-2010 TO WORK ON THOSE IMPACTED BY HURRICANE KATRINA OVER THE YEARS NPLH, WORKING WITH ITS COMMUNITY PARTNERS, HAS HELPED SUPPORT THE COORDINATION OF THE NECESSARY RESOURCES TO FULFILL UNMET NEEDS, OFTEN HOUSING-RELATED, OF THOSE IMPACTED FROM NATURAL DISASTER AND CRISIS SITUATIONS FROM JULY 1, 2016 THRU JUNE 30, 2017 THERE WERE TWO MAJOR NATURAL DISASTERS AFFECTING FOUR OF THE SEVEN PARISH'S IN THE UNITED WAY SERVICE REGION UNITED WAY PLAYED A KEY ROLE IN RESPONSE TO BOTH THE GREAT FLOOD OF 2016 AS WELL AS THE TORNADO OF 2017 IN AUGUST 2016, COMMUNITIES ACROSS THE STATE OF LOUISIANA EXPERIENCED SEVERE FLOODING LOSING HOMES, BUSINESSES AND LIVES THIS FLOOD WAS THE SINGLE GREATEST FLOOD TO HIT THE STATE OF LOUISIANA OVER 10,000 FAMILIES AND INDIVIDUALS WERE DEVASTATED THROUGHOUT THE THREE NORTH SHORE PARISHES OF OUR UNITED WAY OF SOUTHEAST LOUISIANA REGION THE EFFECTS OF THE FLOODING LEFT MANY HOMELESS, JOBLESS AND HOPELESS, SEARCHING FOR IMMEDIATE RELIEF AND THEN LOOKING FOR HELP IN LONG-TERM RECOVERY UNITED WAY OF SOUTHEAST LOUISIANA IMMEDIATELY REACTED TO THE DISASTER, AND THROUGH CREATING COLLABORATIONS AND PARTNERSHIPS, HELPED LEAD THE WAY IN IMMEDIATE RELIEF AND THROUGH LONG-TERM RECOVERY EFFORTS FLOOD ACCOMPLISHMENTS IMMEDIATE RELIEF - UNITED WAY WAREHOUSE - WITHIN 3 DAYS OF THE STATE FLOOD DECLARATION - OPENED A WAREHOUSE AND BEGAN TO RECEIVE AND DISTRIBUTE MUCH NEEDED SUPPLIES TO THOSE IN NEED,- THE FIRST WAREHOUSE IN THE STATE TO TAKE AND DISTRIBUTE DONATIONS,- LED THE EFFORTS AND COORDINATED WITH 90 ORGANIZATIONS, FACILITATING DONATIONS TO 8 PARISHES ACROSS LOUISIANA,- UNITED WAY HANDSON VOLUNTEER CENTER COORDINATED OVER 368 VOLUNTEERS TO HELP WITH FLOOD RELIEF, GIVING 2,100 VOLUNTEER SERVICE HOURS,- VOLUNTEER HOURS PROVIDED AN ECONOMIC IMPACT OF \$47,607,- DISTRIBUTED OVER 1,555 MILLION ITEMS,- GOODS DISTRIBUTED VALUED AT OVER \$1 4 MILLION,- COLLABORATED WITH PARTNERS TO MUCK AND GUT 68 HOMES FROM THE FLOODS RECOVERY WORK UNITED WAY HAS MADE A COMMITMENT TO THE LONG-TERM RECOVERY OF THE REGION COMMITTING TO WORK WITH 80 FAMILIES AND INDIVIDUALS THROUGHOUT ALL 2017 TO IDENTIFY AND ADDRESS THEIR UNMET NEEDS, WHICH WILL ASSIST IN THEIR RECOVERY EFFORTS - AS A PART OF THE LONG TERM RECOVERY ROUND TABLES AND THROUGH COLLABORATION WITH PARTNERS, 108 FAMILIES (REPRESENTING 199 INDIVIDUALS) WERE IDENTIFIED AS HAVING UNMET NEEDS FOR RECOVERY THOSE IDENTIFIED HAVE UNMET NEEDS ADDRESSED THROUGH PROVIDING LINKS TO CASE MANAGEMENT, INITIAL PROJECT COORDINATION, PROJECT PLANNING, PREPARATION FOR HOME REBUILD, PREPARING LISTS AND/OR STARTING CONSTRUCTION, AND WORKING TO LINE UP VOLUNTEERS FOR ASSISTANCE IN RECOVERY,- 40 FAMILIES/INDIVIDUALS ENGAGED IN MEETING THEIR UNMET NEEDS THROUGH DIRECT GRANTS FROM UNITED WAY FOR REBUILDING, REHOUSING OR MEETING OTHER UNMET NEEDS,- ENGAGED 845 VOLUNTEERS IN REBUILD EFFORTS - GIVING 10,232 HOURS OF SERVICE,- CREATED AN ECONOMIC IMPACT AND SAVINGS OF \$245,133 TO HOMEOWNERS AND SURVIVORS THROUGH DONATED VOLUNTEER SERVICE HOURS, - RAISED, AND COMMITTED TO INVEST, OVER \$1 4 MILLION TO INVEST FLOOD DISASTER RECOVERY - \$120,000 COMMITTED IN THE FIRST TEN DAYS FOLLOWING THE FLOOD,- \$424,686 INVESTED FOR FAMILIES THROUGH GRANTS AND/OR SERVICES TO MUCK/GUT/REBUILD OR PROVIDE OTHER UNMET NEEDS WITH THE REMAINING TO BE INVESTED WITH COLLABORATIONS AND PARTNERS ON RECOVERY,- INVESTMENTS MADE IN RECOVERY HAVE INCLUDED AMONG OTHER THINGS - HELPING REBUILD HOUSES AND/OR REHOUSE DISPLACED SURVIVORS,- MEETING UNMET NEEDS OF SURVIVORS,- KEEPING FOOD BANKS OPEN,- PROVIDING TRANSPORTATION FOR SENIOR CITIZENS,- REPAIRING DAMAGED PARISH SCHOOLS AND HEAD START EDUCATION CENTERS, - PROVIDING SCHOOL SUPPLIES FOR CHILDREN,- CREATING ACCESS TO MENTAL HEALTH COUNSELING- REHOUSING DOMESTIC VIOLENCE VICTIMS,- INVESTING \$100,000 TO HELP OVER A DOZEN BUSINESSES RECOVER FROM THE FLOOD,- PROVIDE FUNDING FOR EMERGENCY INFORMATION SERVICES (2-1-1) - COLLABORATED WITH 2 REBUILD PARTNERS, 3 LONG TERM RECOVERY ORGANIZATIONS WITH 39 STAKEHOLDER MEETINGS AND 1 CASE MANAGEMENT TRAINING MEETING IN FEBRUARY OF 2017, ORLEANS PARISH - SPECIFICALLY NEW ORLEANS EAST - WAS STUCK WITH A DEVASTATING TORNADO OVER 2,800 PEOPLE REGISTERED FOR ASSISTANCE WITH FEMA COLLABORATIVE PARTNERS ALONG WITH UNITED WAY IDENTIFIED OVER 900 HOMES AFFECTED BY THE TORNADO WITH AN ESTIMATED \$2 3M IN UNMET NEEDS TORNADO ACCOMPLISHMENTS - UNITED WAY RAISED \$70,632 TO BE INVESTED IN TORNADO RECOVERY,- INITIAL GRANT OF \$50,000 MADE TO PROVIDE FOR DIRECT ONE ON ONE CASE MANAGEMENT SERVICES FOR THOSE IMPACTED,- UNITED WAY HANDSON VOLUNTEER CENTER MOBILIZED 592 VOLUNTEERS- 450+ MOBILIZED IN TWO VOLUNTEER EVENTS IMMEDIATELY FOLLOWING THE TORNADOES - THE LARGEST SINGLE VOLUNTEER EFFORT IMMEDIATELY FOLLOWING THE TORNADOES,- 1,575 VOLUNTEER HOURS COORDINATED WITH A \$41,842 ECONOMIC IMPACT TO THE COMMUNITY VOLUNTEERS CONCENTRATED ON NEIGHBORHOOD CLEANUP AND DEBRIS REMOVAL,- ASSISTED IN THE DEVELOPMENT OF THE ORLEANS PARISH LONG TERM RECOVERY COMMITTEE

**Form 990, Part III, Line 4c:**

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-43\* 36 HOMEOWNERSHIP \* 3 VEHICLE \* 2 BUSINESS START-UP OR EXPANSION \* 2 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-37 TOTAL, 31 HOMEOWNERSHIP, 2 SMALL BUSINESS AND 2 VEHICLE, 2 TRANSFER IDA FOR POST-SECONDARY EDUCATION

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

(Code	) (Expenses \$	364,836	including grants of \$		) (Revenue \$	
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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-9,451 \* TOTAL AMOUNT OF INCOME TAX REFUNDS--\$13,260,685 \* TOTAL AMOUNT OF EARNED INCOME TAX CREDITS--\$5,028,358 \* TOTAL AMOUNT OF CHILD TAX CREDITS-- \$1,447,708

(Code	) (Expenses \$	83,933	including grants of \$	83,933	) (Revenue \$	
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RATE PAYER ENDOWMENT IN 2016, EDUCATE NOW!, JUMA VENTURES, AND THE CITY OF NEW ORLEANS COLLABORATED TO SCALE THE YOUTHFORCE NOLA INTERNSHIP (YFI) PROGRAM, AN INNOVATIVE WORKFORCE INITIATIVE THAT CONNECTS LOW-INCOME, HIGH POTENTIAL STUDENTS TO PAID INTERNSHIPS IN HIGH-WAGE, HIGH-DEMAND INDUSTRY CLUSTERS IN ITS SECOND YEAR, YFI RECRUITED STUDENTS FROM EIGHT\* ORLEANS PUBLIC HIGH SCHOOLS THAT ARE PURSUING COURSEWORK ALIGNED TO CAREER PATHWAYS IN THESE INDUSTRY CLUSTERS BIO/HEALTH, DIGITAL/IT, AND ADVANCED MANUFACTURING/ENERGY YFI EXCEEDED ITS GOAL OF FIFTY STUDENTS IN INTERNSHIPS IN SUMMER 2016 WITH A TOTAL OF SIXTY STUDENTS FROM THE EIGHT SCHOOLS COMPLETING THE PROGRAM YFI ALSO, WITH THE SUPPORT OF USWELA, PARTNERED WITH MODELS FOR SUCCESS TO ADD AN ADDITIONAL SOFT SKILLS ASSESSMENT TO THE CURRICULUM FEEDBACK FROM STUDENTS - 100% OF STUDENTS COMPLETED THE END-OF-SUMMER SURVEY, 97% WOULD RECOMMEND YFI TO OTHER STUDENTS - 86% OF STUDENTS REPORTED THAT THE YOUTHFORCE INTERNSHIP PROGRAM CONFIRMED/SOLIDIFIED THEIR POST-GRADUATION PLANS - THE MAJORITY OF STUDENTS STATED THEY IMPROVED IN EACH OF THE VARIOUS TOPICS COVERED DURING THE SOFT SKILLS TRAINING (E G , PROFESSIONALISM, INTERVIEW SKILLS, ETC) FEEDBACK FROM EMPLOYERS - 66% OF STUDENTS' SUPERVISORS COMPLETED THE SURVEY, 87% STATED THEY WOULD PARTICIPATE IN THE PROGRAM AGAIN AND 13% SAID POSSIBLY (BASED IN LARGE PART ON AVAILABILITY OF WORK TO ASSIGN TO STUDENTS) - 80% OF EMPLOYERS RATED THE PROFESSIONALISM OF THEIR INTERN AS EITHER SIMILAR (40%) OR MORE FAVORABLE (40%) TO A TYPICAL ENTRY LEVEL EMPLOYEE - "THE STUDENTS ARE WONDERFUL, THEY ARE DOING AWESOME" -- HEALTH CARE EMPLOYER - "AMAZING YOUNG MAN! WE'RE HAVING FUN LEARNING THE TRADE HE IS VERY IN TUNE TO WHAT WE'RE DOING I LOVE IT" -- SKILLED CRAFTS EMPLOYER - "[OUR INTERN] HAS BEEN PROMPT, DILIGENT, AND PROACTIVE" -- TECH EMPLOYER FEEDBACK FROM SCHOOLS - YOUTHFORCE NOLA DID NOT FORMALLY SURVEY SCHOOL PARTNERS WHOSE STUDENTS PARTICIPATED IN THE INTERNSHIP PROGRAM HOWEVER, CONVERSATIONS WITH EACH OF OUR SCHOOLS REVEALED STRONG SATISFACTION WITH THE YFI PROGRAM AND A CONTINUED DESIRE TO HAVE THEIR STUDENTS PARTICIPATE IN THE FUTURE - \*PARTNER SCHOOLS INCLUDED ALGIERS TECHNOLOGY ACADEMY, EDNA KARR, JOSEPH S CLARK, LANDRY WALKER, SCI ACADEMY, NEW ORLEANS SCIENCE & MATH CHARTER, SOPHIE B WRIGHT, WARREN EASTON

KEY LESSONS LEARNED - PLAN FOR ATTRITION WITH BOTH STUDENTS AND EMPLOYERS WHEN RECRUITING - TRANSPORTATION REMAINS A CHALLENGE, WILL NEED TO THINK ABOUT BUSING AT SCALE NEXT SUMMER - CONTINUE TO LEVERAGE SOFT SKILLS PROGRAMMING TO ENGAGE LOCAL PROFESSIONALS TO BUILD BUY-IN - TIGHTEN UP SOFT SKILLS DELIVERY AND ADJUST AS WE SCALE, OPTION TO BEGIN TRAINING SOONER TO OBTAIN STUDENT COMMITMENTS EARLIER, BUILD RELATIONSHIPS WITH COACHES, ETC - WILL NEED TO SYSTEMATIZE MORE WITH INCREASING NUMBER OF STUDENTS



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

(Code ) (Expenses \$ 180,319 including grants of \$ 29,317 ) (Revenue \$ )

ALL OTHER PROGRAM SERVICES

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										(D)	(E)	(F)
(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)						Reportable compensation from the organization (W- 2/1099-MISC)	Reportable compensation from related organizations (W- 2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations		
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former					
MS DANICA ANSARDI CLU CHFC MBA ..... TRUSTEE & AUDIT COMMITTEE CHAIR	4 00 .....	X						0	0	0		
DR TOYA BARNES-TEAMER ..... TRUSTEE	4 00 .....	X						0	0	0		
MS LORI BARTHELEMY ..... TRUSTEE	4 00 .....	X						0	0	0		
MRS KARIN STAFFORD BIRD ..... TRUSTEE	4 00 .....	X						0	0	0		
MR CHARLES A CERISE JR ..... TRUSTEE & LEGAL ADVISOR	4 00 .....	X						0	0	0		
MR CHRISTOPHER J CLAUD ..... TRUSTEE	4 00 .....	X						0	0	0		
MR JOSEPH EXNICIOS ..... TRUSTEE - GOVERNANCE COMMITTEE CHAIR	4 00 .....	X						0	0	0		
MR JOHN FOLEY ..... TRUSTEE	4 00 .....	X						0	0	0		
MR DAVID FRANCIS ..... TRUSTEE	4 00 .....	X						0	0	0		
MRS NORMA GRACE ..... TRUSTEE - EXECUTIVE COMMITTEE AT-LARGE MEMBER	4 00 .....	X						0	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 AL HAMAUEI ..... TRUSTEE (THRU 2016)	4 00 .....	X						0	0	0
MR MICHAEL HECHT ..... TRUSTEE	4 00 .....	X						0	0	0
MR ALEXIS D HOCEVAR ..... TRUSTEE - EXECUTIVE COMMITTEE AT-LARGE MEMBER	4 00 .....	X						0	0	0
MR ROBERT KIMBRO ..... TRUSTEE - CAMPAIGN CHAIR	4 00 .....	X						0	0	0
JUDGE NANCY AMATO KONRAD ..... TRUSTEE	4 00 .....	X						0	0	0
MR EDWARD J KRAUSE ..... TRUSTEE	4 00 .....	X						0	0	0
MRS CATHY MCRAE ..... TRUSTEE	4 00 .....	X						0	0	0
MR LARRY MILLER ..... TRUSTEE	4 00 .....	X						0	0	0
MS CARRIE NETHERY ..... TRUSTEE (THRU 2016)	4 00 .....	X						0	0	0
MR MARTIN PADILLA ..... TRUSTEE	4 00 .....	X						0	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			
MS MARIAN H PIERRE ..... TRUSTEE	4 00 .....	X						0	0	0
MS TARA RICHARD ESQ ..... TRUSTEE	4 00 .....	X						0	0	0
MR TOM SHAW ..... TRUSTEE	4 00 .....	X						0	0	0
MS ADRIENNE SLACK ..... TRUSTEE	4 00 .....	X						0	0	0
MR TOD SMITH ..... TRUSTEE	4 00 .....	X						0	0	0
MRS CAROL A SOLOMON ..... TRUSTEE (THRU 2016)	4 00 .....	X						0	0	0
MRS KIM SPORT ..... TRUSTEE & PUBLIC POLICY CHAIR	4 00 .....	X						0	0	0
CAPT MARK SUCATO ..... TRUSTEE	4 00 .....	X						0	0	0
MS JESSICA VERMILYEA ..... TRUSTEE & COMMUNITY IMPACT CHAIR	4 00 .....	X						0	0	0
MRS BARBARA TURNER WINDHORST ..... TRUSTEE - EXECUTIVE COMMITTEE AT-LARGE MEMBER	4 00 .....	X						0	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 CAROL B WISE ..... TRUSTEE - EXECUTIVE COMMITTEE AT-LARGE MEMBER	4 00 .....	X						0	0	0
MR TODD SLACK ..... PAST CHAIRMAN	4 00 .....	X		X				0	0	0
MR CHARLES L RICE JR ..... CHAIRMAN	4 00 .....	X		X				0	0	0
MR RICHARD HAASE ..... VICE CHAIR & IMMEDIATE PAST CAMPAIGN CHAIR	4 00 .....	X		X				0	0	0
MRS FLORENCE SCHORNSTEIN ..... SECRETARY	4 00 .....	X		X				0	0	0
MR MICHAEL TODD ..... TREASURER & FINANCE AND OPERATIONS CHAIR	4 00 .....	X		X				0	0	0
MICHAEL WILLIAMSON ..... PRESIDENT/CEO	37 50 .....			X				232,963	0	44,806
CHARMAINE CACCIOPPI ..... EVP/COO	37 50 .....			X				171,512	0	34,979
DEBRA MODLIN ..... CFO	37 50 .....			X				114,930	0	20,252
MARY AMBROSE ..... CHIEF IMPACT OFFICER	37 50 .....				X			108,605	0	19,789

**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](http://www.irs.gov/form990).

**2016**

**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 12, 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 agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture See instructions Enter the name, city, and state of the college or university \_\_\_\_\_
- 10  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 )
- 11  An organization organized and operated exclusively to test for public safety See **section 509(a)(4)**.
- 12  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g
  - 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- 10 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		
<b>Total</b>						

**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, 8, or 9 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)2012	(b)2013	(c)2014	(d)2015	(e)2016	(f)Total
<b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant.")	15,879,305	26,642,234	14,366,976	15,839,751	16,594,998	89,323,264
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>4 Total.</b> Add lines 1 through 3	15,879,305	26,642,234	14,366,976	15,839,751	16,594,998	89,323,264
<b>5</b> 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)						12,829,461
<b>6 Public support.</b> Subtract line 5 from line 4						76,493,803

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a)2012	(b)2013	(c)2014	(d)2015	(e)2016	(f)Total
<b>7</b> Amounts from line 4	15,879,305	26,642,234	14,366,976	15,839,751	16,594,998	89,323,264
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	296,821	358,806	202,565	231,019	227,443	1,316,654
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on						
<b>10</b> Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI.)					1,916,406	1,916,406
<b>11 Total support.</b> Add lines 7 through 10						92,556,324
<b>12</b> Gross receipts from related activities, etc (see instructions)					<b>12</b>	1,824,218
<b>13 First five years.</b> 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 <b>stop here</b> . . . . . <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2016 (line 6, column (f) divided by line 11, column (f))	<b>14</b>	82.650 %
<b>15</b> Public support percentage for 2015 Schedule A, Part II, line 14	<b>15</b>	82.720 %
<b>16a 33 1/3% support test—2016.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization <input checked="" type="checkbox"/>		
<b>b 33 1/3% support test—2015.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization <input type="checkbox"/>		
<b>17a 10%-facts-and-circumstances test—2016.</b> 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 <b>stop here.</b> 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>b 10%-facts-and-circumstances test—2015.</b> 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 <b>stop here.</b> 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>18 Private foundation.</b> 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 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►		(a)2012	(b)2013	(c)2014	(d)2015	(e)2016	(f)Total
<b>1</b>	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
<b>2</b>	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						
<b>3</b>	Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b>	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b>	The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6</b>	<b>Total.</b> Add lines 1 through 5						
<b>7a</b>	Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</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						
<b>c</b>	Add lines 7a and 7b						
<b>8</b>	<b>Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►		(a)2012	(b)2013	(c)2014	(d)2015	(e)2016	(f)Total
<b>9</b>	Amounts from line 6						
<b>10a</b>	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>b</b>	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b>	Add lines 10a and 10b						
<b>11</b>	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b>	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
<b>13</b>	<b>Total support.</b> (Add lines 9, 10c, 11, and 12.)						
<b>14</b>	<b>First five years.</b> 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 <b>stop here</b> <span style="float: right;">► <input type="checkbox"/></span>						

**Section C. Computation of Public Support Percentage**

<b>15</b>	Public support percentage for 2016 (line 8, column (f) divided by line 13, column (f))	<b>15</b>	
<b>16</b>	Public support percentage from 2015 Schedule A, Part III, line 15	<b>16</b>	

**Section D. Computation of Investment Income Percentage**

<b>17</b>	Investment income percentage for <b>2016</b> (line 10c, column (f) divided by line 13, column (f))	<b>17</b>	
<b>18</b>	Investment income percentage from <b>2015</b> Schedule A, Part III, line 17	<b>18</b>	
<b>19a</b>	<b>33 1/3% support tests—2016.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization <span style="float: right;">► <input type="checkbox"/></span>		
<b>b</b>	<b>33 1/3% support tests—2015.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization <span style="float: right;">► <input type="checkbox"/></span>		
<b>20</b>	<b>Private foundation.</b> If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions <span style="float: right;">► <input type="checkbox"/></span>		



**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

		Yes	No
<b>1</b>	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.		
	<b>1</b>		
<b>2</b>	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 <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).		
	<b>2</b>		
<b>3a</b>	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.		
	<b>3a</b>		
<b>b</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 <b>Part VI</b> when and how the organization made the determination.		
	<b>3b</b>		
<b>c</b>	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.		
	<b>3c</b>		
<b>4a</b>	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.		
	<b>4a</b>		
<b>b</b>	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.		
	<b>4b</b>		
<b>c</b>	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 <b>Part VI</b> 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.		
	<b>4c</b>		
<b>5a</b>	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 <b>Part VI</b> , 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>5a</b>		
<b>b</b>	<b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
	<b>5b</b>		
<b>c</b>	<b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
	<b>5c</b>		
<b>6</b>	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in <b>Part VI</b> .		
	<b>6</b>		
<b>7</b>	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
	<b>7</b>		
<b>8</b>	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
	<b>8</b>		
<b>9a</b>	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 <b>Part VI</b> .		
	<b>9a</b>		
<b>b</b>	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in <b>Part VI</b> .		
	<b>9b</b>		
<b>c</b>	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in <b>Part VI</b> .		
	<b>9c</b>		
<b>10a</b>	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.		
	<b>10a</b>		
<b>b</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.)		
	<b>10b</b>		

**Part IV Supporting Organizations** (continued)

		Yes	No
<b>11</b>	Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b>	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>b</b>	A family member of a person described in (a) above?		
<b>c</b>	A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI</i>		

**Section B. Type I Supporting Organizations**

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

**Section C. Type II Supporting Organizations**

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

**Section D. All Type III Supporting Organizations**

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

**Section E. Type III Functionally-Integrated Supporting Organizations**

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

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

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

**Section A - Adjusted Net Income**

	(A) Prior Year	(B) Current Year (optional)
<b>1</b> Net short-term capital gain	<b>1</b>	
<b>2</b> Recoveries of prior-year distributions	<b>2</b>	
<b>3</b> Other gross income (see instructions)	<b>3</b>	
<b>4</b> Add lines 1 through 3	<b>4</b>	
<b>5</b> Depreciation and depletion	<b>5</b>	
<b>6</b> 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)	<b>6</b>	
<b>7</b> Other expenses (see instructions)	<b>7</b>	
<b>8 Adjusted Net Income</b> (subtract lines 5, 6 and 7 from line 4)	<b>8</b>	

**Section B - Minimum Asset Amount**

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

**Section C - Distributable Amount**

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

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

<b>Section D - Distributions</b>	<b>Current Year</b>
<b>1</b> Amounts paid to supported organizations to accomplish exempt purposes	
<b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
<b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations	
<b>4</b> Amounts paid to acquire exempt-use assets	
<b>5</b> Qualified set-aside amounts (prior IRS approval required)	
<b>6</b> Other distributions (describe in Part VI) See instructions	
<b>7 Total annual distributions.</b> Add lines 1 through 6	
<b>8</b> Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
<b>9</b> Distributable amount for 2016 from Section C, line 6	
<b>10</b> Line 8 amount divided by Line 9 amount	

<b>Section E - Distribution Allocations (see instructions)</b>	<b>(i) Excess Distributions</b>	<b>(ii) Underdistributions Pre-2016</b>	<b>(iii) Distributable Amount for 2016</b>
<b>1</b> Distributable amount for 2016 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2016 (reasonable cause required--see instructions)			
<b>3</b> Excess distributions carryover, if any, to 2016			
<b>a</b>			
<b>b</b>			
<b>c</b> From 2013. . . . .			
<b>d</b> From 2014. . . . .			
<b>e</b> From 2015. . . . .			
<b>f Total</b> of lines 3a through e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2016 distributable amount			
<b>i</b> Carryover from 2011 not applied (see instructions)			
<b>j</b> Remainder Subtract lines 3g, 3h, and 3i from 3f			
<b>4</b> Distributions for 2016 from Section D, line 7			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2016 distributable amount			
<b>c</b> Remainder Subtract lines 4a and 4b from 4			
<b>5</b> Remaining underdistributions for years prior to 2016, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
<b>6</b> Remaining underdistributions for 2016 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
<b>7 Excess distributions carryover to 2017.</b> Add lines 3j and 4c			
<b>8</b> Breakdown of line 7			
<b>a</b>			
<b>b</b> Excess from 2013. . . . .			
<b>c</b> Excess from 2014. . . . .			
<b>d</b> Excess from 2015. . . . .			
<b>e</b> Excess from 2016. . . . .			

**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**

**SCHEDULE C**  
(Form 990 or 990-EZ)  
  
Department of the Treasury  
Internal Revenue Service

**Political Campaign and Lobbying Activities**

OMB No 1545-0047  
  
**2016**  
**Open to Public Inspection**

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](http://www.irs.gov/form990).

**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)

21,761

**b** Total lobbying expenditures to influence a legislative body (direct lobbying)

8,705

**c** Total lobbying expenditures (add lines 1a and 1b)

30,466

**d** Other exempt purpose expenditures

14,942,761

**e** Total exempt purpose expenditures (add lines 1c and 1d)

14,973,227

**f** Lobbying nontaxable amount Enter the amount from the following table in both columns

898,661

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)

224,665

**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?

Yes  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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) Total
<b>2a</b> Lobbying nontaxable amount	1,574,688	916,142	934,187	898,661	4,323,678
<b>b</b> Lobbying ceiling amount (150% of line 2a, column (e))					6,485,517
<b>c</b> Total lobbying expenditures	26,139	26,583	31,818	30,466	115,006
<b>d</b> Grassroots nontaxable amount	393,672	229,036	233,547	224,665	1,080,920
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					1,621,380
<b>f</b> Grassroots lobbying expenditures	18,718	18,988	22,727	21,761	82,194

**Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).**

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity

	(a)		(b)
	Yes	No	Amount
<b>1</b> During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
<b>a</b> Volunteers?			
<b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
<b>c</b> Media advertisements?			
<b>d</b> Mailings to members, legislators, or the public?			
<b>e</b> Publications, or published or broadcast statements?			
<b>f</b> Grants to other organizations for lobbying purposes?			
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body?			
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
<b>i</b> Other activities?			
<b>j</b> Total Add lines 1c through 1i			
<b>2a</b> Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
<b>b</b> If "Yes," enter the amount of any tax incurred under section 4912			
<b>c</b> If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
<b>d</b> If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

**Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).**

	Yes	No
<b>1</b> Were substantially all (90% or more) dues received nondeductible by members?	<b>1</b>	
<b>2</b> Did the organization make only in-house lobbying expenditures of \$2,000 or less?	<b>2</b>	
<b>3</b> Did the organization agree to carry over lobbying and political expenditures from the prior year?	<b>3</b>	

**Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."**

<b>1</b> Dues, assessments and similar amounts from members	<b>1</b>
<b>2</b> Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).	
<b>a</b> Current year	<b>2a</b>
<b>b</b> Carryover from last year	<b>2b</b>
<b>c</b> Total	<b>2c</b>
<b>3</b> Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	<b>3</b>
<b>4</b> If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	<b>4</b>
<b>5</b> Taxable amount of lobbying and political expenditures (see instructions)	<b>5</b>

**Part IV Supplemental Information**

Provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, lines 1 and 2 (see instructions), and Part II-B, line 1 Also, complete this part for any additional information

Return Reference	Explanation
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**SCHEDULE D**  
(Form 990)

**Supplemental Financial Statements**

OMB No 1545-0047  
**2016**  
**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](http://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
<b>1</b> Total number at end of year	7	
<b>2</b> Aggregate value of contributions to (during year)	728,700	
<b>3</b> Aggregate value of grants from (during year)	333,172	
<b>4</b> Aggregate value at end of year	1,303,422	

- 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

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

- 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 |
|--|--------|
| <b>c</b> Beginning balance             |        |
| <b>d</b> Additions during the year     |        |
| <b>e</b> Distributions during the year |        |
| <b>f</b> 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" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
<b>1a</b> Beginning of year balance . . . . .	5,145,992	5,410,544	5,426,745	5,415,650	4,902,319
<b>b</b> Contributions . . . . .				11,217	18,750
<b>c</b> Net investment earnings, gains, and losses	517,138	-44,186	192,942	194,564	687,214
<b>d</b> Grants or scholarships . . . . .	222,298	220,366	209,143	194,686	82,396
<b>e</b> Other expenditures for facilities and programs . . . . .					100,051
<b>f</b> Administrative expenses . . . . .					10,186
<b>g</b> End of year balance . . . . .	5,440,832	5,145,992	5,410,544	5,426,745	5,415,650

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as
- a** Board designated or quasi-endowment ▶ 23 050 %
  - b** Permanent endowment ▶ 71 910 %
  - c** Temporarily restricted endowment ▶ 5 040 %
- 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
- |  |            |           |
|--|------------|-----------|
| <b>(i)</b> unrelated organizations . . . . . | <b>Yes</b> | <b>No</b> |
| <b>3a(i)</b>                                 | Yes        |           |
| <b>(ii)</b> related organizations . . . . .  |            | No        |
| <b>3a(ii)</b>                                |            | No        |
- b** If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? . . . . .
- 3b**
- 4** Describe in Part XIII the intended uses of the organization's endowment funds

**Part VI Land, Buildings, and Equipment.**

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
<b>1a</b> Land . . . . .		302,893		302,893
<b>b</b> Buildings		1,218,245	976,896	241,349
<b>c</b> Leasehold improvements				
<b>d</b> Equipment . . . . .		397,144	340,406	56,738
<b>e</b> Other . . . . .		52,230	731	51,499
<b>Total.</b> Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c) ) . . . ▶				652,479

**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	3,167,085	F
(B) INVESTMENT IN COMMON ENDOWMENT FUND OF GREATER NEW ORLEANS FOUNDATION	319,602	F
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 12.)	3,486,687	

**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
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
<b>Total.</b> (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
(1) LEGAL SETTLEMENT RECEIVABLE	1,007,500
(2) OTHER ASSETS	218,647
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.)	1,226,147

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

(a) Description of liability	(b) Book value
(1) Federal income taxes	
ALLOCATIONS, DESIGNATIONS AND PROGRAMS PAYABLE	5,565,974
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.)	5,565,974

**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.

<b>1</b>	Total revenue, gains, and other support per audited financial statements . . . . .	<b>1</b>	17,418,803
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
<b>a</b>	Net unrealized gains (losses) on investments . . . . .	<b>2a</b>	198,655
<b>b</b>	Donated services and use of facilities . . . . .	<b>2b</b>	1,057,912
<b>c</b>	Recoveries of prior year grants . . . . .	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII) . . . . .	<b>2d</b>	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .	<b>2e</b>	1,256,567
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .	<b>3</b>	16,162,236
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line <b>1</b>		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>	10,412
<b>b</b>	Other (Describe in Part XIII) . . . . .	<b>4b</b>	2,981,592
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .	<b>4c</b>	2,992,004
<b>5</b>	Total revenue Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12) . . . . .	<b>5</b>	19,154,240

**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.

<b>1</b>	Total expenses and losses per audited financial statements . . . . .	<b>1</b>	13,039,135
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25		
<b>a</b>	Donated services and use of facilities . . . . .	<b>2a</b>	1,057,912
<b>b</b>	Prior year adjustments . . . . .	<b>2b</b>	
<b>c</b>	Other losses . . . . .	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII) . . . . .	<b>2d</b>	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .	<b>2e</b>	1,057,912
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .	<b>3</b>	11,981,223
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line <b>1</b> :		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>	10,412
<b>b</b>	Other (Describe in Part XIII) . . . . .	<b>4b</b>	2,981,592
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .	<b>4c</b>	2,992,004
<b>5</b>	Total expenses Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18) . . . . .	<b>5</b>	14,973,227

**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
See Additional Data Table	

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

Return Reference	Explanation

## Additional Data

**Software ID:**

**Software Version:**

**EIN:** 72-0471369

**Name:** UNITED WAY OF SOUTHEAST LOUISIANA

## Supplemental 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

**Supplemental Information**

Return Reference	Explanation
PART X, LINE 2	UWSELA IS EXEMPT FROM FEDERAL INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AND FROM STATE INCOME TAXES UNDER SECTION 121(5) OF TITLE 47 OF THE LOUISIANA REVISED STATUTES OF 1950 ACCORDINGLY, NO PROVISION FOR INCOME TAXES HAS BEEN INCLUDED IN THE FINANCIAL STATEMENTS FASB ASC 740 PROVIDES DETAILED GUIDANCE FOR FINANCIAL STATEMENT RECOGNITION, MEASUREMENT, AND DISCLOSURE OF UNCERTAIN TAX POSITIONS RECOGNIZED IN AN ENTITY'S FINANCIAL STATEMENT AS OF JUNE 30, 2017 AND 2016, UWSELA HAS DETERMINED THAT IT DOES NOT HAVE ANY UNCERTAIN TAX POSITIONS THAT QUALIFY FOR EITHER RECOGNITION OR DISCLOSURE IN THE FINANCIAL STATEMENTS TAX RETURNS GENERALLY REMAIN SUBJECT TO EXAMINATION BY THE TAXING AUTHORITIES FOR THREE YEARS

# Supplemental Information

Return Reference	Explanation
PART XI, LINE 4B - OTHER ADJUSTMENTS	DONOR DESIGNATIONS 2,981,592



# Supplemental Information

Return Reference	Explanation
PART XII, LINE 4B - OTHER ADJUSTMENTS	DONOR DESIGNATIONS 2,981,592

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

Department of the Treasury  
Internal Revenue Service

## Supplemental Information Regarding Fundraising or Gaming Activities

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

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

OMB No 1545-0047

# 2016

**Open to Public  
Inspection**

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.
- |  |   |
|--|---|
| <b>a</b> <input type="checkbox"/> Mail solicitations               | <b>e</b> <input type="checkbox"/> Solicitation of non-government grants |
| <b>b</b> <input type="checkbox"/> Internet and email solicitations | <b>f</b> <input type="checkbox"/> Solicitation of government grants     |
| <b>c</b> <input type="checkbox"/> Phone solicitations              | <b>g</b> <input type="checkbox"/> Special fundraising events            |
| <b>d</b> <input type="checkbox"/> In-person solicitations          |   |
- 2a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?  Yes  No
- b** If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization

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

**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.

Revenue		(a) Event #1	(b) Event #2	(c) Other events	(d)
		<b>DE TOCQUEVILLE</b> (event type)	<b>RED BEANS AND RICE COOKOFF</b> (event type)	<b>2</b> (total number)	Total events (add col (a) through col (c))
<b>1</b>	Gross receipts . . . . .	103,250	29,364	25,605	158,219
<b>2</b>	Less Contributions . . . . .	90,375	19,770	7,318	117,463
<b>3</b>	Gross income (line 1 minus line 2) . . . . .	12,875	9,594	18,287	40,756
Direct Expenses	<b>4</b> Cash prizes . . . . .				
	<b>5</b> Noncash prizes . . . . .				
	<b>6</b> Rent/facility costs . . . . .				
	<b>7</b> Food and beverages . . . . .				
	<b>8</b> Entertainment . . . . .				
	<b>9</b> Other direct expenses . . . . .	50,774	1,512	19,405	71,691
<b>10</b>	Direct expense summary Add lines 4 through 9 in column (d) . . . . . ▶				71,691
<b>11</b>	Net income summary Subtract line 10 from line 3, column (d) . . . . . ▶				-30,935

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

Revenue		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
		<b>1</b>	Gross revenue . . . . .		
Direct Expenses	<b>2</b> Cash prizes . . . . .				
	<b>3</b> Noncash prizes . . . . .				
	<b>4</b> Rent/facility costs . . . . .				
	<b>5</b> Other direct expenses . . . . .				
	<b>6</b>	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
<b>7</b>	Direct expense summary Add lines 2 through 5 in column (d) . . . . . ▶				
<b>8</b>	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 \_\_\_\_\_

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

**b** If "Yes," explain \_\_\_\_\_

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- 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
- |                                      |              |
|--------------------------------------|--------------|
| <b>a</b> The organization's facility | <b>13a</b> % |
| <b>b</b> An outside facility         | <b>13b</b> % |

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

Name ▶ .....

Address ▶ .....

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

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

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

Name ▶ .....

Address ▶ .....

**16** Gaming manager information

Name ▶ .....

Gaming manager compensation ▶ \$ .....

Description of services provided ▶ .....

- Director/officer                       Employee                       Independent contractor

**17** Mandatory distributions

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

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

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

Return Reference	Explanation
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Schedule I (Form 990)

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

OMB No 1545-0047

2016

Open to Public Inspection

Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22.

Attach to Form 990.

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

Department of the Treasury Internal Revenue Service

Name of the organization UNITED WAY OF SOUTHEAST LOUISIANA

Employer identification number

72-0471369

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

Table with 8 columns: (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, (g) Description of non-cash assistance, (h) Purpose of grant or assistance. Includes rows for data entry and a 'See Additional Data Table' header.

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table. 162
3 Enter total number of other organizations listed in the line 1 table. 0

**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	66	135,895			
(2) CRISIS ASSISTANCE	108	175,471			
(3) REBUILDING HOMES	2	198,636			
(4) FLOOD RELIEF	22950		1,405,250	FMV	FOOD, CLEANING SUPPLIES, ETC
(4)					
(5)					
(6)					
(7)					

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

Return Reference	Explanation
PART I, LINE 2	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

**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.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> 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	5,951				DESIGNATED GIFTS
ADAPT INC 216 MEMPHIS STREET BOGALUSA, LA 704273844	72-1274844	501(C)3	25,000				GRANT FUNDING

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
ALZHEIMER'S ASSOCIATION LA 3445 CAUSEWAY BLVD SUITE 902 METAIRIE, LA 70002	13-3039601	501(C)3	22,875				DESIGNATED GIFTS
AMERICAN RED CROSS - SE LA 3131 N I-10 SERVICE ROAD E 4TH FL METAIRIE, LA 70002	72-0408907	501(C)3	129,834				GRANT FUNDING & DESIGNATED GIFTS



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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
AMERICA'S CHARITIES SUNTRUST BK WHOLESALE DEPT LOCKBX 79570 BALTIMORE, MD 21279	54-1517707	501(C)3	6,920				DESIGNATED GIFTS
ANIMAL CHARITIES OF AMERICA PO BOX 45754 SAN FRANCISCO, CA 94145	94-3193389	501(C)3	18,335				DESIGNATED GIFTS

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
ARC OF GREATER NEW ORLEANS THE 925 S LABARRE RD METAIRIE, LA 70001	72-0456903	501(C)3	71,074				GRANT FUNDING & DESIGNATED GIFTS
ARCHDIOCESE OF NEW ORLEANS 2525 MAIN AVENUE METAIRIE, LA 70003	72-0408966	501(C)3	5,208				DESIGNATED GIFTS

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
ASCENSION FUND THE 117 WEST ASCENSION STREET GONZALES, LA 70737	72-1186479	501(C)3	85,310				GRANT FUNDING & DESIGNATED GIFTS
BATON ROUGE AREA FOUNDATION 100 NORTH STREET SUITE 900 BATON ROUGE, LA 70802	72-6030391	501(C)3	12,500				DESIGNATED GIFTS

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
BOYS HOPE GIRLS HOPE OF GNO PO BOX 19307 NEW ORLEANS, LA 70179	72-0905785	501(C)3	7,370				DESIGNATED GIFTS
BOY SCOUTS - SOUTHEAST LOUISIANA COUNCIL 4200 S I-10 SERVICE RD WEST METAIRIE, LA 70001	72-0408954	501(C)3	75,491				GRANT FUNDING & DESIGNATED GIFTS

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
BOYS & GIRLS CLUBS OF SOUTHEAST LA INC 650 POYDRAS ST STE 2225 NEW ORLEANS, LA 70130	72-0648695	501(C)3	30,981				GRANT FUNDING & DESIGNATED GIFTS
BOYS TOWN OF LOUISIANA INC 700 FRENCHMEN STREET NEW ORLEANS, LA 70116	41-2220807	501(C)3	34,414				DESIGNATED GIFTS

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
BRIDGE HOUSE CORP 1160 CAMP STREET NEW ORLEANS, LA 70130	72-6027674	501(C)3	5,577				DESIGNATED GIFTS
BRIGHT PRESCHOOL FOR THE DEAF 1636 TOLEDANO ST NEW ORLEANS, LA 70115	72-0538259	501(C)3	6,918				DESIGNATED GIFTS

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
CADA 3520 GENERAL DEGAULLE DR STE 5010 NEW ORLEANS, LA 70114	72-0541502	501(C)3	32,174				GRANT FUNDING & DESIGNATED GIFTS
CANCER ASSOCIATION OF GNO 824 ELMWOOD PARK BLVD STE 240 NEW ORLEANS, LA 70123	72-0517802	501(C)3	82,911				GRANT FUNDING & DESIGNATED GIFTS

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
CANCER ASSOCIATION OF TANGIPAOA 824 ELMWOOD PARK BLVD STE 240 NEW ORLEANS, LA 70123	72-0517802	501(C)3	21,016				GRANT FUNDING & DESIGNATED GIFTS
CANCERCURE OF AMERICACARE UNDERSTAND RESEARCH & END PO BOX 45754 SAN FRANCISCO, CA 94145	81-0648432	501(C)3	15,288				DESIGNATED GIFTS



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

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CAPITAL AREA UNITED WAY LA 700 LAUREL STREET BATON ROUGE, LA 70802	72-0447100	501(C)3	227,273				DESIGNATED GIFTS
CASA NEW ORLEANS 1340 POYDRAS ST STE 2120 NEW ORLEANS, LA 70112	72-1054889	501(C)3	40,336				GRANT FUNDING & DESIGNATED GIFTS

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
CATHOLIC CHARITIES ARCHDIOCESE OF NEW ORLEANS 1000 HOWARD AVE STE 1000 NEW ORLEANS, LA 70113	72-0408911	501(C)3	303,982				GRANT FUNDING & DESIGNATED GIFTS
CENTER FOR INNOVATIVE TRAINING 1631 ELYSIAN FIELDS SUITE 116 NEW ORLEANS, LA 70117	46-4516976	501(C)3	10,090				GRANT FUNDING & DESIGNATED GIFTS

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
AMERICA'S MOST COST-EFFECTIVE (FORMERLY CHARITIES UNDER 1 OVERHEAD) PO BOX 45754 SAN FRANCISCO, CA 94145	27-3132554	501(C)3	5,435				DESIGNATED GIFTS
CHILD ADVOCACY SERVICES 1504 W CHURCH STREET HAMMOND, LA 70401	72-1262466	501(C)3	30,893				GRANT FUNDING & DESIGNATED GIFTS

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
CHILDREN'S BUREAU OF NEW ORLEANS 400 LAFAYETTE ST STE 140 NEW ORLEANS, LA 701303206	72-0408916	501(C)3	114,686				GRANT FUNDING & DESIGNATED GIFTS
CHILDREN'S CHARITIES OF AMERICA PO BOX 45754 SAN FRANCISCO, CA 94145	94-3148588	501(C)3	8,560				DESIGNATED GIFTS

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
CHILDREN FIRST - AMERICA'S CHARITIES SUNTRUST BK WHOLESALE DEPT LOCKBX 79570 BALTIMORE, MD 21279	30-0186795	501(C)3	6,954				DESIGNATED GIFTS
CHILDREN'S HOSPITAL-LA 200 HENRY CLAY AVENUE NEW ORLEANS, LA 70118	72-0467503	501(C)3	12,826				DESIGNATED GIFTS

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
CHRISTIAN SERVICE CHARITIES PO BOX 79704 BALTIMORE, MD 21279	94-3193374	501(C)3	10,109				DESIGNATED GIFTS
CITY YEAR NEW ORLEANS INC 805 HOWARD AVE NEW ORLEANS, LA 70113	22-2882549	501(C)3	26,256				GRANT FUNDING & DESIGNATED GIFTS

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
COMMUNITIES IN SCHOOL OF NEW ORLEANS PO BOX 792800 NEW ORLEANS, LA 70179	72-1317054	501(C)3	31,272				GRANT FUNDING & DESIGNATED GIFTS
COMMUNITY CENTER OF ST BERNARD 1107 LEBEAU ST ARABI, LA 70032	74-3173649	501(C)3	5,033				GRANT FUNDING & DESIGNATED GIFTS

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
COMMUNITY HEALTH CHARITIES-NATIONAL PO BOX 75153 BALTIMORE, MD 21275	13-6167225	501(C)3	58,571				DESIGNATED GIFTS
COMMUNITY HEALTH CHARITIES SOUTHEAST PO BOX 758858 BALTIMORE, MD 212758858	72-0812884	501(C)3	61,900				DESIGNATED GIFTS



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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
COMMUNITY WORKS OF LOUISIANA 615 BARONNE STREET NEW ORLEANS, LA 70130	26-4472656	501(C)3	25,000				GRANT FUNDING
COVENANT HOUSE NEW ORLEANS 611 N RAMPART STREET NEW ORLEANS, LA 70112	58-1669937	501(C)3	5,442				DESIGNATED GIFTS

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
CRIME STOPPERS OF TANGIPAHOA PO BOX 2973 HAMMOND, LA 70404	68-0516834	501(C)3	25,024				GRANT FUNDING & DESIGNATED GIFTS
DOLLYWOOD FOUNDATION 111 DOLLYWOOD LANE PIGEON FORGE, TN 37863	62-1348105	501(C)3	17,709				DESIGNATED GIFTS

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
DRYADES YMCA 2222 ORETHA CASTLE HALEY NEW ORLEANS, LA 70113	77-0428019	501(C)3	53,710				GRANT FUNDING & DESIGNATED GIFTS
CHILDHOOD & FAMILY LEARNING FOUNDATION 2405 JACKSON AVENUE SUITE C213 NEW ORLEANS, LA 70113	33-1159042	501(C)3	61,273				GRANT FUNDING & DESIGNATED GIFTS

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
EARTHSHARE DEPT 4011 WASHINGTON, DC 20042	52-1601960	501(C)3	5,833				DESIGNATED GIFTS
EAST ST TAMMANY RAINBOW CHILD CARE CENTER INC 121 KINGSPPOINT BLVD SLIDELL, LA 70461	72-1028297	501(C)3	27,155				GRANT FUNDING & DESIGNATED GIFTS

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
EDUCATE NOW 625 ST CHARLES AVENUE APT 7A NEW ORLEANS, LA 70130	26-3606930	501(C)3	83,933				GRANT FUNDING
ELAINE P NUNEZ COMMUNITY COLLEGE 3701 PARIS ROAD CHALMETTE, LA 70043	72-1308725	501(C)3	10,000				DESIGNATED GIFTS

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
FAMILY SERVICE OF GNO 2515 CANAL ST 2ND FL NEW ORLEANS, LA 70119	72-0408931	501(C)3	78,802				GRANT FUNDING & DESIGNATED GIFTS
FATHER'S HOUSE KIDS 1707 ESPLANADE AVENUE NEW ORLEANS, LA 70116	72-1309470	501(C)3	8,559				DESIGNATED GIFTS

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
FOUNDATION FOR SCIENCE AND MATHEMATICS EDUCATION 5625 LOYOLA AVENUE NEW ORLEANS, LA 70115	20-5197170	501(C)3	5,000				DESIGNATED GIFTS
GINGER FORD NORTHSORE PO BOX 2726 HAMMOND, LA 70404	26-4235331	501(C)3	45,000				GRANT FUNDING

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
GNO NONPROFIT KNOWLEDGE WORKS 1600 CONSTANCE ST NEW ORLEANS, LA 70130	72-1400841	501(C)3	75,664				GRANT FUNDING & DESIGNATED GIFTS
GLOBAL IMPACT PO BOX 409616 ATLANTA, GA 30384	52-1273585	501(C)3	9,554				DESIGNATED GIFTS



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GODCHAUX-RESERVE HOUSE HISTORICAL SOCIETY PO BOX 2129 RESERVE, LA 70084	72-1338246	501(C)3	100,000				DESIGNATED GIFTS
GOOD SAMARITAN MINISTRY 910 CROSS GATES BLVD SLIDELL, LA 70461	72-0947538	501(C)3	39,478				GRANT FUNDING & DESIGNATED GIFTS

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HABITAT FOR HUMANITY ST TAMMANY WEST 1400 NORTH LANE MANDEVILLE, LA 70471	72-0921695	501(C)3	10,470				DESIGNATED GIFTS
HANDS ON NEW ORLEANS 2515 CANAL STREET NEW ORLEANS, LA 70119	26-2281213	501(C)3	43,870				GRANT FUNDING & DESIGNATED GIFTS

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

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GREEK ORTHODOX ARCHDIOCESE THE 8 EAST 79TH STREET NEW YORK, NY 10075	13-1632516	501(C)3	200,000				DESIGNATED GIFTS
HARRISON COUNTY UNITED WAY 301 W MAIN ST RM 608 CLARKSBURG, WV 26301	55-0421431	501(C)3	5,725				GRANT FUNDING

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GREATER BATON ROUGE FOOD BANK PO BOX 45830 BATON ROUGE, LA 708954830	72-1065318	501(C)3	9,240				DESIGNATED GIFTS
HEALING HEARTS FOR COMMUNITY DEVELOP 2701 TRANSCONTINENTAL DRIVE METAIRIE, LA 70006	76-0792803	501(C)3	27,465				GRANT FUNDING & DESIGNATED GIFTS

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

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HEALTH & MEDICAL RESEARCH CHARITIES OF AMERICA PO BOX 45754 SAN FRANCISCO, CA 94145	94-3217739	501(C)3	16,962				DESIGNATED GIFTS
HEART OF ARKANSAS UNITED WAY PO BOX 798 LITTLE ROCK, AR 72115	71-0329790	501(C)3	94,921				GRANT FUNDING

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HOPE CENTER THE 1409 ROMAIN STREET GRETN, LA 70053	72-1472498	501(C)3	5,727				GRANT FUNDING & DESIGNATED GIFTS
JDRF INTERNATIONAL LOUISIANA CHAPTER 9457 BROOKLINE AVENUE BATON ROUGE, LA 70809	23-1907729	501(C)3	5,096				DESIGNATED GIFTS

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JEWISH COMMUNITY CENTER 5342 ST CHARLES AVE NEW ORLEANS, LA 70115	72-0408937	501(C)3	43,749				GRANT FUNDING & DESIGNATED GIFTS
JEWISH FAMILY SERVICE 3330 W ESPLANADE STE 600 METAIRIE, LA 70002	72-0851575	501(C)3	41,284				GRANT FUNDING & DESIGNATED GIFTS

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JEWISH FEDERATION OF GNO THE 3747 WEST ESPLANADE AVENUE METAIRIE, LA 70002	72-0408938	501(C)3	5,000				DESIGNATED GIFTS
JUNIOR ACHIEVEMENT OF GNO INC 5100 ORLEANS AVENUE NEW ORLEANS, LA 70124	72-1084132	501(C)3	64,631				DESIGNATED GIFTS



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KINGSLEY HOUSE 1600 CONSTANCE ST NEW ORLEANS, LA 70130	72-0408940	501(C)3	143,875				GRANT FUNDING & DESIGNATED GIFTS
LABI NEW ORLEANS 3113VALLEY CREEK DRIVE BATON ROUGE, LA 70808	46-4858854	501(C)3	100,000				GRANT FUNDING

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LOUISIANA APPLESEED 909 POYDRAS ST SUITE 550 NEW ORLEANS, LA 70112	72-1402876	501(C)3	5,908				DESIGNATED GIFTS
LOUISIANA ASSOCIATION OF NON PROFITS 528 LOUISIANA AVENUE BATON ROUGE, LA 70802	72-1444119	501(C)3	25,000				DESIGNATED GIFTS

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LOUISIANA CENTER FOR CHILDREN'S RIGHTS 1100-B MILTON STREET NEW ORLEANS, LA 70122	20-5961971	501(C)3	25,000				GRANT FUNDING
LOUISIANA GREEN CORPS 2645 TOULOUSE STREET NEW ORLEANS, LA 70119	27-2884715	501(C)3	25,000				GRANT FUNDING

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LOUISIANA SOCIETY FOR THE PREVENTION OF CRUELTY TO ANIMALS 1700 MADI GRAS BLVD NEW ORLEANS, LA 70114	72-0471368	501(C)3	7,894				DESIGNATED GIFTS
LOUISIANA ENDOWMENT FOR THE HUMANITIES 938 LAFAYETTE ST SUITE 300 NEW ORLEANS, LA 70113	72-0795568	501(C)3	25,000				GRANT FUNDING

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MARY QUEEN OF VIETNAM COMMUNITY DEVELOPMENT CORP INC 4626 ALCEE FORTIER BLVD NEW ORLEANS, LA 70129	20-4929600	501(C)3	25,672				GRANT FUNDING & DESIGNATED GIFTS
METROPOLITAN CENTER FOR WOMEN PO BOX 10775 JEFFERSON, LA 70181	72-1062244	501(C)3	15,959				GRANT FUNDING & DESIGNATED GIFTS

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MILITARY FAMILY & VETERANS SERVICE ORGANIZATIONS OF AMERICA PO BOX 45754 SAN FRANCISCO, CA 94145	94-3193418	501(C)3	13,856				DESIGNATED GIFTS
MONTGOMERY COUNTY UNITED WAY PO BOX 352 VIDALIA, GA 30475	58-1872000	501(C)3	118,282				GRANT FUNDING & DESIGNATED GIFTS

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NATIONAL MULTIPLE SCLEROSIS-LOUISIANA CHAPTER 4613 FIARFIELD STREET METAIRIE, LA 70006	74-1266225	501(C)3	6,275				DESIGNATED GIFTS
NATIONAL WORLD WAR II MUSEUM THE 945 MAGAZINE STREET NEW ORLEANS, LA 70130	27-2262560	501(C)3	11,739				DESIGNATED GIFTS

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NEW ORLEANS FAMILY JUSTICE ALLIANCE 701 LOYOLA AVENUE SUITE 201 NEW ORLEANS, LA 70150	26-2541029	501(C)3	112,076				GRANT FUNDING & DESIGNATED GIFTS
NEW HEIGHTS THERAPY CENTER PO BOX 1283 FOLSOM, LA 70437	72-1420620	501(C)3	22,646				GRANT FUNDING & DESIGNATED GIFTS



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NEW HORIZONS YOUTH SERVICE BUREAU 47257 RIVER ROAD HAMMOND, LA 70401	72-0794639	501(C)3	16,949				GRANT FUNDING & DESIGNATED GIFTS
NEW ORLEANS BALLET ASSOCIATION ONE LEE CIRCLE NEW ORLEANS, LA 70130	23-7122403	501(C)3	6,869				DESIGNATED GIFTS

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NEW ORLEANS SPEECH & HEARING CENTER 1636 TOLEDANO NEW ORLEANS, LA 70115	72-0443103	501(C)3	39,183				GRANT FUNDING & DESIGNATED GIFTS
NOAIDS TASK FORCE 2601 TULANE AVENUE STE 500 NEW ORLEANS, LA 70119	72-1059635	501(C)3	11,988				GRANT FUNDING & DESIGNATED GIFTS

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NORTHSHORE DISASTER RECOVERY 360 ROBERT BLVD SLIDELL, LA 70458	20-4250103	501(C)3	75,006				GRANT FUNDING
NOTRE DAME SEMINARY OF NEW ORLEANS 2901 S CARROLLTON AVENUE NEW ORLEANS, LA 70118	72-0428008	501(C)3	50,000				DESIGNATED GIFTS

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OUR DAILY BREAD OF TANGIPAHOA PO BOX 1476 HAMMOND, LA 70404	72-1438651	501(C)3	54,262				GRANT FUNDING & DESIGNATED GIFTS
OZANAM INN PO BOX 30565 NEW ORLEANS, LA 70130	72-0854403	501(C)3	6,217				DESIGNATED GIFTS

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PELICAN INSTITUTE FOR PUBLIC POLICY 2633 MERCEDES BLVD NEW ORLEANS, LA 70114	26-1704791	501(C)3	10,000				GRANT FUNDING
PLAQUEMINES COMMUNITY CARE CENTER 8480 HWY 23 BELLE CHASSE, LA 70037	20-3884943	501(C)3	84,777				GRANT FUNDING & DESIGNATED GIFTS

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POSTAL EMPLOYEES' RELIEF FUND PO BOX 7630 WOODBIDGE, VA 22195	52-1666010	501(C)3	5,077				DESIGNATED GIFTS
PROJECT HOMECOMING 2221 FILMORE AVENUE NEW ORLEANS, LA 70122	32-0312933	501(C)3	25,794				GRANT FUNDING & DESIGNATED GIFTS

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RAINTREE CHILDREN AND FAMILY SERVICES 1233 EIGHT STREET NEW ORLEANS, LA 70115	72-0456905	501(C)3	9,784				GRANT FUNDING & DESIGNATED GIFTS
RAPHAEL ACADEMY 517 SORAPARU STREET APT 104 NEW ORLEANS, LA 70130	58-2011105	501(C)3	13,000				DESIGNATED GIFTS

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REGINA COELI CHILD DEVELOPMENT 22476 HIGHWAY 190 EAST ROBERT, LA 70455	72-0680604	501(C)3	60,096				GRANT FUNDING & DESIGNATED GIFTS
RIVER VALLEY UNITED WAY INC PO BOX 636 RUSSELLVILLE, AR 728110636	71-0410894	501(C)3	118,572				GRANT FUNDING



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ROYAL CASTLE CHILD DEVELOPMENT 3800 EAGLE ST NEW ORLEANS, LA 701183404	72-1317443	501(C)3	25,000				GRANT FUNDING
SAFE HARBOR INC 4441 IBERVILLE ST MANDEVILLE, LA 70471	12-1181684	501(C)3	33,165				GRANT FUNDING & DESIGNATED GIFTS

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SALVATION ARMY AREA COMMAND THE 4526 S CLAIBORNE AVE NEW ORLEANS, LA 70125	63-0288866	501(C)3	10,613				GRANT FUNDING & DESIGNATED GIFTS
SECOND HARVEST FOOD BANK 1201 SAMS AVE NEW ORLEANS, LA 70123	72-0956468	501(C)3	170,506				GRANT FUNDING & DESIGNATED GIFTS

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SHERMAN BAPTIST CHURCH PO DRAWER 568 MAGNOLIA, MS 39652	86-1089622	501(C)3	5,000				GRANT FUNDING
SOUTHEAST LA LEGAL SERVICES CO 1200 DEREK STE 100 HAMMOND, LA 70403	72-0877422	501(C)3	70,640				GRANT FUNDING & DESIGNATED GIFTS

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SOUTHEAST SPOUSE ABUSE PROGRAM PO BOX 1946 HAMMOND, LA 704041946	52-1243258	501(C)3	28,873				GRANT FUNDING & DESIGNATED GIFTS
SOUTHEASTERN LA UNIVERSITY FOUNDATION SLU 10293 HAMMOND, LA 70402	72-6028821	501(C)3	15,433				GRANT FUNDING

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ST BERNARD PROJECT 2645 TOULOUSE STREET NEW ORLEANS, LA 70119	33-0767921	501(C)3	133,514				GRANT FUNDING & DESIGNATED GIFTS
ST BERNARD BATTERED WOMEN 3010 JEAN LAFITTE PKWY CHALMETTE, LA 70043	58-1834566	501(C)3	48,266				GRANT FUNDING & DESIGNATED GIFTS

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ST BERNARD KIWANIS FOUNDATION PO BOX 212 ARABI, LA 70032	72-1373378	501(C)3	5,000				DESIGNATED GIFTS
ST JAMES ARC PO BOX 550 VACHERIE, LA 70090	23-7084518	501(C)3	10,000				DESIGNATED GIFTS

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ST JOHN UNITED WAY PO BOX 2019 RESERVE, LA 70084	23-7204234	501(C)3	7,884				GRANT FUNDING & DESIGNATED GIFTS
ST JUDE CHILDREN'S RESEARCH HOSPITAL 501 ST JUDE PLACE MEMPHIS, TN 38105	62-0646012	501(C)3	104,124				GRANT FUNDING & DESIGNATED GIFTS

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
ST TAMMANY HOSPITAL FOUNDATION 1202 S TYLER STREET COVINGTON, LA 70433	37-1458857	501(C)3	13,000				DESIGNATED GIFTS
STARC 1541 ST ANN PLACE SLIDELL, LA 70460	72-0727074	501(C)3	82,595				GRANT FUNDING & DESIGNATED GIFTS



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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
SUSAN G KOMEN BREAST CANCER NEW ORLEANS AFFILIATE 4141 VETERANS BLVD SUITE 202 METAIRIE, LA 70002	72-1222127	501(C)3	31,281				DESIGNATED GIFTS
TANGIPAHOA PARISH PUBLIC SCHOOLS 59656 PULESTON ROAD AMITE, LA 70422	72-6001372	501(C)3	15,000				GRANT FUNDING

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
TARC 201 EAST CHURCH STREET HAMMOND, LA 70401	72-0736593	501(C)3	31,206				GRANT FUNDING & DESIGNATED GIFTS
TANGIPAHOA VOLUNTARY COUNCIL ON AGING 106 NORTH BAY ST AMITE, LA 70422	72-0903571	501(C)3	52,435				GRANT FUNDING & DESIGNATED GIFTS

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
TEACH FOR AMERICA 1055 ST CHARLES AVENUE SUITE 600 NEW ORLEANS, LA 70130	13-3541913	501(C)3	13,321				DESIGNATED GIFTS
TRAVELERS AID SOCIETY 611 NORTH RAMPART ST NEW ORLEANS, LA 70112	72-0408990	501(C)3	128,056				GRANT FUNDING & DESIGNATED GIFTS

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
TULANE UNIVERSITY 6823 ST CHARLES AVENUE NEW ORLEANS, LA 70118	72-0423889	501(C)3	80,000				DESIGNATED GIFTS
UNITED NEGRO COLLEGE FUND 1100 POYDRAS ST STE 1400 NEW ORLEANS, LA 70163	13-1624241	501(C)3	50,908				GRANT FUNDING & DESIGNATED GIFTS

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
UNITED WAY OF BEAUMONT & NORTH PO BOX 1430 BEAUMONT, TX 777041403	74-1200117	501(C)3	30,876				GRANT FUNDING
UNITED NEGRO COLLEGE FUND-NATIONAL 8260 WILLOW OAKS CORPORATE DRIVE FAIRFAX, VA 22031	13-1624241	501(C)3	15,177				DESIGNATED GIFTS

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
UNITED WAY FOR SOUTH LOUISIANA 7910 MAIN STREET SUITE 460 HOUMA, LA 70360	72-0867661	501(C)3	18,022				DESIGNATED GIFTS
UNITED WAY OF GREATER HOUSTON 50 WAUGH DRIVE HOUSTON, TX 77007	74-1167964	501(C)3	48,984				DESIGNATED GIFTS

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
UNITED WAY OF ACADIANA PO BOX 52033 LAFAYETTE, LA 70505	72-0513639	501(C)3	14,198				DESIGNATED GIFTS
UNITED WAY OF GARLAND COUNTY 233 HOBSON AVENUE HOT SPRINGS, AR 719133724	71-0264296	501(C)3	11,269				GRANT FUNDING

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
UNITED WAY OF SOUTHEAST ARKANSAS PO BOX 8702 PINE BLUFF, AR 716118702	71-0236869	501(C)3	12,614				GRANT FUNDING
UNITED WAY OF GREATER PLYMOUTH 934 W CHESNUT STREET BROCKTON, MA 023015538	04-2103940	501(C)3	18,112				GRANT FUNDING



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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
UNITED WAY OF WHITE COUNTY IN PO BOX 907 SEARCY, AR 721450907	71-0525401	501(C)3	11,898				GRANT FUNDING
GREATER KALAMAZOO UNITED WAY 709 S WESTNEDGE AVENUE KALAMAZOO, MI 490076003	38-1359193	501(C)3	5,732				GRANT FUNDING

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
VAN BUREN COUNTY UNITED WAY 181 W MICHIGAN AVENUE PAW PAW, MI 49079	23-7113927	501(C)3	24,748				GRANT FUNDING
UNITED WAY OF WESTCHESTER & PU 336 CENTRAL PARK AVENUE WHITE PLAINS, NY 106061502	13-1997636	501(C)3	15,845				GRANT FUNDING

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
UNITED WAY OF WEST CENTRAL MISSISSIPPI PO BOX 203 VICKSBURG, MS 391810203	64-0330259	501(C)3	98,471				GRANT FUNDING
UNITED WAY OF CENTRAL ARKANSAS PO BOX 489 CONWAY, AR 720330489	23-7222534	501(C)3	9,128				GRANT FUNDING

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
UNITED WAY OF INDEPENDENCE COUNTY PO BOX 2639 BATESVILLE, AR 725032639	71-0548432	501(C)3	9,585				GRANT FUNDING
UNITED WAY OF MIAMI-DADE 3250 SW 3RD AVENUE MIAMI, FL 331292712	59-0830840	501(C)3	21,796				DESIGNATED GIFTS

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
UNITED WAY OF NORTHEAST LOUISIANA 1201 HUDSON LANE MONROE, LA 712016005	72-0498515	501(C)3	15,806				GRANT FUNDING & DESIGNATED GIFTS
UNITED WAY OF ORANGE COUNTY PO BOX 1583 ORANGE, TX 776311583	74-6023140	501(C)3	12,189				GRANT FUNDING

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
UNITED WAY OF GREATER OSWEGO COUNTY ONE SOUTH FIRST STREET FULTON, NY 130691704	15-0532224	501(C)3	47,242				GRANT FUNDING
UNITED WAY OF SALINE COUNTY PO BOX 1576 BENTON, AR 720181576	71-0558510	501(C)3	9,093				GRANT FUNDING

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
UNITED WAY OF SOUTHWEST LOUISIANA 715 RYAN ST SUITE 102 LAKE CHARLES, LA 706014200	72-0456901	501(C)3	35,887				GRANT FUNDING & DESIGNATED GIFTS
UNITED WAY OF SOUTHWEST MICHIGAN 2015 LAKEVIEW AVENUE ST JOSEPH, MI 490851648	38-1358411	501(C)3	17,344				GRANT FUNDING

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
UNITED WAY OF THE CAPITAL AREA INC MS PO DRAWER 23169 JACKSON, MS 39225	64-0303075	501(C)3	55,394				GRANT FUNDING & DESIGNATED GIFTS
UNITED WAY WORLDWIDE 701 NORTH FAIRFAX STREET ALEXANDRIA, VA 223142045	13-1635294	501(C)3	39,981				GRANT FUNDING & DESIGNATED GIFTS



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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
UNITED WAY OF ST CHARLES 13207 RIVER ROAD LULING, LA 70070	72-0928066	501(C)3	54,960				DESIGNATED GIFTS
UNIVERSITY OF VIRGINIA FOUNDATION PO BOX 400218 CHARLOTTESVILLE, VA 22904	72-0928066	501(C)3	120,000				DESIGNATED GIFTS

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
URBAN LEAGUE OF GREATER NEW ORLEANS 2322 CANAL ST NEW ORLEANS, LA 70119	72-0423627	501(C)3	81,363				GRANT FUNDING & DESIGNATED GIFTS
VALLEY OF THE SUN UNITED WAY 1515 EAST OSBORN ROAD PHOENIX, AZ 85064	86-0104419	501(C)3	11,382				DESIGNATED GIFTS

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
VIA LINK 2820 NAPOLEON AVE STE 550 NEW ORLEANS, LA 70115	72-0706669	501(C)3	334,762				GRANT FUNDING & DESIGNATED GIFTS
VILLAGE HEARTBEAT PO BOX 49152 COLORADO SPRINGS, CO 80949	84-1477837	501(C)3	6,240				DESIGNATED GIFTS

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
VOLUNTEERS OF AMERICA OF GNO 4152 CANAL ST NEW ORLEANS, LA 70119	72-0709750	501(C)3	55,160				GRANT FUNDING & DESIGNATED GIFTS
WASHINGTON AND LEE UNIVERSITY 204 W WASHINGTON ST LEXINGTON, VA 24450	54-0505977	501(C)3	100,000				DESIGNATED GIFTS

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
WEROC PO BOX 701 FRANKLINTON, LA 70438	57-1240541	501(C)3	25,000				GRANT FUNDING
WOUNDED WARRIOR PROJECT 4899 BELFORT ROAD SUITE 300 JACKSONVILLE, FL 32256	20-2370934	501(C)3	12,529				DESIGNATED GIFTS

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
YMCA BOGALUSA 411 AVENUE B BOGALUSA, LA 704273656	72-0441354	501(C)3	25,860				GRANT FUNDING & DESIGNATED GIFTS
YMCA OF GREATER NEW ORLEANS 1215 PRYTANIA ST STE 103 NEW ORLEANS, LA 70130	72-0423890	501(C)3	92,703				GRANT FUNDING & DESIGNATED GIFTS

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
YOUTH EMPOWERMENT PROJECT 1600 ORETHA CASTLE HALEY BLVD NEW ORLEANS, LA 70113	42-1633060	501(C)3	25,067				GRANT FUNDING & DESIGNATED GIFTS
YOUTH SERVICE BUREAU OF ST TAMMANY 430 N NEW HAMPSHIRE COVINGTON, LA 70433	72-0933867	501(C)3	89,347				GRANT FUNDING & DESIGNATED GIFTS

**Schedule J**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**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](http://www.irs.gov/form990).**

Name of the organization UNITED WAY OF SOUTHEAST LOUISIANA	Employer identification number 72-0471369
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**Part I Questions Regarding Compensation**

	Yes	No								
<p><b>1a</b> 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.</p> <table border="0"> <tr> <td><input type="checkbox"/> First-class or charter travel</td> <td><input type="checkbox"/> Housing allowance or residence for personal use</td> </tr> <tr> <td><input type="checkbox"/> Travel for companions</td> <td><input type="checkbox"/> Payments for business use of personal residence</td> </tr> <tr> <td><input type="checkbox"/> Tax indemnification and gross-up payments</td> <td><input type="checkbox"/> Health or social club dues or initiation fees</td> </tr> <tr> <td><input type="checkbox"/> Discretionary spending account</td> <td><input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)</td> </tr> </table>	<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)		
<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>b</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.	1b	Yes								
<b>2</b> 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?	2	Yes								
<p><b>3</b> 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.</p> <table border="0"> <tr> <td><input type="checkbox"/> Compensation committee</td> <td><input type="checkbox"/> Written employment contract</td> </tr> <tr> <td><input type="checkbox"/> Independent compensation consultant</td> <td><input type="checkbox"/> Compensation survey or study</td> </tr> <tr> <td><input type="checkbox"/> Form 990 of other organizations</td> <td><input type="checkbox"/> Approval by the board or compensation committee</td> </tr> </table>	<input type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract	<input type="checkbox"/> Independent compensation consultant	<input type="checkbox"/> Compensation survey or study	<input type="checkbox"/> Form 990 of other organizations	<input type="checkbox"/> Approval by the board or compensation committee				
<input type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract									
<input type="checkbox"/> Independent compensation consultant	<input type="checkbox"/> Compensation survey or study									
<input type="checkbox"/> Form 990 of other organizations	<input type="checkbox"/> Approval by the board or compensation committee									
<b>4</b> 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:										
<b>a</b> Receive a severance payment or change-of-control payment?	4a	No								
<b>b</b> Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	No								
<b>c</b> Participate in, or receive payment from, an equity-based compensation arrangement?	4c	No								
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.										
<b>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</b>										
<b>5</b> 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:										
<b>a</b> The organization?	5a	No								
<b>b</b> Any related organization? If "Yes," on line 5a or 5b, describe in Part III.	5b	No								
<b>6</b> 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:										
<b>a</b> The organization?	6a	No								
<b>b</b> Any related organization? If "Yes," on line 6a or 6b, describe in Part III.	6b	No								
<b>7</b> 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.	7	No								
<b>8</b> 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.	8	No								
<b>9</b> If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	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				
<b>1</b> MICHAEL WILLIAMSON PRESIDENT/CEO	(i)	218,689 -----	11,696 -----	2,578 -----	23,052 -----	21,754 -----	277,769 -----	0 -----
	(ii)	0	0	0	0	0	0	0
<b>2</b> CHARMAINE CACCIOPPI EVP/COO	(i)	169,016 -----	0 -----	2,496 -----	19,550 -----	15,429 -----	206,491 -----	0 -----
	(ii)	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
PART I, LINE 1A	THE CEO'S WIFE TRAVELS TO ONE CONFERENCE PER YEAR WITH THE CEO - TEN KEY CITIES (TKC) CONFERENCE IN APRIL 2017. TKC REIMBURSES UWSELA FOR THE EXPENDITURE, AND THE TRAVEL IS APPROVED BY THE CHAIRMAN OF THE BOARD OF TRUSTEES.

**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No 1545-0047

**2016**

▶ **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](http://www.irs.gov/form990)**

**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 Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art . . . . .				
2 Art—Historical treasures . . . . .				
3 Art—Fractional interests . . . . .				
4 Books and publications . . . . .				
5 Clothing and household goods . . . . .	X		1,405,250	FAIR MARKET VALUE
6 Cars and other vehicles . . . . .				
7 Boats and planes . . . . .				
8 Intellectual property . . . . .				
9 Securities—Publicly traded . . . . .	X	13	112,177	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	
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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?

	Yes	No
30a		No

b If "Yes," describe the arrangement in Part II

31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?

31		No
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32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?

32a		No
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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

**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](http://www.irs.gov/form990).

OMB No 1545-0047

**2016****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 2	ADRIENNE SLACK AND TODD SLACK HAVE A FAMILY RELATIONSHIP

# 990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 4	THE BYLAWS WERE REVISED BECAUSE THE MISSION STATEMENT WAS UPDATED

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
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

# 990 Schedule O, Supplemental Information

Return Reference	Explanation
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 11B	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

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
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**

<b>Return Reference</b>	<b>Explanation</b>
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

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
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 HAVE BEEN NO CHANGES FROM THE PRIOR YEAR IN THE OVERSIGHT OR SELECTION PROCESSES FOR THE AUDIT THAT THE ORGANIZATION'S COMMITTEE USES