

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

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)
▶ Do not enter social security numbers on this form as it may be made public
▶ Information about Form 990 and its instructions is at www.irs.gov/form990

OMB No 1545-0047
2017
Open to Public Inspection

A For the 2017 calendar year, or tax year beginning 07-01-2017, and ending 06-30-2018

- 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

F Name and address of principal officer
MICHAEL WILLIAMSON
2515 CANAL STREET
NEW ORLEANS, LA 70119

D Employer identification number
72-0471369

E Telephone number
(504) 822-5540

G Gross receipts \$ 13,807,948

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

3 Number of voting members of the governing body (Part VI, line 1a)	26
4 Number of independent voting members of the governing body (Part VI, line 1b)	25
5 Total number of individuals employed in calendar year 2017 (Part V, line 2a)	68
6 Total number of volunteers (estimate if necessary)	1,488
7a Total unrelated business revenue from Part VIII, column (C), line 12	0
7b Net unrelated business taxable income from Form 990-T, line 34	0

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	16,594,998	13,048,115
9 Program service revenue (Part VIII, line 2g)	494,965	64,116
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	369,706	455,302
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,694,571	-210,161
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	19,154,240	13,357,372
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	9,775,536	8,608,887
14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	3,685,814	3,874,786
16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 1,811,586		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	1,511,877	1,500,413
18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	14,973,227	13,984,086
19 Revenue less expenses Subtract line 18 from line 12	4,181,013	-626,714
	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	22,390,460	21,283,128
21 Total liabilities (Part X, line 26)	6,107,086	5,546,869
22 Net assets or fund balances Subtract line 21 from line 20	16,283,374	15,736,259

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: 2018-11-07
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: PTIN: P00543368
Firm's name: POSTLETHWAITE & NETTERVILLE Firm's EIN: 72-1202445
Firm's address: ONE GALLERIA BLVD STE 2100 Phone no: (504) 837-5990
METAIRIE, LA 70001

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 "

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 \$ 8,281,688 including grants of \$ 7,145,059) (Revenue \$ 64,116)

See Additional Data

4b (Code) (Expenses \$ 1,113,155 including grants of \$ 989,571) (Revenue \$)

See Additional Data

4c (Code) (Expenses \$ 699,393 including grants of \$ 332,000) (Revenue \$)

See Additional Data

See Additional Data Table

4d Other program services (Describe in Schedule O)
(Expenses \$ 943,624 including grants of \$ 142,257) (Revenue \$)

4e Total program service expenses ▶ 11,037,860

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

	Yes	No
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		No
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	Yes	
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	Yes	
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	Yes	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		No
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		No
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
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>		No
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		No
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		No
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
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>		No
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	Yes	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		No
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		No
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		No
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		No
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>		No
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		No
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		No
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		No
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	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 ID, question text, and Yes/No response boxes. Includes sections for backup withholding, employee reporting, foreign accounts, prohibited transactions, charitable contributions, and organizational details.

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 (26), 1b (25), 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, 9.

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, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15a, 15b, 16a, 16b.

Section C. Disclosure

Table with 2 columns: Question, Answer. Rows include: 17, 18, 19, 20.

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

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

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

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										

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										
1b Sub-Total										
1c Total from continuation sheets to Part VII, Section A										
1d Total (add lines 1b and 1c)							832,220	0	147,349	

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 ▶ **5**

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

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 ▶ **0**

Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns . . .	1a					
	b Membership dues . . .	1b					
	c Fundraising events . . .	1c	105,295				
	d Related organizations	1d					
	e Government grants (contributions)	1e	110,049				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	12,832,771				
	g Noncash contributions included in lines 1a-1f \$ <u>50,845</u>						
	h Total. Add lines 1a-1f			13,048,115			
Program Service Revenue			Business Code				
	2a SERVICE FEE INCOME		900099	64,116	64,116		
	b _____						
	c _____						
	d _____						
	e _____						
	f All other program service revenue						
g Total. Add lines 2a-2f			64,116				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			140,908		140,908	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6a Gross rents	(i) Real	(ii) Personal				
			171,845				
		b Less rental expenses	369,358				
		c Rental income or (loss)	-197,513				
	d Net rental income or (loss)			-197,513		-197,513	
	7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
			314,394				
		b Less cost or other basis and sales expenses	0				
		c Gain or (loss)	314,394				
	d Net gain or (loss)			314,394		314,394	
	8a Gross income from fundraising events (not including \$ <u>105,295</u> of contributions reported on line 1c) See Part IV, line 18	a	64,137				
		b Less direct expenses	81,218				
c Net income or (loss) from fundraising events				-17,081		-17,081	
9a Gross income from gaming activities See Part IV, line 19	a						
	b Less direct expenses						
	c Net income or (loss) from gaming activities						
10a Gross sales of inventory, less returns and allowances	a						
	b Less cost of goods sold						
	c Net income or (loss) from sales of inventory						
Miscellaneous Revenue		Business Code					
11a REFUNDS/REIMBURSEMENTS		900099	4,433		4,433		
b _____							
c _____							
d All other revenue							
e Total. Add lines 11a-11d			4,433				
12 Total revenue. See Instructions			13,357,372	64,116	0	245,141	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	7,464,530	7,464,530		
2 Grants and other assistance to domestic individuals See Part IV, line 22	1,144,357	1,144,357		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, line 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	712,839	211,291	333,350	168,198
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	2,500,729	1,182,328	391,578	926,823
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	173,902	76,428	23,144	74,330
9 Other employee benefits	284,648	120,095	50,886	113,667
10 Payroll taxes	202,668	79,918	48,698	74,052
11 Fees for services (non-employees)				
a Management				
b Legal				
c Accounting	29,376	1,777	25,677	1,922
d Lobbying				
e Professional fundraising services See Part IV, line 17				
f Investment management fees	14,092	5,083	3,510	5,499
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	280,749	194,711	21,095	64,943
12 Advertising and promotion	122,988	65,821	4,387	52,780
13 Office expenses	325,856	168,617	36,314	120,925
14 Information technology				
15 Royalties				
16 Occupancy	102,688	41,185	12,635	48,868
17 Travel	85,238	40,642	6,792	37,804
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	302,106	198,952	19,124	84,030
20 Interest				
21 Payments to affiliates	141,291		141,291	
22 Depreciation, depletion, and amortization	74,906	31,934	13,217	29,755
23 Insurance				
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a MEMBERSHIP DUES	13,842	7,588	1,597	4,657
b MISCELLANEOUS	7,281	2,603	1,345	3,333
c				
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	13,984,086	11,037,860	1,134,640	1,811,586
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	6,347	1	36,248
	2 Savings and temporary cash investments	9,642,011	2	5,834,625
	3 Pledges and grants receivable, net	5,405,237	3	4,605,613
	4 Accounts receivable, net		4	
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges		9	
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	1,948,475		
	b Less accumulated depreciation	1,279,590		
		652,479	10c	668,885
	11 Investments—publicly traded securities	1,960,888	11	6,246,333
	12 Investments—other securities See Part IV, line 11	3,486,687	12	3,626,389
	13 Investments—program-related See Part IV, line 11		13	
	14 Intangible assets		14	
15 Other assets See Part IV, line 11	1,236,811	15	265,035	
16 Total assets. Add lines 1 through 15 (must equal line 34)	22,390,460	16	21,283,128	
Liabilities	17 Accounts payable and accrued expenses	530,448	17	594,361
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability Complete Part IV of Schedule D		21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D	5,576,638	25	4,952,508
	26 Total liabilities. Add lines 17 through 25	6,107,086	26	5,546,869
Net Assets or Fund Balances	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. Unrestricted net assets	11,081,986	27	11,107,373
	28 Temporarily restricted net assets	3,506,991	28	2,911,951
	29 Permanently restricted net assets	1,694,397	29	1,716,935
	30 Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34. Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	16,283,374	33	15,736,259
	34 Total liabilities and net assets/fund balances	22,390,460	34	21,283,128

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	13,357,372
2	Total expenses (must equal Part IX, column (A), line 25)	2	13,984,086
3	Revenue less expenses Subtract line 2 from line 1	3	-626,714
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	16,283,374
5	Net unrealized gains (losses) on investments	5	79,599
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	15,736,259

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>1 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>2a 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>		No
<p>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>	Yes	
<p>c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?</p> <p>If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O</p>	Yes	
<p>3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?</p>		No
<p>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>		

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

Form 990 (2017)

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 # OF PEOPLE SERVED BY OUR 69 GRANT PARTNERS FROM JULY 1, 2017- JUNE 30, 2018 - 229,535 UWSELA-FUNDED 69 PROGRAMS, FROM JULY 1, 2017 - JUNE 30, 2018 TO ADDRESS PRIORITIES SUCH AS HOUSING, MEDICAL AND MENTAL HEALTH CARE, CHILD AND ADULT CARE AND ACADEMIC SUPPORTS UWSELA ANSWERED OVER 229,535 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- 3 NEW COORDINATED ENTRY PROJECTS COMPLETED- 2,075 BENEFICIARIES DIRECTLY SUPPORTED BY COLLABORATIVE- 3 TRAININGS HELD FOR THE CONTINUUM OF CARE AGENCIES- 2 INFORMATIONAL DOCUMENTS CREATED AND DISSEMINATED TO PARTNER AGENCIES, EMPLOYEES AND PARTICIPANTS IN PROGRAMS- 2 MEETINGS HELD WITH PUBLIC HOUSING PERSONNEL TO DISCUSS HOUSING THE HOMELESS- 186 CHRONICALLY HOMELESS INDIVIDUALS HOUSEDNEW ORLEANS TRAUMA-INFORMED SCHOOLS LEARNING COLLABORATIVE - IMPLEMENTATION STAGE- 12 ORGANIZATIONS ACTIVELY PARTICIPATING IN COLLABORATION- 5 TRAUMA-INFORMED INTERVENTION TRAINING AND REFRESHERS TO ALL SCHOOLS- 1 ALL-SCHOOLS CONVENING HOSTED FOR SHARED LEARNING AND PROFESSIONAL DEVELOPMENT RELATED TO TRAUMA-INFORMED PRACTICES- 5 MINI-GRANTS TO PARTNER SCHOOLS DISTRIBUTED- 26 ONGOING TECHNICAL ASSISTANCE TO INDIVIDUAL SCHOOLS AROUND TRAUMA-INFORMED PRACTICESNEW ORLEANS WORK (NOW) COLLABORATIVE - IMPLEMENTATION STAGE- FUNDERS COLLABORATIVE MADE UP OF 8 FUNDERS THAT IS FOCUSED ON WORKFORCE SOLUTIONS - THROUGH OUR PARTNERSHIPS WITH EMPLOYER PARTNERS, OCHSNER HEALTH SYSTEM, SOUTHEAST LOUISIANA VETERANS HEALTHCARE SYSTEM, AND LCMC HEALTH 97 PEOPLE HAVE BEEN TRAINED DURING THIS GRANT PERIOD THROUGH OUR EMPLOYER LED TRAININGS THAT GIVE JOBSEEKERS AND INCUMBENT WORKERS THE SKILLS THEY NEED TO ATTAIN JOBS WITH CAREER PATHWAY OPPORTUNITIES AND THROUGH OUR PARTNERSHIPS - OVER THE PAST YEAR, THROUGH OUR PARTNERSHIP WITH SOUTHEAST LOUISIANA VETERANS HEALTHCARE SYSTEM (VA) AND THE CREATION OF THE HUDSON THOMAS PROGRAM, 34 INCUMBENT WORKERS HAVE GRADUATED FROM THE PROGRAM THE HUDSON THOMAS PROGRAM FOCUSES ON HELPING INCUMBENT WORKERS BUILD THEIR SKILLS IN AREAS LIKE COMPUTER LITERACY, NUMERACY, READING, WRITING IN THE LAST TWO YEARS THE PROGRAM HAS ALSO PUT AN EMPHASIS ON BUILDING WORKER'S SOFT SKILLS AND HELPING THEM THINK ABOUT THEIR CAREER OPPORTUNITIES VIA CAREER COACHING IN JUNE, A GRADUATION WAS HELD FOR COHORT 4 WHICH CONSISTED OF 24 PARTICIPANTS ALMOST 60% OF PROGRAM GRADUATES HAVE RECEIVED PROMOTIONS AND THOSE THAT PARTICIPATE IN THE HUDSON THOMAS PROGRAM ARE TWICE AS LIKELY TO GET PROMOTED 100 PERCENT OF PEOPLE THAT HAVE GRADUATED FROM THE PROGRAM ARE STILL EMPLOYED AT THE VA TODAY - THIS YEAR 42 PEOPLE (27 INCUMBENT WORKERS AND 18 JOBSEEKERS) HAVE GRADUATED FROM NOW FUNDED PROGRAMS WITHIN THE LCMC NETWORK OF 5 HOSPITALS IT IS IMPORTANT TO NOTE THAT THIS INCLUDES THE EXPANSION OF THE ORIGINAL CHILDREN'S HOSPITAL ADVANCEMENT AND MOBILITY PROGRAM TO ALL FIVE LCMC HOSPITAL SITES (CHILDREN'S, UMC, N O EAST, TOURO, AND WEST JEFFERSON HOSPITALS) - THE JOINT COLLABORATION BETWEEN LCMC AND OCHSNER HEALTH SYSTEM TO TRAIN JOBSEEKERS AND INCUMBENT WORKERS FOR JOBS AS MEDICAL LABORATORY TECHNICIANS HAS 18 PEOPLE ENROLLED IN THE 22-MONTH TRAINING PROGRAM THIS IS THE FIRST NOW FUNDED TRAINING PROGRAM THAT WILL PROVIDE THOSE THAT SUCCESSFULLY COMPLETE THE PROGRAM WITH AN ASSOCIATE'S LEVEL DEGREE AS WELL AS PROVIDING PARTICIPANTS WITH THE ABILITY TO EARN NATIONALLY RECOGNIZED CREDENTIALS ALONG THE WAY INCLUDING THE AS A PHLEBOTOMIST AND LAB ASSISTANT (ALL HIGH DEMAND POSITIONS) - IN AN EFFORT TO SUPPORT WORKERS BEYOND ATTACHMENT TO WORK, WE WERE EXCITED TO LAUNCH AND GAIN TRACTION AROUND THE NEW ORLEANS WORKFORCE INNOVATIONS PROGRAM WHICH IS PROVIDING ON-THE-JOB POST HIRE SUPPORTS FOR WORKERS THIS PROGRAM IS BASED ON THE NATIONAL WORKLAB INNOVATIONS MODEL THE WORKLAB MODEL UTILIZES SPECIALLY TRAINED "NAVIGATORS" (CASE MANAGERS) TO SUPPORT WORKERS THAT ARE HAVING DIFFICULTY NAVIGATING ISSUES LIKE CHILDCARE, TRANSPORTATION, HOUSING, HEALTH, AND FINANCIAL STABILITY TO DATE, WE HAVE RECEIVED COMMITMENTS TO PROVIDE SERVICES TO OCHSNER HEALTH SYSTEM, GALLO MECHANICAL, AND THE WINDSOR COURT HOTEL LOUISIANA PRISONER RE-ENTRY COLLABORATIVE - INFRASTRUCTURE STAGE- 35 ORGANIZATIONS ACTIVELY PARTICIPATING IN PLANNING ON STEERING COMMITTEES (ORLEANS, JEFFERSON, & ST TAMMANY)- 28 INDIVIDUALS ACTIVELY PARTICIPATING IN PLANNING ON STEERING COMMITTEES - 12 FORMER PRISONERS ENGAGED ON STEERING COMMITTEES (TARGET POPULATION)- LOCAL COALITION IS SEATED, 200 MEMBERS ADOPTS LA-PRI FRAMEWORK IN ORLEANS, ST TAMMANY AND IN JANUARY OF 2018, JEFFERSON ADOPTED THE LA-PRI FRAMEWORK - 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 AND TWO IN JEFFERSON- 0 LOCAL COMMUNITY COORDINATORS UNDER CONTRACT IN ORLEANS, JEFFERSON & ST TAMMANY - GRANT FROM DEPARTMENT OF PUBLIC SAFETY & CORRECTIONS IS PENDING, WHICH INCLUDES FUNDING FOR THE COMMUNITY COORDINATOR POSITIONS THAT REQUIRES A MATCH FROM THE COMMUNITY NEED ADDITIONAL FUNDING TO FILL THIS CRITICAL POSITION - COMMUNITY ASSESSMENTS COMPLETED - ST TAMMANY COMPLETED, ORLEANS PENDING, JEFFERSON JUST STARTING- DEPARTMENT OF PUBLIC SAFETY & CORRECTIONS (DPSC) COMPLETES PIPELINE 1 DATA AND DISTRIBUTES TO STEERING COMMITTEES PIPELINE 2 DATA JUST RELEASED IN JULY - CENTER DESIGNS ANNUAL COMPREHENSIVE PLAN WITH THE HELP OF LA-PRISTA - ENGAGED IN LA-PRISTA TO PROVIDE TECHNICAL ASSISTANCE TO STEERING TEAMS AND COALITIONS - 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 TAMMANY- UWSELA AGREES TO SERVE AS THE INTERMEDIARY FOR JEFFERSON AND ST TAMMANY PARISH FOR THE DPSC GRANT NEW ORLEANS GRADE LEVEL READING CAMPAIGN - PLANNING STAGE- 40 ORGANIZATIONS ACTIVELY PARTICIPATING IN THE COLLABORATION - 70 OF COMMUNITY MEMBERS INVOLVED THROUGH THE COLLABORATION- MULTIPLE PARTNERSHIPS ESTABLISHED IN TWO OF THE THREE AREAS PARTNERSHIPS AND THEIR PURPOSE HAVE INCLUDED EARLY CARE AND EDUCATION FUNDING & POLICY (STAND FOR CHILDREN, LOUISIANA POLICY INSTITUTE FOR CHILDREN, UNITED WAY, WOMEN UNITED, WYES, KINGSLEY HOUSE, URBAN LEAGUE OF LOUISIANA, LOUISIANA CHILDREN'S MUSEUM, AGENDA FOR CHILDREN, NEW ORLEANS EARLY EDUCATION NETWORK), AND SUMMER LEARNING (NORDC, NEW ORLEANS PUBLIC LIBRARY, URBAN LEAGUE OF LOUISIANA, NEW ORLEANS YOUTH PROGRAM QUALITY INITIATIVE/NOLA YOUTH ALLIANCE, NATIONAL SUMMER LEARNING ASSOCIATION, FIRSTLINE SCHOOLS, ABUNDANCE OF DESIRE, DISCOVERYFEST, COMMUNITIES IN SCHOOLS, AND ORLEANS PARISH SCHOOL BOARD) PARTNERSHIPS ARE STILL UNDER DEVELOPMENT TO SUPPORT AN ATTENDANCE PILOT, BUT WILL LIKELY INCLUDE CITY YEAR, COMMUNITIES IN SCHOOLS, ATTENDANCE WORKS AND A FEW SELECT CHARTER SCHOOL MANAGEMENT ORGANIZATIONS (CONTINUED BELOW)

Form 990, Part III, Line 4b:

FLOOD RECOVERY / REBUILDING INITIATIVE IN 2016, SOUTHEAST LOUISIANA WAS HIT BY TWO SEPARATE FLOOD EVENTS, WHICH AFFECTED THE UNITED WAY OF SOUTHEAST LOUISIANA (UWSELA) REGION IN MARCH OF 2016, THREE OF SEVEN OF UWSELA PARISHES WERE IMPACTED BY FLOODWATERS AFFECTING APPROXIMATELY #10,000 HOMES/FAMILIES/INDIVIDUALS JUST FIVE SHORT MONTHS LATER, THE 2016 AUGUST FLOOD AFFECTED OVER #10,000 HOMES/FAMILIES/INDIVIDUALS AGAIN IN THOSE SAME THREE PARISHES NUMEROUS FAMILIES IMPACTED IN MARCH WERE AGAIN FLOODED IN AUGUST OVERALL, THE AUGUST FLOODING AFFECTED 21 OF LOUISIANA'S PARISHES DAMAGING TENS OF THOUSANDS HOMES AND BUSINESSES AS UWSELA HAS A BOLD VISION FOR ERADICATING POVERTY IN SOUTHEAST LOUISIANA, WE KNOW THAT MANY FAMILIES ARE JUST ONE DISASTER OR CRISIS AWAY FROM BEING THRUST INTO POVERTY COSTS AROUND RECOVERY FROM A DISASTER, SUCH AS THE 2016 FLOODS, CAN BE STAGGERING AND ALTHOUGH THERE MAY BE FEMA FUNDS OR SBA GRANTS AVAILABLE TO DISASTER VICTIMS, IN SOME INSTANCES VICTIMS RECEIVE NO MONIES OR IN MANY CASES THE FUNDS RECEIVED ARE A FRACTION OF WHAT IS NEEDED TO START, MUCH LESS FINISH, RECOVERY IN ADDITION, FAMILIES OR INDIVIDUALS LIVING IN POVERTY RARELY QUALIFY FOR SBA LOW INTEREST LOANS THAT WOULD HELP THEM REBUILD THEIR HOMES FROM A DISASTER WITH NO FUNDING AVAILABLE, MANY FAMILIES IMPACTED BY A DISASTER DO NOT HAVE THE RESOURCES TO BEGIN TO RECOVER AND MANY ARE UNABLE TO RECOVER AT ALL THIS IS WHY ORGANIZATIONS SUCH AS UWSELA ARE SO IMPORTANT FOLLOWING THE MARCH FLOODING, UWSELA WAS THERE TO ASSIST FAMILIES AND, AGAIN IN AUGUST, UWSELA WAS THERE FOR ASSISTANCE WITHIN 3 DAYS OF THE FLOOD DECLARATION UWSELA OPENED A COLLECTION AND DISTRIBUTION WAREHOUSE WHERE WE COLLECTED THEN DISTRIBUTED OVER 1 5 M RECOVERY ITEMS VALUED AT MORE THAN \$1 4 M DOLLARS THROUGHOUT FFY 2016 UWSELA WORKED WITH REBUILD ORGANIZATIONS TO IMPACT THE LIVES OF FLOODED FAMILIES AND UWSELA REACHED OUT AND COLLABORATED WITH 90 VARIOUS COMMUNITY ORGANIZATIONS TO ASSIST THOSE IN NEED UWSELA ALSO COORDINATED 368 VOLUNTEERS GIVING #2100 SERVICE HOURS AT A VALUE OF \$50,694, ASSISTING FAMILIES IN NEED UWSELA MADE A LONG-TERM COMMITMENT TO HELP THOSE IN NEED FOLLOWING THE TWO 2016 FLOOD EVENTS REBUILDING A COMMUNITY FOLLOWING A DISASTER IS VITAL TO THE LONG-TERM SUSTAINABILITY OF A CITY, TOWN, PARISH OR STATES ECONOMIC STABILITY IMMEDIATE RESPONSE AND RECOVERY IS EXTREMELY IMPORTANT, HOWEVER, UWSELA UNDERSTANDS THAT RECOVERY TAKES TIME ONCE THE INITIAL RESPONSE ORGANIZATIONS COMPLETE THEIR DISASTER RESPONSE AND LEAVE THE COMMUNITY, FAMILIES ARE STILL IN NEED THIS IS WHY A LONG-TERM RESPONSE IS VITAL TO THE COMMUNITY THROUGHOUT FFY 2017 UWSELA WORKED TO REBUILD/REHOUSE AND MEET UNMET NEEDS OF THOSE FAMILIES AND INDIVIDUALS IDENTIFIED AS HAVING LITTLE, NOT ENOUGH OR NO RESOURCES FOR RECOVERY WITH A GOAL OF HELPING BRING THOSE FAMILIES FLOODED BACK TO SAFE, SANITARY AND SECURE LIVING CONDITIONS, UWSELA WORKING WITH COMMUNITY PARTNERS, AFFECTED THE LIVES OF NUMEROUS FAMILIES ACCOMPLISHMENTS - \$2,809,435 LEVERAGED IN FLOOD RECOVERY SERVICES- \$989,846 INVESTED IN RECOVERY EFFORTS TO REBUILD / REHOUSE / MEET THE UNMET NEEDS OF CLIENTS NEEDING ASSISTANCE IN RECOVERY - 128 FAMILIES / INDIVIDUALS WERE ASSISTED IN REBUILD EFFORTS- \$121,702 DOLLARS' WORTH OF DONATED GOODS RECEIVED AND USED IN REBUILD EFFORTS- 1,675 VOLUNTEERS WERE MOBILIZED TO ASSIST IN REBUILD EFFORTS WITH FLOOD VICTIMS- OVER 50 VOLUNTEER DAYS WERE GIVEN TO ASSIST IN REBUILD EFFORTS WITH FLOOD VICTIMS- 70,335 HOURS OF VOLUNTEER SERVICES WERE GIVEN TO ASSIST REBUILD EFFORTS WITH FLOOD VICTIMS- \$1,697,887 OF VALUE FROM VOLUNTEER SERVICES WERE GIVEN TO ASSIST FLOOD REBUILD VICTIMS WITHOUT THESE VOLUNTEER SERVICES HOMEOWNERS/FLOOD VICTIMS WOULD HAVE PAID OUT OF POCKET FOR THOSE RECOVERY EFFORTS- 82 LONG-TERM RECOVERY STAKEHOLDER MEETING WERE CONVENED- WORKED WITH 13 UNIQUE ORGANIZATIONS IN 2017/18 ON LONG TERM RECOVERY - 2 LONG TERM RECOVERY ORGANIZATIONS - 6 REBUILD PARTNERS - 4 FUNDERS - 4 CASE MANAGEMENT AGENCIES

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-114* 89 HOMEOWNERSHIP * 11 VEHICLE * 10 BUSINESS START-UP OR EXPANSION * 4 POST-SECONDARY EDUCATION* TOTAL NUMBER OF PARTICIPANTS THAT HAVE COMPLETED 12 HOURS OF HOMEBUYER TRAINING-89 * TOTAL NUMBER OF PARTICIPANTS THAT HAVE COMPLETED 12 HOURS OF FINANCIAL EDUCATION-114 * ASSET PURCHASES-114 TOTAL, 89 HOMEOWNERSHIP, 10 SMALL BUSINESS AND 11 VEHICLE, 4 POST-SECONDARY EDUCATION

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

(Code)	(Expenses \$	248,292	including grants of \$	(Revenue \$
<p>J WAYNE LEONARD PROSPERITY CENTER UNITED WAY OF SOUTHEAST LOUISIANA'S J WAYNE LEONARD PROSPERITY CENTER IS A ONE-STOP FINANCIAL CAPABILITY CENTER THAT CONNECTS INDIVIDUALS TO A COMBINATION OF TEN FINANCIAL CAPABILITY SERVICES AT NO COST TO PARTICIPANTS SERVICES OFFERED ARE FINANCIAL EDUCATION FINANCIAL COACHING FINANCIAL COUNSELING CREDIT COUNSELING CREDIT BUILDING ACCESS TO SAFE AND AFFORDABLE FINANCIAL PRODUCTS FREE TAX PREPARATION ASSISTANCE ACCESS TO FEDERAL AND STATE INCENTIVIZED SAVINGS PROGRAMS ASSET OWNERSHIP PROGRAMS UNITED WAY OF SOUTHEAST LOUISIANA'S EXPERT FINANCIAL CAPABILITY TEAM DESIGNED A FINANCIAL EDUCATION CURRICULUM AND RESOURCE GUIDE TO EDUCATE AND BRING AWARENESS TO THE COMMUNITY ABOUT WHAT IT MEANS TO BE FINANCIALLY STABLE AND THE STEPS INDIVIDUALS AND FAMILIES CAN TAKE TO ACHIEVE FINANCIAL STABILITY WE HAVE UTILIZED THE CURRICULUM WITH THE COMMUNITY, CIVIC, AND PRIVATE PARTNERS WITH UNIFORMLY OUTSTANDING RESULTS WE HAVE USED THE GUIDE WITH THE INDIVIDUAL DEVELOPMENT ACCOUNT (IDA) PARTICIPANTS FOR THE PAST TWO AND A HALF YEARS, AND WE HAVE RECEIVED EXCELLENT FEEDBACK FROM THEM WE ARE ALSO USING THE CURRICULUM WITH OPPORTUNITY CENTERS THROUGH NEW ORLEANS BUSINESS ALLIANCE JOB READINESS TRAINING PROGRAM THAT TARGETS THE 52% OF THE AFRICAN AMERICAN MALES WHO ARE UNEMPLOYED ADDITIONALLY, WE CONDUCTED TRAINING FOR ENTRY-LEVEL EMPLOYEES AT A LOCAL BUSINESS, ASSOCIATED TERMINALS/TURN SERVICES THE FEEDBACK FROM PARTICIPANTS WAS EXTREMELY POSITIVE! SINCE PARTNERING WITH OPPORTUNITY CENTERS THROUGH NEW ORLEANS BUSINESS ALLIANCE AND CITY OF NEW ORLEANS WORKFORCE INNOVATION AND OPPORTUNITY ACT (WIOA), WE HAVE EDUCATED OVER 449 PARTICIPANTS IN GROUP TRAINING ABOUT THE ESSENTIAL COMPONENTS OF FINANCIAL EDUCATION THE TRAINING CONSISTS OF A COMPREHENSIVE CURRICULUM WHICH FOCUSES ON VARIOUS PERSONAL FINANCIAL MANAGEMENT TOPICS WITH THE GOAL OF WEALTH CREATION, ASSET DEVELOPMENT, AND LONG-TERM FINANCIAL SECURITY THE CONTENT MATERIAL IS BASED ON UWSELA FINANCIAL EDUCATION CURRICULUM AND RESOURCE GUIDE WHICH IS INFLUENCED BY OTHER MONEY MANAGEMENT TRAINING COURSE SUCH AFI FINANCIAL LITERACY CORE COMPETENCIES, FREDDIE MAC'S CREDITSMART, FDIC'S MONEY SMART CURRICULUM, THE FEDERAL RESERVE BANK'S BUILDING WEALTH, CONSUMER ACTION'S MONEYSWISE AND A VARIETY OF OTHER FINANCIAL TOOLS AND RESOURCES THE OBJECTIVE OF THE GROUP TRAINING IS TO INTRODUCE FINANCIAL MANAGEMENT TO THE PARTICIPANTS WITH HOPES OF PROVIDING THEM WITH A MORE IN-DEPTH, ONE-ON-ONE COACHING SESSIONS THESE COACHING SESSIONS EMPOWER STRIVE NOLA PARTICIPANTS TO ACHIEVE FINANCIAL STABILITY AND LONG-TERM SUCCESS UWSELA SPECIALISTS OFFER PARTICIPANTS AND THEIR FAMILY WITH THE TOOLS TO CREATE HOUSEHOLD BUDGETS, SAVE MONEY OVER TIME, REDUCE DEBT AND IMPROVE CREDIT SCORES IT HAS PROVEN TO BE VERY SUCCESSFUL FOR MANY OF THE PARTICIPANTS WHO HAVE TAKEN ADVANTAGE OF THE ONE-ON-ONE COACHING THROUGH THE PARTNERSHIP WITH NEW ORLEANS BUSINESS ALLIANCE AND CITY OF NEW ORLEANS WORKFORCE INNOVATION AND OPPORTUNITY ACT (WIOA) GRANT, UWSELA HAS PROVIDED ONE-ON-ONE COACHING TO 271 PARTICIPANTS 95% OF THE PARTICIPANTS HAVE NOT CHECKED THEIR CREDIT REPORT IN OVER A YEAR, AND MOST OF THE TIME THEY ARE AFRAID OF THE UNKNOWN 70% OF THE PARTICIPANTS HAVE DISPUTED INCORRECT ITEMS ON THEIR CREDIT REPORTS, OF THOSE PARTICIPANTS SEVERAL WERE INCARCERATED LEAVING THEIR CREDIT VULNERABLE FOR FRAUD AND MISUSED BY FAMILY MEMBERS WE HAVE SEEN AN INCREASE IN CREDIT SCORES AVERAGING 91 POINTS OVER A SPAN OF THREE MONTHS, AN INCREASE IN SAVING AND AN INCREASE IN ESTABLISHING OR RE-ESTABLISHING POSITIVE CREDIT A DECREASE IN DEBT REDUCTIONS OF \$763 ON AVERAGE, A DECREASE IN CREDIT UTILIZATION BY 46% AND A HALT IN APPLYING FOR NEW CREDIT SEVERAL PARTICIPANTS HAVE OPENED SAVINGS AND CHECKING ACCOUNTS WITH HOPE FEDERAL CREDIT UNION MANY OTHERS ARE PLANNING TO OPEN BANK ACCOUNTS ONCE THEY BEGIN WORKING SEVERAL GRADUATES ARE CURRENT PARTICIPANTS IN THE UWSELA INDIVIDUAL DEVELOPMENT ACCOUNTS</p>				

(Code)	(Expenses \$	357,686	including grants of \$	(Revenue \$
<p>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-8,672 * TOTAL AMOUNT OF INCOME TAX REFUNDS--\$12,763,340 * TOTAL AMOUNT OF EARNED INCOME TAX CREDITS--\$4,655,621</p>				

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

(Code)	(Expenses \$ 85,107	including grants of \$	85,107)	(Revenue \$)
<p>RATE PAYER ENDOWMENT PROGRAM OVERVIEW THE YOUTHFORCE NOLA INTERNSHIP (YFI) PROGRAM PREPARES AND CONNECTS NEW ORLEANS PUBLIC HIGH SCHOOL STUDENTS TO PAID INTERNSHIPS IN HIGH-WAGE, HIGH-DEMAND REGIONAL INDUSTRIES THANKS IN PART TO UNITED WAY RATE PAYERS' ENDOWMENT, YFI RECENTLY COMPLETED OUR THIRD SUMMER OF PROGRAMMING AND ALSO PILOTED A SCHOOL YEAR INTERNSHIP PROGRAM IN THE 2016-17 SCHOOL YEAR, YFI RECRUITS STUDENTS WHO ARE PURSUING COURSEWORK ALIGNED TO CAREER PATHWAYS IN ONE OF THREE STEM-ALIGNED, INDUSTRY CLUSTERS BIO/HEALTH, DIGITAL/IT, AND SKILLED CRAFTS/CONSTRUCTION/ENGINEERING STUDENTS COMPLETE AN INTENSIVE,60-HOUR TRAINING PROGRAM, HONING THEIR SKILLS IN ESSENTIAL SOFT SKILLS AND BUSINESS ETIQUETTE SUCH AS COMMUNICATION, TEAMWORK, CONFLICT RESOLUTION, PROBLEM-SOLVING/CRITICAL THINKING, TAKING INITIATIVE, ATTENDANCE, PUNCTUALITY, AND WORKPLACE ATTIRE STUDENTS ARE THEN PLACED IN A 90-HOUR WORK-BASED INTERNSHIP, WHERE THEY COMPLETE INDUSTRY SPECIFIC PROJECTS BOTH THE TRAINING AND THE INTERNSHIP ARE PAID, THANKS TO SUPPORT FROM THE CITY OF NEW ORLEANS RESULTS THE SCHOOL-YEAR INTERNSHIP PROVED TO BE A VASTLY DIFFERENT CHALLENGE COMPARED TO THE ORIGINAL SUMMER PROGRAM WHILE THE FALL PROGRAM WAS INCREDIBLY HUMBLING, THE SPRING PROGRAM WAS MORE SUCCESSFUL, YET STILL QUITE CHALLENGING CHALLENGES INCLUDED NAVIGATING THE COMPLEXITIES OF SCHOOL CALENDARS, STUDENT EXTRACURRICULAR SCHEDULES, AND EMPLOYER POST-SUMMER FATIGUE OF MORE THAN TWENTY STUDENTS WHO STARTED WITH US IN FALL 2016, 12 COMPLETED THE FULL PROGRAM OF THE 41 STUDENTS ACCEPTED INTO THE SPRING COHORT, 26 STUDENTS COMPLETED THE FULL 150 HOURS YOUTHFORCE NOLA CONTINUES TO EVALUATE THE EFFICACY OF THE SCHOOL-YEAR INTERNSHIP MODEL, AND IS IMPLEMENTING A LONGER, FALL-THROUGH-SPRING MODEL IN THE CURRENT SCHOOL YEAR OVERALL, WE FELT JUST ONE STUDENT SHY OF OUR GOAL OF 100 MEMBERS OF THE CLASS OF 2017 COMPLETING THE INTERNSHIP PROGRAM WITH 99 COMPLETERS IN THE SPRING, YOUTHFORCE NOLA BROUGHT THE PROFESSIONALISM SKILLS TRAINING IN HOUSE AND HIRED A FULL-TIME LEAD INSTRUCTOR, ALL IN-TIME FOR ANOTHER MAJOR SCALING OF THE SUMMER PROGRAM IN SUMMER 2017, YFI SCALED SIGNIFICANTLY, WITH 142 STUDENTS FROM 13 SCHOOLS COMPLETING THE PROGRAM YOUTHFORCE NOLA HIRED SEVEN NEW SEASONAL EMPLOYEES, ALL TEACHERS AND COUNSELORS AT AREA HIGH SCHOOLS, TO SERVE AS COACHES AND CASE MANAGERS FOR THE INTERNS YFI ALSO, WITH THE SUPPORT OF USWELA, PARTNERED WITH MODELS FOR SUCCESS TO CONTINUE USAGE OF THEIR SOFT SKILLS ASSESSMENT TO INFORM COACHES ABOUT STUDENTS' SELF-PERCEPTIONS AND AREAS FOR GROWTH SUMMER 2017 FEEDBACK FROM STUDENTS - 95% WOULD RECOMMEND YFI TO OTHER STUDENTS (98% RESPONSE RATE)- 95% OF INTERNS REPORTED THAT THE SOFT SKILLS TRAINING PREPARED THEM FOR THEIR INTERNSHIP- THE MAJORITY OF STUDENTS REPORTED THAT THE VARIOUS EVENTS THEY PARTICIPATED IN DURING THE INTERNSHIP WERE VERY HELPFUL IN PREPARING THEM FOR THE INTERNSHIP THE MAJORITY OF STUDENTS STATED THEY IMPROVED IN EACH OF THE VARIOUS TOPICS COVERED DURING THE SOFT SKILLS TRAINING (E G , COMMUNICATION SKILLS, PROFESSIONALISM, INTERVIEW SKILLS, ETC)FEEDBACK FROM EMPLOYERS - 94 7% OF SUPERVISORS STATED THEY WOULD PARTICIPATE IN THE PROGRAM AGAIN (57% RESPONSE RATE)- 90% OF EMPLOYERS RATED THE PROFESSIONALISM OF THEIR INTERN AS EITHER SIMILAR (30%) OR FAVORABLE(60%) TO A TYPICAL ENTRY LEVEL EMPLOYEE OPEN-ENDED FEEDBACK FROM EMPLOYERS SPRING 2017 "[OUR STUDENT] WAS A JOY TO HAVE AROUND HE WAS EAGER TO LEARN AND TAKE ON AS MANY TASKS AS WE WOULD GIVE HIM THE YOUTHFORCE NOLA PROGRAM PREPARES THE STUDENTS AND RECEIVING COMPANY TO CREATE THE MOST SUCCESSFUL EXPERIENCE POSSIBLE THIS IS OUR SECOND YEAR PARTICIPATING AND PLAN TO BE BACK FOR MORE!" - TECH EMPLOYER, BELLWEATHER TECHNOLOGY SUMMER 2017 "THIS INTERNSHIP GAVE US THE OPPORTUNITY TO REACH AN AUDIENCE NOT FAMILIAR WITH OUR BUSINESS " - SKILLED CRAFTS EMPLOYER, LANDIS CONSTRUCTION"I THOROUGHLY ENJOYED PARTICIPATING IN THIS PROGRAM AND HOPE TO DO SO AGAIN NEXT YEAR " -TECH EMPLOYER, SOLOMON GROUPSUMMER 2017 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 KEY LESSONS LEARNED - SCHOOL YEAR INTERNSHIP MODEL NEEDED TO BE MODIFIED TO ALLOW MORE TIME TO COMPLETE TRAINING AND INTERNSHIP PLACEMENT HOURS- PLAN FOR ATTRITION WITH BOTH STUDENTS AND EMPLOYERS WHEN RECRUITING- TRANSPORTATION REMAINS A CHALLENGE- CONTINUE TO LEVERAGE SOFT SKILLS PROGRAMMING TO ENGAGE LOCAL PROFESSIONALS TO BUILD BUY-IN- TIGHTEN UP SOFT SKILLS DELIVERY AND ADJUST AS WE SCALE- WILL NEED TO SYSTEMATIZE MORE WITH INCREASING NUMBER OF STUDENTS</p>				
(Code)	(Expenses \$ 252,539	including grants of \$	57,150)	(Revenue \$)

ALL OTHER PROGRAM SERVICES

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
MS DANICA ANSARDI CLU CHFC MBA TRUSTEE & AUDIT COMMITTEE CHAIR	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 ELWOOD CAHILL TRUSTEE	4 00	X						0	0	0
MR MIKE EDWARDS TRUSTEE	4 00	X						0	0	0
MR DAVID FRANCIS TRUSTEE	4 00	X						0	0	0
MS NORMA GRACE TRUSTEE	4 00	X						0	0	0
MR MICHAEL HECHT TRUSTEE	4 00	X						0	0	0
MR GARY LORIO TRUSTEE & CAMPAIGN CHAIR	4 00	X						0	0	0
MRS CATHY MCRAE TRUSTEE, WLC CHAIR & EXEC COMM 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 LARRY MILLER TRUSTEE	4 00	X						0	0	0
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 NANCY SHOEMAKER TRUSTEE	4 00	X						26,500	0	0
MS ADRIENNE SLACK TRUSTEE & EXEC COMM AT-LARGE MEMBER	4 00	X						0	0	0
MR TODD SLACK TRUSTEE	4 00	X						0	0	0
MR TOD SMITH TRUSTEE	4 00	X						0	0	0
MS JESSICA VERMILYEA TRUSTEE & COMMUNITY IMPACT CHAIR	4 00	X						0	0	0
MRS CAROL B WISE 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			
MR RICK YOUNG TRUSTEE	4 00	X						0	0	0
MR CHARLES L RICE JR IMMEDIATE PAST CHAIR	4 00	X		X				0	0	0
MR MICHAEL TODD TREASURER & FINANCE AND OPERATIONS CHAIR	4 00	X		X				0	0	0
MR JOHN FOLEY SECRETARY	4 00	X		X				0	0	0
MR ROBERT KIMBRO VICE CHAIR	4 00	X		X				0	0	0
MR RICHARD C HAASE CHAIR	4 00	X		X				0	0	0
MICHAEL WILLIAMSON PRESIDENT/CEO	37 50			X				266,434	0	47,716
CHARMAINE CACCIOPPI EXEC VP/COO	37 50			X				188,379	0	37,135
DEBRA MODLIN CHIEF FINANCIAL OFFICER	37 50			X				129,279	0	22,166
MARY AMBROSE CHIEF IMPACT OFFICER	37 50					X		119,025	0	20,788

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			
JAMENE DAHMER SR VP LONG TERM RECOVERY	37 50					X		102,603	0	19,544

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.

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

2017

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		
Total						

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

(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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant.")	26,642,234	14,366,976	15,839,751	16,594,998	13,048,115	86,492,074
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	26,642,234	14,366,976	15,839,751	16,594,998	13,048,115	86,492,074
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						14,656,109
6 Public support. Subtract line 5 from line 4						71,835,965

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
7 Amounts from line 4	26,642,234	14,366,976	15,839,751	16,594,998	13,048,115	86,492,074
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	358,806	202,565	231,019	227,443	312,753	1,332,586
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI.)				1,916,406	4,433	1,920,839
11 Total support. Add lines 7 through 10						89,745,499
12 Gross receipts from related activities, etc (see instructions)					12	1,838,326

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f))	14	80.040 %
15 Public support percentage for 2016 Schedule A, Part II, line 14	15	82.650 %

16a 33 1/3% support test—2017. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

b 33 1/3% support test—2016. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

17a 10%-facts-and-circumstances test—2017. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization

b 10%-facts-and-circumstances test—2016. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►		(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15	Public support percentage for 2017 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2016 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for 2017 (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from 2016 Schedule A, Part III, line 17	18	

19a 33 1/3% support tests—2017. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ►

b 33 1/3% support tests—2016. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ►

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

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
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.		
	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).		
	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.		
	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.		
	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.		
	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.		
	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.		
	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.		
	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).		
	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
	5b		
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?		
	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .		
	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .		
	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .		
	9b		
c	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .		
	9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.		
	10a		
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.)		
	10b		

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)		
a	<input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b	<input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c	<input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
2	Activities Test Answer (a) and (b) below.		
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <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	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>		
3	Parent of Supported Organizations Answer (a) and (b) below.		
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>		
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 (explain in Part VI). **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

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

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

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

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

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI) See instructions	
7 Total annual distributions. Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
9 Distributable amount for 2017 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
1 Distributable amount for 2017 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2017 (reasonable cause required-- explain in Part VI) See instructions			
3 Excess distributions carryover, if any, to 2017			
a			
b From 2013.			
c From 2014.			
d From 2015.			
e From 2016.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2017 distributable amount			
i Carryover from 2012 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2017 from Section D, line 7			
\$			
a Applied to underdistributions of prior years			
b Applied to 2017 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2017, if any Subtract lines 3g and 4a from line 2 If the amount is greater than zero, explain in Part VI See instructions			
6 Remaining underdistributions for 2017 Subtract lines 3h and 4b from line 1 If the amount is greater than zero, explain in Part VI See instructions			
7 Excess distributions carryover to 2018. Add lines 3j and 4c			
8 Breakdown of line 7			
a Excess from 2013.			
b Excess from 2014.			
c Excess from 2015.			
d Excess from 2016.			
e Excess from 2017.			

Additional Data

Software ID:

Software Version:

EIN: 72-0471369

Name: UNITED WAY OF SOUTHEAST LOUISIANA

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

▶ **Complete if the organization is described below. ▶ Attach to Form 990 or Form 990-EZ.**
▶ **Information about Schedule C (Form 990 or 990-EZ) and its instructions is at**
www.irs.gov/form990.

OMB No 1545-0047

2017

Open to Public Inspection

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

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

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

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

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

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

Name of the organization UNITED WAY OF SOUTHEAST LOUISIANA	Employer identification number 72-0471369
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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 (see instructions for definition of "political campaign activities")
- 2 Political campaign activity expenditures (see instructions) ▶ \$ _____
- 3 Volunteer hours for political campaign activities (see instructions) _____

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-
1				
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)	16,900													
b	Total lobbying expenditures to influence a legislative body (direct lobbying)	6,760													
c	Total lobbying expenditures (add lines 1a and 1b)	23,660													
d	Other exempt purpose expenditures	13,960,426													
e	Total exempt purpose expenditures (add lines 1c and 1d)	13,984,086													
f	Lobbying nontaxable amount Enter the amount from the following table in both columns	849,204													
<table border="1" style="width: 100%;"> <thead> <tr> <th style="width: 50%;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width: 50%;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000</td> </tr> </tbody> </table>		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		
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)	212,301													
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?		<input type="checkbox"/> Yes <input type="checkbox"/> 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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) Total
2a Lobbying nontaxable amount	916,142	934,187	898,661	849,204	3,598,194
b Lobbying ceiling amount (150% of line 2a, column(e))					5,397,291
c Total lobbying expenditures	26,583	31,818	30,466	23,660	112,527
d Grassroots nontaxable amount	229,036	233,547	224,665	212,301	899,549
e Grassroots ceiling amount (150% of line 2d, column (e))					1,349,324
f Grassroots lobbying expenditures	18,988	22,727	21,761	16,900	80,376

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
1 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			
a Volunteers?			
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
c Media advertisements?			
d Mailings to members, legislators, or the public?			
e Publications, or published or broadcast statements?			
f Grants to other organizations for lobbying purposes?			
g Direct contact with legislators, their staffs, government officials, or a legislative body?			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
i Other activities?			
j Total Add lines 1c through 1i			
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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."

1 Dues, assessments and similar amounts from members	1	
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).	2a	
a Current year	2b	
b Carryover from last year	2c	
c Total	3	
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	4	
4 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?	5	
5 Taxable amount of lobbying and political expenditures (see instructions)		

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)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements
▶ Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
▶ Attach to Form 990.
Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047
2017
Open to Public Inspection

Name of the organization
UNITED WAY OF SOUTHEAST LOUISIANA

Employer identification number
72-0471369

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.
Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year	6	
2 Aggregate value of contributions to (during year)	349,203	
3 Aggregate value of grants from (during year)	1,159,100	
4 Aggregate value at end of year	493,525	

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

- 3** Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____
- 4** Number of states where property subject to conservation easement is located ▶ _____
- 5** Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Yes No
- 6** Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ _____
- 7** Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ _____
- 8** Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? Yes No
- 9** In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.
Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

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

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

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

Part IV Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b** If "Yes," explain the arrangement in Part XIII and complete the following table
- | | Amount |
|--|--------|
| c Beginning balance | |
| d Additions during the year | |
| e Distributions during the year | |
| f 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
1a Beginning of year balance	5,440,832	5,145,992	5,410,544	5,426,745	5,415,650
b Contributions					11,217
c Net investment earnings, gains, and losses	422,183	517,138	-44,186	192,942	194,564
d Grants or scholarships	223,167	222,298	220,366	209,143	194,686
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	5,639,848	5,440,832	5,145,992	5,410,544	5,426,745

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as
- a** Board designated or quasi-endowment ▶ 64 040 %
 - b** Permanent endowment ▶ 30 440 %
 - c** Temporarily restricted endowment ▶ 5 520 %
- 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
- | | Yes | No |
|--|-----|----|
| (i) unrelated organizations | Yes | |
| (ii) related organizations | | No |
| b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? | | |
- 4** Describe in Part XIII the intended uses of the organization's endowment funds

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" 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
1a Land		302,893		302,893
b Buildings		1,285,121	1,020,876	264,245
c Leasehold improvements				
d Equipment		308,231	249,207	59,024
e Other		52,230	9,507	42,723
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) . . . ▶				668,885

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	3,293,729	F
(B) INVESTMENT IN COMMON ENDOWMENT FUND OF GREATER NEW ORLEANS FOUNDATION	332,660	F
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 12.)	3,626,389	

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)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 13.)		

Part IX Other Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

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

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

(a) Description of liability	(b) Book value
(1) Federal income taxes	
ALLOCATIONS, DESIGNATIONS AND PROGRAMS PAYABLE	4,910,325
LEASE LIABILITY	42,183
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25.)	4,952,508

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

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

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

1	Total revenue, gains, and other support per audited financial statements	1	11,777,392
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains (losses) on investments	2a	79,599
b	Donated services and use of facilities	2b	584,464
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII)	2d	450,576
e	Add lines 2a through 2d	2e	1,114,639
3	Subtract line 2e from line 1	3	10,662,753
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	22,741
b	Other (Describe in Part XIII)	4b	2,671,878
c	Add lines 4a and 4b	4c	2,694,619
5	Total revenue Add lines 3 and 4c . (This must equal Form 990, Part I, line 12)	5	13,357,372

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

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

1	Total expenses and losses per audited financial statements	1	12,324,507
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	584,464
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII)	2d	450,576
e	Add lines 2a through 2d	2e	1,035,040
3	Subtract line 2e from line 1	3	11,289,467
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	22,741
b	Other (Describe in Part XIII)	4b	2,671,878
c	Add lines 4a and 4b	4c	2,694,619
5	Total expenses Add lines 3 and 4c . (This must equal Form 990, Part I, line 18)	5	13,984,086

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, 2018 AND 2017, 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 2D - OTHER ADJUSTMENTS	RENTAL EXPENSES 369,358 SPECIAL EVENT EXPENSES 81,218

Supplemental Information

Return Reference	Explanation
PART XI, LINE 4B - OTHER ADJUSTMENTS	DONOR DESIGNATIONS 2,671,878

Supplemental Information

Return Reference	Explanation
PART XII, LINE 2D - OTHER ADJUSTMENTS	RENTAL EXPENSES 369,358 SPECIAL EVENT EXPENSES 81,218

Supplemental Information

Return Reference	Explanation
PART XII, LINE 4B - OTHER ADJUSTMENTS	DONOR DESIGNATIONS 2,671,878

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

**Supplemental Information Regarding
Fundraising or Gaming Activities**

OMB No 1545-0047

2017

**Open to Public
Inspection**

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

▶ Attach to Form 990 or Form 990-EZ.

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

Department of the Treasury
Internal Revenue Service

Name of the organization
UNITED WAY OF SOUTHEAST LOUISIANA

Employer identification number
72-0471369

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

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

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

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

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

		(a)Event #1	(b) Event #2	(c)Other events	(d)
		DE TOCQUEVILLE (event type)	RED BEANS AND RICE COOKOFF (event type)	2 (total number)	Total events (add col (a) through col (c))
Revenue	1 Gross receipts	117,425	29,387	22,620	169,432
	2 Less Contributions	79,500	19,540	6,255	105,295
	3 Gross income (line 1 minus line 2)	37,925	9,847	16,365	64,137
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	56,613	2,196	22,409	81,218
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				81,218
	11 Net income summary Subtract line 10 from line 3, column (d) ▶				-17,081

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

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

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

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

b If "No," explain _____

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

b If "Yes," explain _____

- 11** Does the organization conduct gaming activities with nonmembers? Yes No
- 12** Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? Yes No
- 13** Indicate the percentage of gaming activity conducted in

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

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

Name ▶
 Address ▶

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

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

Name ▶
 Address ▶

16 Gaming manager information

Name ▶
 Gaming manager compensation ▶ \$
 Description of services provided ▶

Director/officer Employee Independent contractor

17 Mandatory distributions

- a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No
- b** Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

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

2017

**Open to Public
Inspection**

Department of the
Treasury
Internal Revenue Service

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.

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? Yes No
- 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.

(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) See Additional Data							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ _____ 105

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 noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1) INDIVIDUAL DEVELOPMENT ACCOUNT (IDA) PROJECT	25	332,000			
(2) CRISIS/FLOOD ASSISTANCE	136	811,357			
(3) TREASURE CHEST	1	1,000			
(3)					
(4)					
(5)					
(6)					
(7)					

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

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.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
2018 NOLA FOUNDATION 201 ST CHARLES 407 NEW ORLEANS, LA 70130	47-2294693	501(C)3	100,000				GRANT FUNDING
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.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ALZHEIMER'S ASSOCIATION LA 3445 CAUSEWAY BLVD SUITE 902 METAIRIE, LA 70002	13-3039601	501(C)3	6,196				DESIGNATED GIFTS
AMERICAN RED CROSS - SE LA 3131 N I-10 SERVICE ROAD E 4TH FL METAIRIE, LA 70002	72-0408907	501(C)3	118,356				GRANT FUNDING & DESIGNATED GIFTS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ARC OF GREATER NEW ORLEANS THE 925 S LABARRE RD METAIRIE, LA 70001	72-0456903	501(C)3	43,676				GRANT FUNDING & DESIGNATED GIFTS
ARCHDIOCESE OF NEW ORLEANS 2525 MAIN AVENUE METAIRIE, LA 70003	72-0408966	501(C)3	6,173				DESIGNATED GIFTS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BARD EARLY COLLEGE 3820 ST CLAUDE AVENUE NEW ORLEANS, LA 70119	14-1713034	501(C)3	50,000				DESIGNATED GIFTS
BATON ROUGE AREA FOUNDATION 402 N FOURTH STREET 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.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BOY SCOUTS - SOUTHEAST LOUISIANA COUNCIL 4200 S I-10 SERVICE RD WEST METAIRIE, LA 70001	72-0408954	501(C)3	60,360				GRANT FUNDING & DESIGNATED GIFTS
BOYS & GIRLS CLUBS OF SOUTHEAST LA INC 650 POYDRAS ST STE 2225 NEW ORLEANS, LA 70130	72-0648695	501(C)3	30,319				GRANT FUNDING & DESIGNATED GIFTS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BOYS TOWN 300 N BROAD STREET SUITE 106 NEW ORLEANS, LA 70119	41-2220807	501(C)3	25,682				GRANT FUNDING
CADA 3520 GENERAL DEGAULLE DR STE 5010 NEW ORLEANS, LA 70114	72-0541502	501(C)3	25,000				GRANT FUNDING & DESIGNATED GIFTS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CANCER ASSOCIATION OF GNO 824 ELMWOOD PARK BLVD STE 240 NEW ORLEANS, LA 70123	72-0517802	501(C)3	111,650				GRANT FUNDING & DESIGNATED GIFTS
CAPITAL AREA UNITED WAY LA 700 LAUREL STREET BATON ROUGE, LA 70802	72-0447100	501(C)3	15,121				GRANT FUNDING & DESIGNATED GIFTS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CASA NEW ORLEANS 1340 POYDRAS ST STE 2120 NEW ORLEANS, LA 70112	72-1054889	501(C)3	31,708				GRANT FUNDING & DESIGNATED GIFTS
CATHOLIC CHARITIES ARCHDIOCESE OF NEW ORLEANS 1000 HOWARD AVE STE 1000 NEW ORLEANS, LA 70113	72-0408911	501(C)3	233,673				GRANT FUNDING & DESIGNATED GIFTS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CENTER FOR INNOVATIVE TRAINING 1631 ELYSIAN FIELDS SUITE 116 NEW ORLEANS, LA 70117	46-4516976	501(C)3	40,537				GRANT FUNDING & DESIGNATED GIFTS
CHILD ADVOCACY SERVICES 1504 W CHURCH STREET HAMMOND, LA 70401	72-1262466	501(C)3	25,000				GRANT FUNDING & DESIGNATED GIFTS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHILDREN'S BUREAU OF NEW ORLEANS 400 LAFAYETTE ST STE 140 NEW ORLEANS, LA 701303206	72-0408916	501(C)3	85,000				GRANT FUNDING & DESIGNATED GIFTS
CHILDREN'S HOSPITAL-LA 200 HENRY CLAY AVENUE NEW ORLEANS, LA 70118	72-0467503	501(C)3	10,949				DESIGNATED GIFTS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CITY YEAR NEW ORLEANS INC 805 HOWARD AVE NEW ORLEANS, LA 70113	22-2882549	501(C)3	25,000				GRANT FUNDING & DESIGNATED GIFTS
COMMUNITIES IN SCHOOL OF NEW ORLEANS PO BOX 792800 NEW ORLEANS, LA 70179	72-1317054	501(C)3	25,000				GRANT FUNDING & DESIGNATED GIFTS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COMMUNITY WORKS OF LOUISIANA 615 BARONNE STREET NEW ORLEANS, LA 70130	26-4472656	501(C)3	25,000				GRANT FUNDING
CRIME STOPPERS OF TANGIPAOA PO BOX 2973 HAMMOND, LA 70404	68-0516834	501(C)3	25,000				GRANT FUNDING & DESIGNATED GIFTS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DRYADES YMCA 2222 ORETHA CASTLE HALEY NEW ORLEANS, LA 70113	77-0428019	501(C)3	50,000				GRANT FUNDING & DESIGNATED GIFTS
EAST ST TAMMANY RAINBOW CHILD CARE CENTER INC 121 KINGSPPOINT BLVD SLIDELL, LA 70461	72-1028297	501(C)3	25,000				GRANT FUNDING & DESIGNATED GIFTS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
EPWORTH PROJECT 360 ROBERT BLVD SLIDELL, LA 70458	20-4250103	501(C)3	10,754				GRANT FUNDING
FAMILY SERVICE OF GNO 2515 CANAL ST 2ND FL NEW ORLEANS, LA 70119	72-0408931	501(C)3	79,683				GRANT FUNDING & DESIGNATED GIFTS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FAMILY TO FAMILY SUPPORT NETWORK 1522 DRY CREEK PLACE CENTENNIAL, CO 80122	47-2778443	501(C)3	12,500				GRANT FUNDING
FATHER'S HOUSE KIDS 1707 ESPLANADE AVENUE NEW ORLEANS, LA 70116	72-1309470	501(C)3	7,801				DESIGNATED GIFTS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FOUNDATION FOR LOUISIANA 4354 SHERWOOD FOREST BLVD SUITE 100 100 BATON ROUGE, LA 70817	20-3399944	501(C)3	100,000				GRANT FUNDING & DESIGNATED GIFTS
FOUNDATION FOR SCIENCE AND MATHEMATICS EDUCATION 5625 LOYOLA AVENUE NEW ORLEANS, LA 70115	20-5197170	501(C)3	105,000				DESIGNATED GIFTS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GNO NONPROFIT KNOWLEDGE WORKS 1600 CONSTANCE ST NEW ORLEANS, LA 70130	72-1400841	501(C)3	245,000				GRANT FUNDING & DESIGNATED GIFTS
GREATER NEW ORLEANS FOUNDATION 919 ST CHARLES AVENUE NEW ORLEANS, LA 70130	72-0408921	501(C)3	100,000				GRANT FUNDING

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HAMMOND YOUTH EDUCATION PO BOX 938 HAMMOND, LA 70403	46-4768752	501(C)3	11,215				GRANT FUNDING
HANDS ON NEW ORLEANS 2515 CANAL STREET NEW ORLEANS, LA 70119	26-2281213	501(C)3	146,283				GRANT FUNDING & DESIGNATED GIFTS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HEALTH AND EDUCATION ALLIANCE OF LOUISIANA 1700 JOSEPHINE STREET NEW ORLEANS, LA 70113	33-1159042	501(C)3	50,000				GRANT FUNDING
JEWISH COMMUNITY CENTER 5342 ST CHARLES AVE NEW ORLEANS, LA 70115	72-0408937	501(C)3	40,000				GRANT FUNDING & DESIGNATED GIFTS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
JEWISH FAMILY SERVICE 3330 W ESPLANADE STE 600 METAIRIE, LA 70002	72-0851575	501(C)3	35,000				GRANT FUNDING & DESIGNATED GIFTS
JEWISH FEDERATION OF GNO THE 3747 WEST ESPLANADE AVENUE METAIRIE, LA 70002	72-0408938	501(C)3	5,000				DESIGNATED GIFTS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
JUNIOR ACHIEVEMENT OF GNO INC 5100 ORLEANS AVENUE NEW ORLEANS, LA 70124	72-1084132	501(C)3	5,220				DESIGNATED GIFTS
KINGSLEY HOUSE 1600 CONSTANCE ST NEW ORLEANS, LA 70130	72-0408940	501(C)3	136,353				GRANT FUNDING & DESIGNATED GIFTS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LOUISIANA ASSOCIATION OF NON PROFITS 528 LOUISIANA AVENUE BATON ROUGE, LA 70802	72-1444119	501(C)3	50,000				DESIGNATED GIFTS
LOUISIANA CENTER FOR CHILDREN'S RIGHTS 1100-B MILTON STREET NEW ORLEANS, LA 70122	20-5961971	501(C)3	25,000				GRANT FUNDING

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LOUISIANA ENDOWMENT FOR THE HUMANITIES 938 LAFAYEETE ST SUITE 300 NEW ORLEANS, LA 70113	72-0795568	501(C)3	25,000				GRANT FUNDING & DESIGNATED GIFTS
LOUISIANA GREEN CORPS 2645 TOULOUSE STREET NEW ORLEANS, LA 70119	27-2884715	501(C)3	25,000				GRANT FUNDING

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LOUISIANA HOSPITALITY FOUNDATION PO BOX 24046 NEW ORLEANS, LA 70184	20-4728582	501(C)3	79,455				GRANT FUNDING
LA PUBLIC HEALTH INSTITUTE 1515 POYDRAS ST SUITE 1200 NEW ORLEANS, LA 70112	72-1379921	501(C)3	100,000				GRANT FUNDING

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LOUISIANA STATE UNIVERSITY 136 MANSHIP SCHOOL RESEARCH FACILITY SOUTH STADIUM RD BATON ROUGE, LA 70803	72-6000848	501(C)3	20,000				GRANT FUNDING
LOYOLA UNIVERSITY 7214 ST CHARLES AVENUE NEW ORLEANS, LA 70118	72-0408946	501(C)3	15,000				GRANT FUNDING

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MARY QUEEN OF VIETNAM COMMUNITY DEVELOPMENT CORP INC 4626 ALCEE FORTIER BLVD NEW ORLEANS, LA 70129	20-4929600	501(C)3	25,000				GRANT FUNDING & DESIGNATED GIFTS
NEW HEIGHTS THERAPY CENTER PO BOX 1283 FOLSOM, LA 70437	72-1420620	501(C)3	5,000				DESIGNATED GIFTS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NEW ORLEANS FAMILY JUSTICE ALLIANCE 701 LOYOLA AVENUE SUITE 201 NEW ORLEANS, LA 70150	26-2541029	501(C)3	55,327				GRANT FUNDING & DESIGNATED GIFTS
NEW ORLEANS SPEECH & HEARING CENTER 1636 TOLEDANO NEW ORLEANS, LA 70115	72-0443103	501(C)3	30,992				GRANT FUNDING & DESIGNATED GIFTS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NEW SCHOOLS FOR NEW ORLEANS 1555 POYDRAS STREET STE 781 NEW ORLEANS, LA 70122	02-0773717	501(C)3	297,000				GRANT FUNDING
OCHSNER CLINIC FOUNDATION 1514 JEFFERSON HWY JEFFERSON, LA 70121	72-0502505	501(C)3	25,000				DESIGNATED GIFTS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
OUR DAILY BREAD OF TANGIPAOA PO BOX 1476 HAMMOND, LA 70404	72-1438651	501(C)3	31,445				GRANT FUNDING & DESIGNATED GIFTS
PLAQUEMINES COMMUNITY CARE CENTER 8480 HWY 23 BELLE CHASSE, LA 70037	20-3884943	501(C)3	85,534				GRANT FUNDING & DESIGNATED GIFTS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PRESERVATION RESOURCE CENTER 923 TCHOUPITOULAS STREET NEW ORLEANS, LA 70130	72-0760857	501(C)3	50,000				GRANT FUNDING & DESIGNATED GIFTS
PROJECT HOMECOMING 2221 FILMORE AVENUE NEW ORLEANS, LA 70122	32-0312933	501(C)3	25,000				GRANT FUNDING & DESIGNATED GIFTS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
RAINTREE CHILDREN AND FAMILY SERVICES 1233 EIGHT STREET NEW ORLEANS, LA 70115	72-0456905	501(C)3	6,628				GRANT FUNDING & DESIGNATED GIFTS
RAPHAEL ACADEMY 517 SORAPARU STREET APT 104 NEW ORLEANS, LA 70130	58-2011105	501(C)3	115,000				DESIGNATED GIFTS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
REGINA COELI CHILD DEVELOPMENT 22476 HIGHWAY 190 EAST ROBERT, LA 70455	72-0680604	501(C)3	45,000				GRANT FUNDING & DESIGNATED GIFTS
ROYAL CASTLE CHILD DEVELOPMENT 3800 EAGLE ST NEW ORLEANS, LA 701183404	72-1317443	501(C)3	25,650				GRANT FUNDING

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

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SECOND HARVEST FOOD BANK 1201 SAMS AVE NEW ORLEANS, LA 70123	72-0956468	501(C)3	137,431				GRANT FUNDING & DESIGNATED GIFTS
SOUTHEAST LA LEGAL SERVICES CO 1200 DEREK STE 100 HAMMOND, LA 70403	72-0877422	501(C)3	126,652				GRANT FUNDING & DESIGNATED GIFTS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SOUTHEAST SPOUSE ABUSE PROGRAM PO BOX 1946 HAMMOND, LA 704041946	52-1243258	501(C)3	25,000				GRANT FUNDING & DESIGNATED GIFTS
ST BERNARD BATTERED WOMEN 3010 JEAN LAFITTE PKWY CHALMETTE, LA 70043	58-1834566	501(C)3	56,489				GRANT FUNDING & DESIGNATED GIFTS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ST BERNARD ECONOMIC DEVELOPMENT FOUNDATION 100 PORT BLVD 10 CHALMETTE, LA 70043	11-3712951	501(C)3	5,000				GRANT FUNDING
ST BERNARD PARISH SPECIAL OLYMPICS 200 E ST BERNARD HWY CHALMETTE, LA 70043	72-0706608	501(C)3	7,900				DESIGNATED GIFTS

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

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ST BERNARD PROJECT 2645 TOULOUSE STREET NEW ORLEANS, LA 70119	33-0767921	501(C)3	249,042				GRANT FUNDING & DESIGNATED GIFTS
ST JUDE CHILDREN'S RESEARCH HOSPITAL 501 ST JUDE PLACE MEMPHIS, TN 38105	62-0646012	501(C)3	39,376				GRANT FUNDING & DESIGNATED GIFTS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ST STEPHEN CATHOLIC CHURCH 1025 NAPOLEON AVENUE NEW ORLEANS, LA 70115	72-1122105	501(C)3	25,000				DESIGNATED GIFTS
ST TAMMANY IMAGINATION LIBRARY 111 DOLLYWOOD LANE PIGEON FORGE, TN 37863	62-1348105	501(C)3	12,233				GRANT FUNDING

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
STAND FOR CHILDREN LEADERSHIP CENTER 2374 ST CLAUDE AVENUE SUITE 230 NEW ORLEANS, LA 70117	52-1957214	501(C)3	5,000				GRANT FUNDING
STARC 1541 ST ANN PLACE SLIDELL, LA 70460	72-0727074	501(C)3	69,040				GRANT FUNDING & DESIGNATED GIFTS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SUSAN G KOMEN BREAST CANCER NEW ORLEANS AFFILIATE 4141 VETERANS BLVD SUITE 202 METAIRIE, LA 70002	72-1222127	501(C)3	30,529				DESIGNATED GIFTS
TANGILENA LONG TERM RECOVERY GROUP 601 RUE CANNES HAMMOND, LA 70403	81-4645103	501(C)3	15,737				GRANT FUNDING

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

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TANGIPAHOA VOLUNTARY COUNCIL ON AGING 106 NORTH BAY ST AMITE, LA 70422	72-0903571	501(C)3	25,000				GRANT FUNDING & DESIGNATED GIFTS
TARC 201 EAST CHURCH STREET HAMMOND, LA 70401	72-0736593	501(C)3	25,000				GRANT FUNDING & DESIGNATED GIFTS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TEACH FOR AMERICA 1055 ST CHARLES AVENUE SUITE 600 NEW ORLEANS, LA 70130	13-3541913	501(C)3	10,008				DESIGNATED GIFTS
THE GOOD SAMARITAN MINISTRY 910 CROSS GATES BLVD SLIDELL, LA 70461	72-0947538	501(C)3	33,159				GRANT FUNDING & DESIGNATED GIFTS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE NATIONAL WORLD WAR II MUSEUM 945 MAGAZINE STREET NEW ORLEANS, LA 70130	27-2262560	501(C)3	10,000				DESIGNATED GIFTS
THE SALVATION ARMY AREA COMMAND 4526 S CLAIBORNE AVE NEW ORLEANS, LA 70125	63-0288866	501(C)3	7,256				DESIGNATED GIFTS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TRAVELERS AID SOCIETY 611 NORTH RAMPART ST NEW ORLEANS, LA 70112	72-0408990	501(C)3	125,550				GRANT FUNDING & DESIGNATED GIFTS
UNITED NEGRO COLLEGE FUND 1100 POYDRAS ST STE 1400 NEW ORLEANS, LA 70163	13-1624241	501(C)3	44,888				GRANT FUNDING & DESIGNATED GIFTS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNITED WAY OF ACADIANA PO BOX 52033 LAFAYETTE, LA 70505	72-0513639	501(C)3	5,711				GRANT FUNDING & DESIGNATED GIFTS
UNITY FOR THE HOMELESS 2475 CANAL STREET SUITE 300 NEW ORLEANS, LA 70119	72-1222911	501(C)3	100,000				GRANT FUNDING & DESIGNATED GIFTS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNITED WAY OF GREATER HOUSTON 50 WAUGH DRIVE HOUSTON, TX 77007	74-1167964	501(C)3	23,241				GRANT FUNDING & DESIGNATED GIFTS
UNITED WAY OF MIAMI-DADE 3250 SW 3RD AVENUE MIAMI, FL 331292712	59-0830840	501(C)3	19,203				DESIGNATED GIFTS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNITED WAY OF MID & S JEFFERSON 7980 ANCHOR DR SUITE 600 PORT ARTHUR, TX 776428280	74-1187386	501(C)3	40,000				GRANT FUNDING
UNITED WAY OF ORANGE COUNTY PO BOX 1583 ORANGE, TX 776311583	74-6023140	501(C)3	25,000				GRANT FUNDING & DESIGNATED GIFTS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNITED WAY OF ST CHARLES 13207 RIVER ROAD LULING, LA 70070	72-0928066	501(C)3	5,746				GRANT FUNDING & DESIGNATED GIFTS
UNITED WAY WORLDWIDE 701 NORTH FAIRFAX STREET ALEXANDRIA, VA 22314	13-1635294	501(C)3	47,838				GRANT FUNDING & DESIGNATED GIFTS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF VIRGINIA FOUNDATION PO BOX 400218 CHARLOTTESVILLE, VA 22904	72-0928066	501(C)3	82,500				DESIGNATED GIFTS
URBAN LEAGUE OF GREATER NEW ORLEANS 2322 CANAL ST NEW ORLEANS, LA 70119	72-0423627	501(C)3	50,000				GRANT FUNDING & DESIGNATED GIFTS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
VIA LINK 2820 NAPOLEON AVE STE 550 NEW ORLEANS, LA 70115	72-0706669	501(C)3	337,983				GRANT FUNDING & DESIGNATED GIFTS
VOLUNTEERS OF AMERICA OF GNO 4152 CANAL ST NEW ORLEANS, LA 70119	72-0709750	501(C)3	43,661				GRANT FUNDING & DESIGNATED GIFTS

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

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WATER FOR PEOPLE 100 EAST TENNESSEE AVENUE DENVER, CO 80209	84-1166148	501(C)3	400,000				DESIGNATED GIFTS
XAVIER UNIVERSITY OF LOUISIANA 1 DREXEL DRIVE NEW ORLEANS, LA 70122	72-0635884	501(C)3	100,000				DESIGNATED GIFTS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
YMCA BOGALUSA 411 AVENUE B BOGALUSA, LA 704273656	72-0441354	501(C)3	31,800				GRANT FUNDING & DESIGNATED GIFTS
YMCA OF GREATER NEW ORLEANS 1215 PRYTANIA ST STE 103 NEW ORLEANS, LA 70130	72-0423890	501(C)3	91,333				GRANT FUNDING & DESIGNATED GIFTS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
YOUTH EMPOWERMENT PROJECT 1600 ORETHA CASTLE HALEY BLVD NEW ORLEANS, LA 70113	42-1633060	501(C)3	25,000				GRANT FUNDING & DESIGNATED GIFTS
YOUTH FORCE NOLA 625 CELESTE STREET BOX 108 NEW ORLEANS, LA 70130	26-3606930	501(C)3	185,107				GRANT FUNDING & DESIGNATED GIFTS

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

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YOUTH SERVICE BUREAU OF ST TAMMANY 430 N NEW HAMPSHIRE COVINGTON, LA 70433	72-0933867	501(C)3	83,354				GRANT FUNDING & DESIGNATED GIFTS

Schedule J
(Form 990)

Compensation Information

OMB No 1545-0047

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
▶ Attach to Form 990.
▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

2017

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 Questions Regarding Compensation

	Yes	No								
<p>1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.</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)									
<p>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.</p>	1b									
<p>2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?</p>	2									
<p>3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.</p> <table border="0"> <tr> <td><input checked="" 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 checked="" type="checkbox"/> Compensation survey or study</td> </tr> <tr> <td><input type="checkbox"/> Form 990 of other organizations</td> <td><input checked="" type="checkbox"/> Approval by the board or compensation committee</td> </tr> </table>	<input checked="" type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract	<input type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study	<input type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee				
<input checked="" type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract									
<input type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study									
<input type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee									
<p>4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:</p> <p>a Receive a severance payment or change-of-control payment?</p>	4a	No								
<p>b Participate in, or receive payment from, a supplemental nonqualified retirement plan?</p>	4b	No								
<p>c Participate in, or receive payment from, an equity-based compensation arrangement?</p> <p>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.</p>	4c	No								
<p>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</p>										
<p>5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:</p> <p>a The organization?</p>	5a	No								
<p>b Any related organization?</p> <p>If "Yes," on line 5a or 5b, describe in Part III.</p>	5b	No								
<p>6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:</p> <p>a The organization?</p>	6a	No								
<p>b Any related organization?</p> <p>If "Yes," on line 6a or 6b, describe in Part III.</p>	6b	No								
<p>7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III.</p>	7	No								
<p>8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.</p>	8	No								
<p>9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</p>	9									

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 MICHAEL WILLIAMSON PRESIDENT/CEO	(i)	237,437	24,095	4,902	23,744	23,972	314,150	0
	(ii)	0	0	0	0	0	0	0
2 CHARMAINE CACCIOPPI EXEC VP/COO	(i)	185,764	0	2,615	20,434	16,701	225,514	0
	(ii)	0	0	0	0	0	0	0
3 DEBRA MODLIN CHIEF FINANCIAL OFFICER	(i)	128,176	0	1,103	14,099	8,067	151,445	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
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**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No 1545-0047

2017

▶ **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**

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				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded	X	8	50,845	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**

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?		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 nonstandard contributions?		No
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		No
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)

Department of the Treasury
Internal Revenue Service

Name of the organization
UNITED WAY OF SOUTHEAST LOUISIANA

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No 1545-0047

2017

Open to Public Inspection

Employer identification number

72-0471369

990 Schedule O, Other Information

Return Reference	Explanation
FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS	<p>- MOMENTUM DEMONSTRATED ON SCHOOL READINESS AND SUMMER LEARNING STEERING COMMITTEE LED MUNICIPAL ELECTIONS ADVOCACY CAMPAIGN THAT HELPED SECURE MAYORAL COMMITMENT TO CREATING AN OFFICE OF YOUTH & FAMILIES AND ALLOCATION OF \$750K FOR EARLY CARE AND EDUCATION IN THE 2018 CITY BUDGET FOR THE FIRST TIME IN HISTORY THIS WILL REDUCE THE NUMBER OF AT-RISK CHILDREN WHO DO NOT HAVE ACCESS TO HIGH-QUALITY EARLY CARE AND EDUCATION SUMMER PROGRAMS WILL BE FEATURED FOR THE FIRST TIME EVER AS PART OF THE URBAN LEAGUE'S ANNUAL SCHOOLS EXPO ON FEBRUARY 3RD A SUMMER PILOT THAT SUPPORTS PROGRAMS IN PROVIDING LITERACY-RICH, HIGH-QUALITY SUMMER PROGRAMMING IS BEING DEVELOPED FOR INITIAL IMPLEMENTATION IN THE SUMMER OF 2018 - QUICK WINS IDENTIFIED IN EACH AREA AND COMPLETED IN TWO OF THE THREE AREAS THE MUNICIPAL ELECTIONS ADVOCACY CAMPAIGN INCLUDED SEVERAL OPPORTUNITIES FOR QUICK ONES, AS DESCRIBED ABOVE ADDITIONAL QUICK ONES ARE BEING DEVELOPED IN THE SUMMER LEARNING AND SCHOOL ATTENDANCE STRATEGIES, AS WELL AS THE CAMPAIGN INFRASTRUCTURE STRATEGY (WHICH INCLUDES LAUNCHING A WEBSITE AND NEWSLETTER) - MAYORAL FORUM WAS HELD IN SEPTEMBER 2017 WITH PARTICIPATION FROM THE LEADING THREE CANDIDATES AND ATTENDANCE OF APPROXIMATELY 100 PEOPLE - WEBSITE LANDING PAGE WAS LAUNCHED IN SEPT 2017, FULL WEBSITE LAUNCHED IN OCT 2017, MONTHLY NEWSLETTER LAUNCHED IN JANUARY 2018 - PARTNERSHIP ESTABLISHED WITH URBAN LEAGUE OF LOUISIANA TO FEATURE SUMMER LEARNING OPPORTUNITIES AT THE 2018 SCHOOLS EXPO IN THE SUPERDOME ON FEB 3RD, 2018 CURRENTLY 20+ SUMMER PROGRAMS REGISTERED NEW ORLEANS YOUTH PROGRAM QUALITY INITIATIVE - IMPLEMENTATION STAGE - 83 ORGANIZATIONS ACTIVELY PARTICIPATING IN THE COLLABORATION - 628 COMMUNITY MEMBERS INVOLVED THROUGH COLLABORATION - 8 FUNDERS SUPPORTING THE COLLABORATION - WORKING GROUPS (TEAMS FROM PARTICIPATING PROGRAMS) DEVELOPED 77 PROGRAM QUALITY IMPROVEMENT GOALS BASED ON YOUTH PROGRAM QUALITY ASSESSMENT DATA AND STAFF EXPERIENCES, FOLLOWING A SPECIAL DAY-LONG PLANNING WITH DATA SESSION OFFERED ON TWO DATES IN NOVEMBER 2017 - OVERALL, YOUTH PROGRAM QUALITY ASSESSMENT (YPQA) DATA SHOWED IMPROVEMENTS IN PROGRAM QUALITY BETWEEN THE FALL OF 2016 AND FALL OF 2017 AVERAGE SCORES INCREASED FROM 3.06 OUT OF 5 TO 3.21 OUT OF 5 WITH GAINS OF 1.5% IN THE SUPPORTIVE ENVIRONMENT DOMAIN, 7.3% IN THE PEER INTERACTION DOMAIN, AND 5.6% IN THE YOUTH ENGAGEMENT DOMAIN - 78 PROGRAMS PARTICIPATING IN YEAR-ROUND PILOT - 17 METHOD TRAINERS WHO HAVE LED WORKSHOPS - 16 PEOPLE SERVING YPQI WORKING GROUP - 628 PEOPLE ATTENDED A YPQI TRAINING - 60 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 - 12 FUNDERS SUPPORTING THE COLLABORATION - \$13.4 MILLION SECURED/LEVERAGED TO SUPPORT THE COLLABORATION - YOUTHFORCE NOLA'S TAR</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS	GET FOR THE CLASS OF 2018 WAS 175 INTERNSHIP PROGRAM COMPLETERS 178 STUDENTS COMPLETED THE PROGRAM AS OF APRIL 30, 2018 - YOUTHFORCE NOLA'S TARGET FOR THE CLASS OF 2018 WAS 250 UNIQUE SENIORS EARNING BASIC AND ADVANCED STATEWIDE INDUSTRY RECOGNIZED CREDENTIALS AS OF JULY 3, 2018, 349 UNIQUE SENIORS HAD EARNED THESE TARGETED CREDENTIALS - ON-TRACK/GOAL MODIFIED YOUTHFORCE NOLA SUPPORTED 21 OPEN ENROLLMENT ORLEANS HIGH SCHOOLS THROUGH THE 2017 -18 SCHOOL YEAR, INCLUDING FOUR AT THE MOST ADVANCED LEVEL (IMPLEMENTATION) IN JUNE 2018, THE YOUTHFORCE STEERING COMMITTEE AGREED UPON A NEW PARADIGM FOR SCHOOL PARTNERSHIPS AND AN RFA WAS RELEASED CALLING FOR APPLICATIONS FOR SCHOOLS TO COLLABORATE WITH YOUTHFORCE NO LA AS PARTNERS OR AFFILIATES PROPOSALS WERE RECEIVED AUGUST 3 AND SELECTION IS UNDERWAY - 157 STUDENTS COMPLETED TRAINING WITH YOUTHFORCE NOLA, 156 EARNED PLACEMENTS, AND 142 COMPLETED THEIR PLACEMENTS, REPRESENTING A RETENTION RATE OF 90% - YOUTHFORCE RECEIVED A TOTAL OF 16 APPLICATIONS THIS ROUND 2 EXPLORE, 9 PILOT + PLAN, AND 5 IMPLEMENTATION SELECTIONS WERE AS FOLLOWS 3 EXPLORE, 1 EXPLORE EXTENSION, 7 P+P, 3 P+P EXTENSION, AND 2 IMPLEMENTATION

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 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

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	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 CHIEF HUMAN RESOURCES OFFICER FOR REVIEW AND ALL BOARD/TRUSTEE FORMS ARE RETURNED TO THE OFFICE OF THE PRESIDENT 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

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	THE CEO'S SALARY IS DETERMINED BY THE EXECUTIVE COMMITTEE, WHICH IS MADE UP OF INDIVIDUALS FROM OUR VOLUNTEER BOARD OF TRUSTEES OTHER TOP MANAGEMENT SALARIES ARE DETERMINED BY THE CEO COMPARABILITY DATA IS OBTAINED FROM INDEPENDENT SOURCES AS WELL AS FROM UNITED WAY WORLDWIDE AND IS USED TO CREATE SALARY RANGES FOR EACH POSITION THESE SALARY RANGES ARE ADJUSTED FOR INFLATION PERIODICALLY

990 Schedule O, Supplemental Information

Return Reference	Explanation
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