

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

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

OMB No 1545-0047
2018
Open to Public Inspection

A For the 2019 calendar year, or tax year beginning 07-01-2018, and ending 06-30-2019

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

C Name of organization
UNITED WAY OF SOUTHEAST LOUISIANA

Doing business as

Number and street (or P O box if mail is not delivered to street address) Room/suite
2515 CANAL STREET

City or town, state or province, country, and ZIP or foreign postal code
NEW ORLEANS, LA 70119

D Employer identification number
72-0471369

E Telephone number
(504) 822-5540

G Gross receipts \$ 11,039,014

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

H(a) Is this a group return for subordinates? Yes No

H(b) Are all subordinates included? Yes No
If "No," attach a list (see instructions)

H(c) Group exemption number ▶

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

J Website: ▶ UNITEDWAYSELA.ORG

K Form of organization Corporation Trust Association Other ▶

L Year of formation 1952

M State of legal domicile LA

Part I Summary

Activities & Governance	
1 Briefly describe the organization's mission or most significant activities TO ERADICATE POVERTY IN SOUTHEAST LOUISIANA	
2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets	
3 Number of voting members of the governing body (Part VI, line 1a)	19
4 Number of independent voting members of the governing body (Part VI, line 1b)	19
5 Total number of individuals employed in calendar year 2018 (Part V, line 2a)	71
6 Total number of volunteers (estimate if necessary)	1,937
7a Total unrelated business revenue from Part VIII, column (C), line 12	0
7b Net unrelated business taxable income from Form 990-T, line 34	0
Revenue	
8 Contributions and grants (Part VIII, line 1h)	Prior Year: 13,048,115 Current Year: 10,274,288
9 Program service revenue (Part VIII, line 2g)	64,116 84,242
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	455,302 390,258
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-210,161 -136,335
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	13,357,372 10,612,453
Expenses	
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	8,608,887 6,407,815
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)	3,874,786 4,118,452
16a Professional fundraising fees (Part IX, column (A), line 11e)	0 0
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 1,710,634	
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	1,500,413 1,593,864
18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	13,984,086 12,120,131
19 Revenue less expenses Subtract line 18 from line 12	-626,714 -1,507,678
Net Assets or Fund Balances	
20 Total assets (Part X, line 16)	Beginning of Current Year: 21,283,128 End of Year: 19,922,318
21 Total liabilities (Part X, line 26)	5,546,869 5,669,320
22 Net assets or fund balances Subtract line 21 from line 20	15,736,259 14,252,998

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: 2019-10-28

DEBRA MODLIN CFO Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name Preparer's signature Date

Check if self-employed 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 \$ 7,098,556 including grants of \$ 5,444,823) (Revenue \$ 84,242)

See Additional Data

4b (Code) (Expenses \$ 587,910 including grants of \$ 554,716) (Revenue \$)

See Additional Data

4c (Code) (Expenses \$ 546,420 including grants of \$ 224,000) (Revenue \$)

See Additional Data

See Additional Data Table

4d Other program services (Describe in Schedule O)
(Expenses \$ 1,062,815 including grants of \$ 184,276) (Revenue \$)

4e Total program service expenses ▶ 9,295,701

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 1 through 22 regarding organizational requirements, lobbying, political activities, and financial reporting.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, and Yes/No columns. Rows include questions 23 through 38 regarding compensation, bond issues, escrow accounts, 501(c)(3) organizations, and contributions.

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 3 columns: Question ID, Question Text, and Yes/No columns. Rows include questions 1a, 1b, and 1c regarding Form 1096, Forms W-2G, and backup withholding rules.

2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		2a	71		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b		Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a			No
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b			
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a			No
b	If "Yes," enter the name of the foreign country ▶ _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a			No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b			No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c			
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a			No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b			
7 Organizations that may receive deductible contributions under section 170(c).					
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		Yes	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		Yes	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c			No
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e			No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f			No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g			
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h			
8 Sponsoring organizations maintaining donor advised funds.					
	Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8			No
9a	Did the sponsoring organization make any taxable distributions under section 4966?	9a			No
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b			No
10 Section 501(c)(7) organizations. Enter					
a	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11 Section 501(c)(12) organizations. Enter					
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b			
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?					
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13 Section 501(c)(29) qualified nonprofit health insurance issuers.					
a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O	13a			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a			No
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b			
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N	15			No
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O	16			No

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions Check if Schedule O contains a response or note to any line in this Part VI



Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year; 1b Enter the number of voting members included in line 1a, above, who are independent; 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?; 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?; 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?; 5 Did the organization become aware during the year of a significant diversion of the organization's assets?; 6 Did the organization have members or stockholders?; 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?; 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?; 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following; 8a The governing body?; 8b Each committee with authority to act on behalf of the governing body?; 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O.

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates?; 10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?; 11b Describe in Schedule O the process, if any, used by the organization to review this Form 990; 12a Did the organization have a written conflict of interest policy? If "No," go to line 13; 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?; 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done; 13 Did the organization have a written whistleblower policy?; 14 Did the organization have a written document retention and destruction policy?; 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?; 15a The organization's CEO, Executive Director, or top management official; 15b Other officers or key employees of the organization; 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?; 16b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosure

Table with 2 columns: Question, Answer. Rows include: 17 List the States with which a copy of this Form 990 is required to be filed; 18 Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply: Own website, Another's website, Upon request, Other (explain in Schedule O); 19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year; 20 State the name, address, and telephone number of the person who possesses the organization's books and records: DEBRA MODLIN 2515 CANAL STREET NEW ORLEANS, LA 70119 (504) 822-5540

Part 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)		1,082,062	200,060

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 ▶ **7**

	Yes	No
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		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>	Yes	
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>		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

Table with 5 columns: (A) Total revenue, (B) Related or exempt function revenue, (C) Unrelated business revenue, (D) Revenue excluded from tax under sections 512 - 514. Rows include 1a-1f (Contributions, Gifts, Grants and Other Similar Amounts) and 1g (Noncash contributions included).

Table for Program Service Revenue with 5 columns: Business Code, (A) Total revenue, (B) Related or exempt function revenue, (C) Unrelated business revenue, (D) Revenue excluded from tax under sections 512 - 514. Rows include 2a-2f and 9 Total.

Main revenue table with 5 columns: (A) Total revenue, (B) Related or exempt function revenue, (C) Unrelated business revenue, (D) Revenue excluded from tax under sections 512 - 514. Rows include 3-12 covering Investment income, Rental income, Fundraising events, Gaming activities, and Miscellaneous Revenue.

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

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.				
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.	6,131,327	6,131,327		
2 Grants and other assistance to domestic individuals. See Part IV, line 22.	276,488	276,488		
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.	877,427	277,209	417,913	182,305
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.	2,529,321	1,350,601	307,875	870,845
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions).	187,617	91,988	23,446	72,183
9 Other employee benefits.	302,851	144,653	48,354	109,844
10 Payroll taxes.	221,236	102,448	44,682	74,106
11 Fees for services (non-employees):				
a Management.				
b Legal.				
c Accounting.	34,568	2,129	30,635	1,804
d Lobbying.				
e Professional fundraising services. See Part IV, line 17.				
f Investment management fees.	14,142	5,917	3,210	5,015
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	419,288	307,747	16,320	95,221
12 Advertising and promotion.	206,249	163,738	5,288	37,223
13 Office expenses.	308,063	186,735	35,263	86,065
14 Information technology.				
15 Royalties.				
16 Occupancy.	75,548	25,040	10,028	40,480
17 Travel.	118,570	63,765	8,612	46,193
18 Payments of travel or entertainment expenses for any federal, state, or local public officials.				
19 Conferences, conventions, and meetings.	187,317	116,054	20,204	51,059
20 Interest.				
21 Payments to affiliates.	124,274		124,274	
22 Depreciation, depletion, and amortization.	82,560	38,522	13,861	30,177
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	17,142	8,661	2,657	5,824
b MISCELLANEOUS	6,143	2,679	1,174	2,290
c				
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e.	12,120,131	9,295,701	1,113,796	1,710,634
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	36,248	1	331,733
	2 Savings and temporary cash investments	5,834,625	2	2,290,274
	3 Pledges and grants receivable, net	4,605,613	3	4,303,997
	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	424
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges		9	
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 2,067,257		
	b Less accumulated depreciation	10b 1,352,689	668,885	10c 714,568
	11 Investments—publicly traded securities	6,246,333	11	8,297,774
	12 Investments—other securities See Part IV, line 11	3,626,389	12	3,642,012
	13 Investments—program-related See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets See Part IV, line 11	265,035	15	341,536
16 Total assets. Add lines 1 through 15 (must equal line 34)	21,283,128	16	19,922,318	
Liabilities	17 Accounts payable and accrued expenses	594,361	17	555,604
	18 Grants payable		18	
	19 Deferred revenue		19	62,160
	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	4,952,508	25	5,051,556
	26 Total liabilities. Add lines 17 through 25	5,546,869	26	5,669,320
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	11,107,373	27	10,234,959
	28 Temporarily restricted net assets	2,911,951	28	2,272,770
	29 Permanently restricted net assets	1,716,935	29	1,745,269
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	15,736,259	33	14,252,998	
34 Total liabilities and net assets/fund balances	21,283,128	34	19,922,318	

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	10,612,453
2	Total expenses (must equal Part IX, column (A), line 25)	2	12,120,131
3	Revenue less expenses Subtract line 2 from line 1	3	-1,507,678
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	15,736,259
5	Net unrealized gains (losses) on investments	5	24,417
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	14,252,998

Part XII Financial Statements and Reporting

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

- 1** Accounting method used to prepare the Form 990 Cash Accrual Other _____
 If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant?
 If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both
 Separate basis Consolidated basis Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant?
 If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both
 Separate basis Consolidated basis Both consolidated and separate basis
- c** If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
 If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

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

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

Form 990 (2018)

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, 2018- JUNE 30, 2019 - 289,581 UWSELA-FUNDED 69 PROGRAMS, FROM JULY 1, 2018 - JUNE 30, 2019 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 \$550,000 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- 860 BENEFICIARIES DIRECTLY SUPPORTED BY COLLABORATIVE- 1 URGENT ACTION LAB COMPLETED, DEVELOPMENT OF A PILOT PROGRAM ON RAPID RE-HOUSING - 712 ASSESSMENTS OF PEOPLE WITH A HOUSING CRISIS- 2 MEETINGS HELD WITH PUBLIC HOUSING PERSONNEL TO DISCUSS HOUSING THE HOMELESS- 217 CHRONICALLY HOMELESS INDIVIDUALS HOUSEDNEW ORLEANS TRAUMA-INFORMED SCHOOLS LEARNING COLLABORATIVE - IMPLEMENTATION STAGE- 11 ORGANIZATIONS ACTIVELY PARTICIPATING IN COLLABORATION- 3 TRAUMA-INFORMED INTERVENTION TRAINING AND REFRESHERS TO ALL SCHOOLS- 2 ALL-SCHOOLS CONVENING HOSTED FOR SHARED LEARNING AND PROFESSIONAL DEVELOPMENT RELATED TO TRAUMA-INFORMED PRACTICES- 5 MINI-GRANTS TO PARTNER SCHOOLS DISTRIBUTED- 24 ON-GOING 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 - 130 JOB SEEKERS AND INCUMBENTS HAVE RECEIVED TRAINING THROUGHOUT THE COURSE OF THIS REPORTING YEAR- 70 EMPLOYEES SERVED BY NEW ORLEANS WORKFORCE INNOVATIONS- THE LAUNCHING OF NEW ORLEANS WORKFORCE INNOVATIONS IS A COLLECTIVE EFFORT THAT HAS THE SUPPORT OF VARIOUS NONPROFIT PARTNERS INCLUDING THE ASPEN INSTITUTE, EMPLOY, THE COWEN INSTITUTE, THE NEW ORLEANS BUSINESS ALLIANCE, AND WORKLAB INNOVATIONS FOR EXAMPLE, THE EMPLOY COLLABORATIVE FACILITATED THE PROCESS WITH WORKLAB TO HELP IDENTIFY THE BEST-SUITED COMMUNITY PARTNER TO LAUNCH THE MODEL LOCALLY- RENEWED CONTRACT WITH CURRENT EMPLOYER IN THE CONSTRUCTION SECTOR, EXTENDED CURRENT CONTRACT WITH EMPLOYER IN THE HEALTHCARE SECTOR FOR 3 MONTHS AND ANTICIPATE RENEWAL OF CONTRACT IN OCT 2019, CONTINUE TO PROVIDE PRESENTATIONS TO EMPLOYERS IN HOSPITALITY AND CONSTRUCTION SECTORS LOUISIANA PRISONER RE-ENTRY COLLABORATIVE - INFRASTRUCTURE STAGE- 46 ORGANIZATIONS ACTIVELY PARTICIPATING IN PLANNING ON STEERING COMMITTEES (ORLEANS, JEFFERSON, & ST TAMMANY)- 60 INDIVIDUALS ACTIVELY PARTICIPATING IN PLANNING ON STEERING COMMITTEES - 12 FORMER PRISONERS ENGAGED ON STEERING COMMITTEES (TARGET POPULATION)- DEVELOP COMP COMM REENTRY PLAN (CCRP) W/ PERF MEASURES- DEVELOP AND TRAIN ON CCRP AND CIG INCL PERF MEASURES- DEVELOP AND TRAIN ON SPECIFIC PERF & EVALUATION MEASURES- WORK WITH JEFFERSON AND ST TAMMANY ON CIG APPLICATION-SUBMIT CIG PROPOSALS FROM JEFFERSON AND ST TAMMANY- DEVELOP REGIONAL READY FOR WORK (R4W) PROJECT IN REGIONNEW ORLEANS GRADE LEVEL READING CAMPAIGN - PLANNING STAGE- 110 ORGANIZATIONS ACTIVELY PARTICIPATING IN THE COLLABORATION - 441 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- IN ADDITION TO A SUMMER LEARNING WORKING GROUP THAT DEVELOPED THE KAY FENNELLY SUMMER LITERACY INSTITUTE, THE CAMPAIGN HAS ALSO ACTIVATED ITS SCHOOL READINESS WORKING GROUP, WHICH HAS OUTLINED A DETAILED INTERNAL COLLABORATIVE PLAN TO INCREASE ACCESS TO QUALITY ECE IN NEW ORLEANS, AND THE ATTENDANCE WORKING GROUP HAS BEGUN TO IDENTIFY PLANS TO ADDRESS CHRONIC ABSENCE - THE EFFORTS ACCOMPLISHED IN THE FIRST HALF OF THE GRANT PERIOD CONTINUED MOMENTUM W/ADDITIONAL CCAP FUNDING ALLOCATIONS IN THE 2019 LA LEGISLATIVE SESSION THAT WILL PROVIDE PUBLIC SUBSIDIES VIA CCAP FOR AT LEAST 170 MORE ORLEANS PARISH FAMILIES TO ACCESS QAITY ECE THE SUMMER LITERACY INSTITUTE INCREASED THE NUMBER OF SUMMER PROGRAMS AND SITES ENROLLED FROM 12 TO 16 PROGRAMS FROM ITS PILOT YEAR AND MORE THAN DOUBLED THE NUMBER OF CHILDREN SERVED IN LITERACY-RICH SUMMER PROGRAMS TO 1200 (FROM 550 LAST YEAR), BASED ON SUMMER PROGRAM ENROLLMENT DATA (FINAL NUMBER PENDING COMPLETION OF DATA SYNTHESIS) - THE CAMPAIGN PARTNERED WITH THE CHILDREN AND YOUTH PLANNING BOARD AND NOLA PUBLIC SCHOOLS TO FORM A JOINT SCHOOL ATTENDANCE TASK FORCE TO WORK IN COORDINATION TO DEVELOP EFFECTIVE STRATEGIES AND INTERVENTIONS TO ADDRESS CHRONIC ABSENCE NEW ORLEANS YOUTH PROGRAM QUALITY INITIATIVE - IMPLEMENTATION STAGE- 86 ORGANIZATIONS ACTIVELY PARTICIPATING IN THE COLLABORATION - 649 COMMUNITY MEMBERS INVOLVED THROUGH COLLABORATION- 7 FUNDERS SUPPORTING THE COLLABORATION- IN TOTAL, NOLA-YPQI ORGANIZATIONS COMPLETED 41 PROGRAM IMPROVEMENT GOALS AS WAS PREVIOUSLY REPORTED, NOYA REDUCED THE NUMBER OF ORGANIZATIONS FOR THE 2018-2019 COHORT PER THE RECOMMENDATION OF THE PREVIOUS CONSULTANTS ON THE PROJECT TO MAINTAIN THE INTEGRITY OF THE MODEL AND ENSURE STRONG IMPLEMENTATION OF THE INITIATIVE THE NOLA-YPQI MODEL HAS CHANGED FOR 2019-2020 AFTER A CAREFUL EXAMINATION OF THE EFFECTIVENESS OF THE EXISTING MODEL AND WITH EXTENSIVE FEEDBACK FROM PROGRAM PARTNERS - 35 PROGRAMS PARTICIPATING IN NOLA-YPQI- 37 YOUTH WORK METHODS PROFESSIONAL DEVELOPMENT TRAININGS OFFERED- 438 PEOPLE ATTENDED A YPQI TRAINING- 15 TRAINERS AND 11 EXTERNAL ASSESSORSYOUTHFORCE NOLA - IMPLEMENTATION STAGE- 12 ORGANIZATIONS ACTIVELY PARTICIPATING IN THE COLLABORATION- 5 ACTIVE WORKING GROUPS SUPPORTED BY THE COLLABORATION- 14 FUNDERS SUPPORTING THE COLLABORATION - \$909K NEWLY SECURED/LEVERAGED TO SUPPORT THE COLLABORATION- YOUTHFORCE NOLA'S TARGET FOR THE CLASS OF 2019 IS 250 MEANINGFUL WORK EXPERIENCE COMPLETERS THUS FAR, 196 MEMBERS OF THE CLASS OF 2019 HAVE COMPLETED THE YOUTHFORCE INTERNSHIPS PROGRAM, AN ADDITIONAL 40 COMPLETED PROGRAMMING WITH PARTNERS, AND ANOTHER 20 SENIORS ARE CURRENTLY IN THEIR MEANINGFUL WORK EXPERIENCE PLACEMENTS - YOUTHFORCE NOLA'S TARGET FOR THE CLASS OF 2019 IS 400 UNIQUE CREDENTIAL EARNERS THUS FAR, 211 MEMBERS OF THE CLASS OF 2019 HAVE EARNED INDUSTRY RECOGNIZED, CULMINATING CREDENTIALS, AN ADDITIONAL 300+ ARE ENROLLED IN CREDENTIALING COURSEWORK ACROSS YOUTHFORCE PARTNER SCHOOLS AND TRAINING PROVIDER ORGANIZATIONS - YOUTHFORCE HAS NOW DELIVERED TWO SOFT SKILLS EMPOWERMENT WORKSHOPS AND RE-BOOTED THE CITYWIDE SOFT SKILLS COMMUNITY OF PRACTICE PLANNING IS UNDERWAY WITH OUR PARTNERS AT THE NEW ORLEANS YOUTH ALLIANCE FOR A BROADER, CITYWIDE STRATEGY

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 UWSELA IMMEDIATELY STARTED TO WORK ON FLOOD RECOVERY WITHIN 3 DAYS OF THE FLOOD DECLARATION UWSELA OPENED A COLLECTION AND DISTRIBUTION WAREHOUSE WHERE WE COLLECTED THEN DISTRIBUTED OVER 1.5M RECOVERY ITEMS VALUED AT MORE THAN \$1.4M DOLLARS THROUGHOUT FY 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 2,100 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 FY 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 - \$587,910 INVESTED IN RECOVERY EFFORTS TO REBUILD/REHOUSE/MEET THE UNMET NEEDS OF CLIENTS NEEDING ASSISTANCE IN RECOVERY - 132 FAMILIES/INDIVIDUALS RECEIVED CASE MANAGEMENT SERVICES, 63% WERE PROVIDED SUPPORTIVE SERVICES/REFERRALS FOR SERVICES, AND 37% WERE ASSISTED WITH REBUILD/RECOVERY/MEETING UNMET NEEDS ASSISTANCE- 49 OVERALL FAMILIES/INDIVIDUALS ASSISTED IN RECOVERY-REBUILDING-MEETING UNMET NEEDS- 58 VOLUNTEERS WERE MOBILIZED TO ASSIST IN REBUILD EFFORTS WITH FLOOD VICTIMS- 1,115 HOURS OF VOLUNTEER SERVICES WERE GIVEN TO ASSIST REBUILD EFFORTS WITH FLOOD VICTIMS- \$26,916 OF VALUE FROM VOLUNTEER SERVICES WERE GIVEN TO ASSIST FLOOD REBUILD VICTIMS - 30+ LONG-TERM RECOVERY STAKEHOLDER MEETING WERE CONVENED- WORKED WITH 13 UNIQUE ORGANIZATIONS IN 2018-19 ON LONG TERM RECOVERY - 2 LONG TERM RECOVERY ORGANIZATIONS - 4 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 the Instructions)

Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and (4) organizations and 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

(Code)	(Expenses \$	304,222	including grants of \$	2,500	(Revenue \$
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			

(Code)	(Expenses \$	284,222	including grants of \$	(Revenue \$
VITA, EITC, AND SINGLE STOP	VITA IS THE VOLUNTEER INCOME TAX ASSISTANCE PROGRAM THAT ASSISTS LOW-TO-MODERATE INCOME WORKERS WITH FREE TAX PREPARATION SERVICES TO KEEP ALL OF THEIR TAX REFUNDS IN THEIR POCKETS IRS TRAINED VITA VOLUNTEERS HELPS THE TAXPAYERS AVOID PAYING HIGH FEES AND PREDATORY LENDING PRACTICES THE VOLUNTEERS MAKE SURE THAT THE TAXPAYERS TAKE ADVANTAGE OF ALL CREDITS SUCH AS EARNED INCOME TAX CREDITS (EITC), CHILD TAX CREDITS, ETC EITC IS THE NATION'S LARGEST ANTI-POVERTY PROGRAM THAT HELPS TO BRING LOW INCOME FAMILIES OUT OF POVERTY UNITED WAY CONDUCTS MARKETING AND OUTREACH ON THE VITA PROGRAM AND EITC THROUGHOUT OUR SEVEN PARISH SERVICE AREA AND BEYOND UNITED WAY PARTNERS WITH SINGLE STOP USA AND DELGADO COMMUNITY COLLEGE TO OFFER FREE TAX PREPARATION AND BENEFITS SCREENING FOR STUDENTS TO HELP THEM GET ALL THE PUBLIC BENEFITS THEY ARE ELIGIBLE FOR THE GOAL IS TO INCREASE THE STUDENT'S INCOME SO THEY DON'T HAVE TO DROP OUT OF SCHOOL BECAUSE OF LACK OF CHILD CARE OR HAVING TO MAKE TOUGH CHOICES LIKE PAYING FOR BOOKS OR FOOD			
ACCOMPLISHMENTS * TOTAL NUMBER OF INCOME TAX RETURNS COMPLETED--8,672 * TOTAL AMOUNT OF INCOME TAX REFUNDS--\$12,763,340 * TOTAL AMOUNT OF EARNED INCOME TAX CREDITS--\$4,655,621				

Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and (4) organizations and 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

	(Code)	(Expenses \$	87,149	including grants of \$	87,149)	(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 PILOTTED 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 IN SUMMER 2018, YFI ONCE AGAIN SCALED SIGNIFICANTLY, WITH 196 STUDENTS FROM 17 OPEN ENROLLMENT PUBLIC SCHOOLS COMPLETING THE PROGRAM RELATIVE TO SUMMER 2017, SUMMER 2018 REPRESENTS AN INCREASE OF MORE THAN 50 ADDITIONAL COMPLETERS, AND FOUR ADDITIONAL PARTNER SCHOOLS YOUTHFORCE NOLA HIRED TWELVE SEASONAL EMPLOYEES, ALL TEACHERS AND COUNSELORS AT AREA HIGH SCHOOLS, TO SERVE AS COACHES AND CASE MANAGERS FOR THE INTERNS, AS WELL AS A DEDICATE SOCIAL WORKER YFI ALSO, WITH THE SUPPORT OF UWSELA, PARTNERED AGAIN WITH MODELS FOR SUCCESS TO CONTINUE USAGE OF THEIR SOFT SKILLS ASSESSMENT TO INFORM COACHES ABOUT STUDENTS' SELF-PERCEPTIONS AND AREAS FOR GROWTH SUMMER 2018 FEEDBACK FROM STUDENTS - "I LOVE YOUTHFORCE NOLA I LOVE THE CULTURE AND I CAN SEE THE VISION THAT THEY ARE TRYING TO BRING TO NEW ORLEANS" - "THIS PROGRAM REALLY HELPED ME TO GAIN A SENSE OF WHERE I CAN APPLY MY SKILLS IN A CAREER FIELD" - "THANK YOU FOR THIS EXPERIENCE, IT WAS LIFE CHANGING" - "I WANT TO THANK ALL THE COACHES AND YFI, YOU WILL ALWAYS BE MY FAMILY" - "THE BEST PROGRAM I'VE EVER ATTENDED" - "THE YOUTHFORCE STAFF IS ABSOLUTELY ENCOURAGING AND ALWAYS HELPFUL, AT ANY TIME I LOVED BEING AROUND ALL OF THEM AND YOU CAN TELL THEY REALLY CARE ABOUT OUR EXPERIENCE THERE " - "IF I COULD DO THIS ALL OVER AGAIN I WOULD AND I WOULDN'T CHANGE ANYTHING " - "I WOULD RECOMMEND YFI TO OTHER STUDENTS] BECAUSE YOUTHFORCE IS AN AMAZING PROGRAM IT HAS DONE SO MUCH FOR ME JUST IN MY SUMMER ALONE I'VE GOTTEN HANDS ON EXPERIENCE AT SUCH A YOUNG AGE I'VE SEEN ONE OF MY CLOSEST FRIENDS WHO'S FUTURE HAS BRIGHTEN SO MUCH BECAUSE OF THIS PROGRAM AND I FEEL AS IF OTHER KIDS DESERVE THE CHANCE TO EXPERIENCE WHAT WE HAVE " - "THANK YOU ALL FOR THE OPPORTUNITY YOU'VE GRANTED ME, MAKING ME MORE CONFIDENT IN THIS WORLD WE WALK IN I HAD SO MUCH FUN THIS SUMMER AND IT REALLY REDIRECTED MY MINDSET TOWARDS LIFE, AS FAR AS MY FUTURE, WHAT I REALLY WANT TO BE, AND MY STRONG SUITS AS WELL AS MY WEAKNESSES " FEEDBACK FROM EMPLOYERS - "OUR YOUTHFORCE NOLA INTERN WAS TEACHABLE AND WILLING TO DIVE RIGHT IN I WISH SHE DIDN'T HAVE TO GO BACK TO SCHOOL, BECAUSE I WOULD HIRE HER NOW!" - "THIS INTERNSHIP WAS A GREAT MUTUALLY BENEFICIAL RELATIONSHIP WE GOT A CHANCE TO LET A STUDENT GET A GLIMPSE OF WHAT START-UP LIFE IS LIKE AND THE STUDENT GOT A CHANCE TO HELP US ENHANCE OUR BRAND AND SOCIAL MEDIA GAME!" - "THE YOUTHFORCE INTERNSHIP PROGRAM IS ESSENTIAL IN TEACHING OUR YOUNG ADULTS THE IMPORTANCE OF THEIR ROLES IN SOCIETY BY GIVING THEM THE CHANCE, THE SUPPORT, AND THE TOOLS THEY NEED TO BLOSSOM " - "THE YOUTHFORCE INTERNS WERE A HUGE ASSET TO OUR ORGANIZATION THIS SUMMER THEIR PROFESSIONALISM, CONFIDENCE, AND INSIGHT IMPRESSED EVERYONE THEY INTERACTED WITH INSIDE AND OUTSIDE OUR OFFICE THEY WERE ALSO A JOY TO WORK WITH DUE TO THEIR ENTHUSIASM FOR BEING IN THE WORKPLACE " OVERALL, WE ARE VERY PROUD OF THE YOUNG PEOPLE WHO HAVE COMPLETED THE INTERNSHIP PROGRAM, THRILLED AT THE PROGRESS WE HAVE MADE IN DEVELOPING AND DELIVERING A HIGH-QUALITY PROGRAM, AND INCREDIBLY THANKFUL TO THE UNITED WAY OF SOUTHEAST LOUISIANA RATE PAYER'S ENDOWMENT FOR YOUR SUPPORT OF OUR PROGRAM DETAILED RESULTS AND FEEDBACK PROGRAM APPLICATION & COMPLETION METRICS APPLIED 349 ACCEPTED INTO PROGRAM 346 (326 INITIALLY + 20 ACCEPTED FROM WAITLIST) ATTENDED ORIENTATION 258 ATTENDED TRAINING (AT SOME POINT) 218 COMPLETED TRAINING 206 OFFERED INTERNSHIP PLACEMENT 206 STARTED INTERNSHIP 206 COMPLETED INTERNSHIP 196 (95% OF THOSE PLACED) PROGRAM COMPLETION (COMPLETED TRAINING AND INTERNSHIP) 90% INTERN SATISFACTION (END OF TRAINING) 97% INTERN SATISFACTION (END OF INTERNSHIPS) 97% *INTERN SATISFACTION BASED UPON INTERNS' WILLINGNESS TO RECOMMEND YFI TO OTHER STUDENTS DATA BASED ON THE YFI PROGRAM SURVEYS, WHICH WERE COMPLETED BY 100% OF INTERNS IN PROGRAM AT TIME OF SURVEY EMPLOYER METRICS TOTAL NUMBER EMPLOYER PARTNERS (NEW, RETURNING) 90 (47, 43) PLACEMENTS SECURED 210 PLACEMENTS FILLED 206 BIO/HEALTH SCIENCES INDUSTRY PLACEMENTS 54 DIGITAL MEDIA/IT INDUSTRY PLACEMENTS 112 SKILLED CRAFTS INDUSTRY PLACEMENTS 40 EMPLOYER SATISFACTION 86% *EMPLOYER SATISFACTION BASED UPON EMPLOYERS' WILLINGNESS TO RECOMMEND YFI TO OTHER BUSINESSES, AND TO HOST AN INTERN AGAIN IN FUTURE COHORTS DATA BASED ON THE YFI EMPLOYER END OF PROGRAM SURVEY, WHICH WAS COMPLETED BY 55 OF 86 EMPLOYER PARTNERS WITH INTERNS AT THE END OF PROGRAM (54% RESPONSE RATE) STUDENT METRICS TOTAL NUMBER PARTICIPATING PARTNER SCHOOLS 17 PARTNERS SCHOOLS NEW TO YFI 2 COMPLETERS IDENTIFIED AS MALE/FEMALE/NON IDENTIFIED 71/124/1</p>						
	(Code)	(Expenses \$	387,222	including grants of \$	94,627)	(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
MR MICHAEL HECHT TRUSTEE	4 00	X						0	0	0
MRS CATHY MCRAE TRUSTEE & EXEC COMM AT-LARGE MEMBER	4 00	X						0	0	0
MS MARIAN H PIERRE TRUSTEE	4 00	X						0	0	0
MR SCOTT REITAN TRUSTEE	4 00	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
MS ADRIENNE SLACK TRUSTEE & EXEC COMM AT-LARGE MEMBER	4 00	X						0	0	0
MR TOD SMITH TRUSTEE	4 00	X						0	0	0
MRS CAROL B WISE TRUSTEE	4 00	X						0	0	0
MR RICK YOUNG TRUSTEE	4 00	X						0	0	0
MR RICHARD C HAASE IMMEDIATE PAST CHAIR & GOVERNANCE CHAIR	4 00	X		X				0	0	0
MR MICHAEL TODD TREASURER & FINANCE AND OPERATIONS CHAIR	4 00	X		X				0	0	0
MS NORMA GRACE SECRETARY	4 00	X		X				0	0	0
MR GARY LORIO VICE CHAIR & IMMEDIATE PAST CAMPAIGN CHAIR	4 00	X		X				0	0	0
MR ROBERT KIMBRO CHAIR	4 00	X		X				0	0	0
MICHAEL WILLIAMSON PRESIDENT/CEO	37 50			X				312,831	0	52,697

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			
CHARMAINE CACCIOPPI EXEC VP/COO	37 50			X				198,733	0	32,152
DEBRA MODLIN CHIEF FINANCIAL OFFICER	37 50			X				141,489	0	23,617
MARY AMBROSE CHIEF IMPACT OFFICER	37 50					X		117,453	0	23,081
CAROL GSTOHL CHIEF HR OFFICER	37 50					X		102,968	0	27,769
JAMENE DAHMER SR VP LONG TERM RECOVERY	37 50					X		105,687	0	21,207
LEIGH THORPE SR VP RD/MARKETING (THRU 3/2019)	37 50					X		102,901	0	19,537

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

2018

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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant")	14,366,976	15,839,751	16,594,998	13,048,115	10,274,288	70,124,128
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	14,366,976	15,839,751	16,594,998	13,048,115	10,274,288	70,124,128
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)						13,209,632
6	Public support. Subtract line 5 from line 4						56,914,496

Section B. Total Support

	Calendar year (or fiscal year beginning in) ▶	(a)2014	(b)2015	(c)2016	(d)2017	(e)2018	(f)Total
7	Amounts from line 4	14,366,976	15,839,751	16,594,998	13,048,115	10,274,288	70,124,128
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	202,565	231,019	227,443	312,753	395,217	1,368,997
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	18,779	1,939,618
11	Total support. Add lines 7 through 10						73,432,743
12	Gross receipts from related activities, etc (see instructions)					12	1,320,302

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 2018 (line 6, column (f) divided by line 11, column (f))	14	77.510 %
15	Public support percentage for 2017 Schedule A, Part II, line 14	15	80.040 %

16a 33 1/3% support test—2018. 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—2017. 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—2018. 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—2017. 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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(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 2018 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2017 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for 2018 (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from 2017 Schedule A, Part III, line 17	18	

19a 33 1/3% support tests—2018. 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—2017. 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

- 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	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)		

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

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 2018 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-2018	(iii) Distributable Amount for 2018
1 Distributable amount for 2018 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2018 (reasonable cause required-- explain in Part VI) See instructions			
3 Excess distributions carryover, if any, to 2018			
a From 2013.			
b From 2014.			
c From 2015.			
d From 2016.			
e From 2017.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2018 distributable amount			
i Carryover from 2013 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2018 from Section D, line 7			
\$			
a Applied to underdistributions of prior years			
b Applied to 2018 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2018, 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 2018 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 2019. Add lines 3j and 4c			
8 Breakdown of line 7			
a Excess from 2014.			
b Excess from 2015.			
c Excess from 2016.			
d Excess from 2017.			
e Excess from 2018.			

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

OMB No 1545-0047

2018
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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)	24,111													
b	Total lobbying expenditures to influence a legislative body (direct lobbying)	9,644													
c	Total lobbying expenditures (add lines 1a and 1b)	33,755													
d	Other exempt purpose expenditures	12,086,376													
e	Total exempt purpose expenditures (add lines 1c and 1d)	12,120,131													
f	Lobbying nontaxable amount Enter the amount from the following table in both columns	756,007													
<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)	189,002													
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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) Total
2a Lobbying nontaxable amount	934,187	898,661	849,204	756,007	3,438,059
b Lobbying ceiling amount (150% of line 2a, column (e))					5,157,089
c Total lobbying expenditures	31,818	30,466	23,660	33,755	119,699
d Grassroots nontaxable amount	233,547	224,665	212,301	189,002	859,515
e Grassroots ceiling amount (150% of line 2d, column (e))					1,289,273
f Grassroots lobbying expenditures	22,727	21,761	16,900	24,111	85,499

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).		
a Current year	2a	
b Carryover from last year	2b	
c Total	2c	
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5 Taxable amount of lobbying and political expenditures (see instructions)	5	

Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, lines 1 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.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047
2018
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)	9,275	
3 Aggregate value of grants from (during year)	358,450	
4 Aggregate value at end of year	144,350	

- 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 7/25/06, 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 |
|---|--------|
| 1c Beginning balance | |
| 1d Additions during the year | |
| 1e Distributions during the year | |
| 1f Ending balance | |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? . . . Yes No
- b** If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII

Part V Endowment Funds. Complete if the organization answered "Yes" 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	5,639,848	5,440,832	5,145,992	5,410,544	5,426,745
b Contributions					
c Net investment earnings, gains, and losses	246,896	422,183	517,138	-44,186	192,942
d Grants or scholarships	227,246	223,167	222,298	220,366	209,143
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	5,659,498	5,639,848	5,440,832	5,145,992	5,410,544

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as
- a** Board designated or quasi-endowment ▶ 64 090 %
 - b** Permanent endowment ▶ 30 840 %
 - c** Temporarily restricted endowment ▶ 5 070 %
- 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		1,389,058	1,066,378	322,680
c Leasehold improvements				
d Equipment		323,076	268,028	55,048
e Other		52,230	18,283	33,947
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) . . . ▶				714,568

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	3,307,645	F
(B) INVESTMENT IN COMMON ENDOWMENT FUND OF GREATER NEW ORLEANS FOUNDATION	334,367	F
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 12.)	3,642,012	

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.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
ALLOCATIONS, DESIGNATIONS AND PROGRAMS PAYABLE	5,019,239
LEASE LIABILITY	32,317
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25.)	5,051,556

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	9,749,509
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains (losses) on investments	2a	24,417
b	Donated services and use of facilities	2b	454,519
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII)	2d	426,561
e	Add lines 2a through 2d	2e	905,497
3	Subtract line 2e from line 1	3	8,844,012
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	23,053
b	Other (Describe in Part XIII)	4b	1,745,388
c	Add lines 4a and 4b	4c	1,768,441
5	Total revenue Add lines 3 and 4c . (This must equal Form 990, Part I, line 12)	5	10,612,453

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	11,232,770
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	454,519
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII)	2d	426,561
e	Add lines 2a through 2d	2e	881,080
3	Subtract line 2e from line 1	3	10,351,690
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	23,053
b	Other (Describe in Part XIII)	4b	1,745,388
c	Add lines 4a and 4b	4c	1,768,441
5	Total expenses Add lines 3 and 4c . (This must equal Form 990, Part I, line 18)	5	12,120,131

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, 2019 AND 2018, 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 337,160 SPECIAL EVENT EXPENSES 89,401

Supplemental Information

Return Reference	Explanation
PART XI, LINE 4B - OTHER ADJUSTMENTS	DONOR DESIGNATIONS 1,745,388

Supplemental Information

Return Reference	Explanation
PART XII, LINE 2D - OTHER ADJUSTMENTS	RENTAL EXPENSES 337,160 SPECIAL EVENT EXPENSES 89,401

Supplemental Information

Return Reference	Explanation
PART XII, LINE 4B - OTHER ADJUSTMENTS	DONOR DESIGNATIONS 1,745,388

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

**Supplemental Information Regarding
Fundraising or Gaming Activities**

OMB No 1545-0047

2018

**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.

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

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.

Revenue		(a) Event #1	(b) Event #2	(c) Other events	(d)
		<u>DE TOCQUEVILLE</u> (event type)	<u>RED BEANS AND RICE COOKOFF</u> (event type)	<u>2</u> (total number)	Total events (add col (a) through col (c))
Revenue	1 Gross receipts	51,675	36,219	58,301	146,195
	2 Less Contributions	27,300	23,245	27,357	77,902
	3 Gross income (line 1 minus line 2)	24,375	12,974	30,944	68,293
Direct Expenses	4 Cash prizes				
	5 Noncash prizes			200	200
	6 Rent/facility costs				
	7 Food and beverages			16,332	16,332
	8 Entertainment				
	9 Other direct expenses	37,807	3,663	31,399	72,869
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				89,401
11 Net income summary Subtract line 10 from line 3, column (d) ▶				-21,108	

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

Revenue		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
		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	13a	%
b	An outside facility	13b	%

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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Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

Schedule I (Form 990)

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

OMB No 1545-0047

2018

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.

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

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...
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

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

Table with 8 columns: (a) Name and address of organization or government, (b) EIN, (c) IRC section (if applicable), (d) Amount of cash grant, (e) Amount of non-cash assistance, (f) Method of valuation (book, FMV, appraisal, other), (g) Description of noncash assistance, (h) Purpose of grant or assistance. Rows 1-12.

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 112
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	40	224,000			
(2) DISASTER/TOYS	5007	52,488			
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

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

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
ADAPT INC 216 MEMPHIS STREET BOGALUSA, LA 704273844	72-1274844	501(C)3	25,000				GRANT FUNDING
AMERICAN HEART ASSOCIATION 110 VETERANS BLVD SUITE 160 METAIRIE, LA 70005	13-5613797	501(C)3	10,000				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
AMERICAN RED CROSS - SE LA 3131 N I-10 SERVICE ROAD E 4TH FL METAIRIE, LA 70002	72-0408907	501(C)3	71,262				GRANT FUNDING & DESIGNATED GIFTS
THE ARC OF GREATER NEW ORLEANS 925 S LABARRE RD METAIRIE, LA 70001	72-0456903	501(C)3	60,295				GRANT FUNDING & DESIGNATED GIFTS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BOY SCOUTS - SOUTHEAST LOUISIANA COUNCIL 4200 S I-10 SERVICE RD WEST METAIRIE, LA 70001	72-0408954	501(C)3	34,795				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	39,100				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	35,285				GRANT FUNDING
BUREAU OF GOVERNMENTAL RESEARCH 1055 ST CHARLES AVENUE SUITE 200 NEW ORLEANS, LA 70130	72-0408914	501(C)3	10,000				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
CADA 3520 GENERAL DEGAULLE DR STE 5010 NEW ORLEANS, LA 70114	72-0541502	501(C)3	27,488				GRANT FUNDING & DESIGNATED GIFTS
CANCER ASSOCIATION OF GNO 824 ELMWOOD PARK BLVD STE 240 NEW ORLEANS, LA 70123	72-0517802	501(C)3	72,435				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
CAPITAL AREA UNITED WAY LA 700 LAUREL STREET BATON ROUGE, LA 70802	72-0447100	501(C)3	21,940				DESIGNATED GIFTS
CATHOLIC CHARITIES ARCHDIOCESE OF NEW ORLEANS 1000 HOWARD AVE STE 1000 NEW ORLEANS, LA 70113	72-0408911	501(C)3	256,251				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	5,460				DESIGNATED GIFTS
CHILD ADVOCACY SERVICES 1504 W CHURCH STREET HAMMOND, LA 70401	72-1262466	501(C)3	39,209				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	74,799				GRANT FUNDING & DESIGNATED GIFTS
CHILDREN'S HOSPITAL-LA 200 HENRY CLAY AVENUE NEW ORLEANS, LA 70118	72-0467503	501(C)3	10,552				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	38,660				GRANT FUNDING & DESIGNATED GIFTS
COLLEGE TRACK 111 BROADWAY SUITE 101 OAKLAND, CA 94607	94-3279613	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
COMMUNITIES IN SCHOOL OF NEW ORLEANS PO BOX 792800 NEW ORLEANS, LA 70179	72-1317054	501(C)3	30,067				DESIGNATED GIFTS
COMMUNITY SERVICE CENTER INC 615 BARONNE STREET NEW ORLEANS, LA 70130	26-4472656	501(C)3	25,026				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
CRIME STOPPERS OF TANGIPAHOA PO BOX 2973 HAMMOND, LA 70404	68-0516834	501(C)3	26,583				GRANT FUNDING & DESIGNATED GIFTS
CURE DUCHENNE 1400 QUAIL STREET 110 NEWPORT BEACH, CA 92660	20-0299958	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
DRYADES YMCA 2222 ORETHA CASTLE HALEY NEW ORLEANS, LA 70113	77-0428019	501(C)3	31,290				GRANT FUNDING & DESIGNATED GIFTS
EAST ST TAMMANY RAINBOW CHILD CARE CENTER INC 121 KINGSPPOINT BLVD SLIDELL, LA 70461	72-1028297	501(C)3	26,897				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	116,499				GRANT FUNDING
EVERGREEN LIFE SERVICES 2101 HWY 80 HAUGHTON, LA 71037	72-0537029	501(C)3	30,000				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
FAMILY PROMISE ST TAMMANY 513 MICHIGAN AVENUE SLIDELL, LA 70458	35-2489888	501(C)3	25,000				GRANT FUNDING
FAMILY SERVICE OF GNO 2515 CANAL ST 2ND FL NEW ORLEANS, LA 70119	72-0408931	501(C)3	78,496				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
FATHER'S HOUSE KIDS 1707 ESPLANADE AVENUE NEW ORLEANS, LA 70116	72-1309470	501(C)3	13,092				DESIGNATED GIFTS
FOUNDATION FOR LOUISIANA 4354 SHERWOOD FOREST BLVD SUITE 100 100 BATON ROUGE, LA 70817	20-3399944	501(C)3	125,000				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
FRIENDS OF LAKEVIEW PO BOX 24378 NEW ORLEANS, LA 70184	90-0606504	501(C)3	5,694				DESIGNATED GIFTS
GREATER NEW ORLEANS FOUNDATION 919 ST CHARLES AVENUE NEW ORLEANS, LA 70130	72-0408921	501(C)3	50,000				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
HANDSON NEW ORLEANS 2515 CANAL STREET NEW ORLEANS, LA 70119	26-2281213	501(C)3	111,919				GRANT FUNDING
HEALTH AND EDUCATION ALLIANCE OF LOUISIANA 1700 JOSEPHINE STREET NEW ORLEANS, LA 70113	33-1159042	501(C)3	50,177				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
INST OF WOMEN AND ETHNIC STUDIES 365 CANAL STREET SUITE 1550 NEW ORLEANS, LA 70130	72-1244155	501(C)3	40,000				GRANT FUNDING
JERICHO ROAD EPISCOPAL HOUSING 2919 ST CHARLES AVENUE NEW ORLEANS, LA 70115	20-8419678	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
JEWISH COMMUNITY CENTER 5342 ST CHARLES AVE NEW ORLEANS, LA 70115	72-0408937	501(C)3	42,236				GRANT FUNDING & DESIGNATED GIFTS
JEWISH FAMILY SERVICE 3330 W ESPLANADE STE 600 METAIRIE, LA 70002	72-0851575	501(C)3	35,982				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
JUNIOR ACHIEVEMENT OF GNO INC 5100 ORLEANS AVENUE NEW ORLEANS, LA 70124	72-1084132	501(C)3	35,154				DESIGNATED GIFTS
JUSTICE AND ACCOUNTABILITY CENTER 4035 WASHINGTON AVENUE SUITE 203 NEW ORLEANS, LA 70125	46-1482878	501(C)3	33,333				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
KID SMART 1920 CLIO STREET NEW ORLEANS, LA 70112	72-1437355	501(C)3	89,649				GRANT FUNDING
KINGSLEY HOUSE 1600 CONSTANCE ST NEW ORLEANS, LA 70130	72-0408940	501(C)3	87,532				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
LAKE PONTCHARTRAIN BASIN FOUNDATION PO BOX 6965 METAIRIE, LA 70009	72-1152784	501(C)3	25,285				DESIGNATED GIFTS
LOUISIANA ASSOCIATION OF UNITED WAYS 2515 CANAL STREET NEW ORLEANS, LA 70119	20-4586416	501(C)3	12,754				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 ASSOCIATION OF NON PROFITS 528 LOUISIANA AVENUE BATON ROUGE, LA 70802	72-1444119	501(C)3	25,000				DESIGNATED GIFTS
LIBERTY'S KITCHEN 300 N BROAD STREET SUITE 101 NEW ORLEANS, LA 70119	26-2254285	501(C)3	40,000				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 CENTER FOR CHILDREN'S RIGHTS 1100-B MILTON STREET NEW ORLEANS, LA 70122	20-5961971	501(C)3	36,090				GRANT FUNDING & DESIGNATED GIFTS
LOUISIANA ENDOWMENT FOR THE HUMANITIES 938 LAFAYEETE ST SUITE 300 NEW ORLEANS, LA 70113	72-0795568	501(C)3	25,693				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 GREEN CORPS 2645 TOULOUSE STREET NEW ORLEANS, LA 70119	27-2884715	501(C)3	25,000				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
LOYOLA UNIVERSITY 7214 ST CHARLES AVENUE NEW ORLEANS, LA 70118	72-0408946	501(C)3	39,325				GRANT FUNDING & DESIGNATED GIFTS
LUKES HOUSE 2023 SIMON BOLIVAR AVENUE NEW ORLEANS, LA 70113	26-0332262	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
MARY QUEEN OF VIETNAM COMMUNITY DEVELOPMENT CORP INC 4626 ALCEE FORTIER BLVD NEW ORLEANS, LA 70129	20-4929600	501(C)3	25,299				GRANT FUNDING & DESIGNATED GIFTS
METAIRIE PARK COUNTRY DAY FUND 300 PARK ROAD METAIRIE, LA 70005	72-0259360	501(C)3	10,000				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
METROPOLITAN CENTER FOR COMMUNITY ADVOCACY PO BOX 10775 JEFFERSON, LA 70181	72-1062244	501(C)3	25,560				GRANT FUNDING & DESIGNATED GIFTS
MILLER CENTER FOUNDATION PO BOX 400331 CHARLOTTESVILLE, VA 22904	54-1420895	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
MOUNT HOLYOKE COLLEGE 50 COLLEGE STREET SOUTH HADLEY, MA 01075	04-2103578	501(C)3	100,000				DESIGNATED GIFTS
NAMI ST TAMMANY PO BOX 2055 MANDEVILLE, LA 70470	58-1866671	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
NEW ORLEANS BALLET ASSOCIATION ONE LEE CIRCLE NEW ORLEANS, LA 70130	23-7122403	501(C)3	8,000				DESIGNATED GIFTS
NEW ORLEANS FAMILY JUSTICE ALLIANCE 701 LOYOLA AVENUE SUITE 201 NEW ORLEANS, LA 70150	26-2541029	501(C)3	70,931				GRANT FUNDING & DESIGNATED GIFTS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NEW ORLEANS MUSEUM OF ART PO BOX 19123 NEW ORLEANS, LA 70179	72-6000331	501(C)3	40,000				DESIGNATED GIFTS
NONPROFIT KNOWLEDGE WORKS 1600 CONSTANCE ST NEW ORLEANS, LA 70130	72-1400841	501(C)3	75,000				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
NOTRE DAME SEMINARY OF NEW ORLEANS 2901 S CARROLLTON AVENUE NEW ORLEANS, LA 70118	72-0428008	501(C)3	50,000				DESIGNATED GIFTS
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
ODYSSEY HOUSE LOUISIANA INC 1125 N TONTI ST NEW ORLEANS, LA 70119	72-0743677	501(C)3	25,338				GRANT FUNDING & DESIGNATED GIFTS
OPERATION RESTORATION PO BOX 56894 NEW ORLEANS, LA 70156	61-1791941	501(C)3	48,333				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
OPERATION SPARK 2539 COLUMBUS STREET NEW ORLEANS, LA 70119	47-1514606	501(C)3	35,000				GRANT FUNDING
OUR DAILY BREAD OF TANGIPAHOA PO BOX 1476 HAMMOND, LA 70404	72-1438651	501(C)3	28,053				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
PLAQUEMINES COMMUNITY CARE CENTER 8480 HWY 23 BELLE CHASSE, LA 70037	20-3884943	501(C)3	84,271				GRANT FUNDING & DESIGNATED GIFTS
QUAD AREA COMMUNITY ACTION AGENCY 45300 NORTH BAPTIST ROAD HAMMOND, LA 70401	72-0796570	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
RAINTREE CHILDREN AND FAMILY SERVICES 1233 EIGHT STREET NEW ORLEANS, LA 70115	72-0456905	501(C)3	6,119				DESIGNATED GIFTS
RAPHAEL ACADEMY 517 SORAPARU STREET APT 104 NEW ORLEANS, LA 70130	58-2011105	501(C)3	10,000				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
RAPHAEL VILLAGE 517 SORAPARU STREET APT 104 NEW ORLEANS, LA 70130	82-1693179	501(C)3	65,000				DESIGNATED GIFTS
ROYAL CASTLE CHILD DEVELOPMENT 3800 EAGLE ST NEW ORLEANS, LA 701183404	72-1317443	501(C)3	25,773				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
SAFE HARBOR INC 4441 IBERVILLE ST MANDEVILLE, LA 70471	12-1181684	501(C)3	25,767				DESIGNATED GIFTS
SECOND HARVEST FOOD BANK 1201 SAMS AVE NEW ORLEANS, LA 70123	72-0956468	501(C)3	138,031				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
SOCIALWORX INSTITUTE 8261 SUMMA AVE SUITE H BATON ROUGE, LA 70809	82-1803600	501(C)3	75,000				GRANT FUNDING
SON OF A SAINT 2803 ST PHILIP STREET NEW ORLEANS, LA 70119	46-5554558	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
SOUTHEAST LA LEGAL SERVICES CO 1200 DEREK STE 100 HAMMOND, LA 70403	72-0877422	501(C)3	79,910				GRANT FUNDING & DESIGNATED GIFTS
SOUTHEAST SPOUSE ABUSE PROGRAM PO BOX 1946 HAMMOND, LA 704041946	52-1243258	501(C)3	26,076				GRANT FUNDING & DESIGNATED GIFTS

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

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ST BERNARD BATTERED WOMEN 3010 JEAN LAFITTE PKWY CHALMETTE, LA 70043	58-1834566	501(C)3	88,521				GRANT FUNDING & DESIGNATED GIFTS
ST JUDE CHILDREN'S RESEARCH HOSPITAL 501 ST JUDE PLACE MEMPHIS, TN 38105	62-0646012	501(C)3	16,785				DESIGNATED GIFTS

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

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ST JUDE CHILDREN'S RESEARCH HOSPITAL 14333 PERKINS ROAD SUITE A BATON ROUGE, LA 70810	35-1044585	501(C)3	13,539				DESIGNATED GIFTS
ST STEPHEN CATHOLIC CHURCH 1025 NAPOLEON AVENUE NEW ORLEANS, LA 70115	72-1122105	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
STARC 1541 ST ANN PLACE SLIDELL, LA 70460	72-0727074	501(C)3	46,583				GRANT FUNDING & DESIGNATED GIFTS
SUSAN G KOMEN BREAST CANCER NEW ORLEANS AFFILIATE 4141 VETERANS BLVD SUITE 202 METAIRIE, LA 70002	72-1222127	501(C)3	25,285				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
TANGILENA LONG TERM RECOVERY GROUP 601 RUE CANNES HAMMOND, LA 70403	81-4645103	501(C)3	302,898				GRANT FUNDING
TANGIPAHOA VOLUNTARY COUNCIL ON AGING 106 NORTH BAY ST AMITE, LA 70422	72-0903571	501(C)3	28,381				GRANT FUNDING & DESIGNATED GIFTS

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

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THE GOOD SAMARITAN MINISTRY 910 CROSS GATES BLVD SLIDELL, LA 70461	72-0947538	501(C)3	33,924				GRANT FUNDING & DESIGNATED GIFTS
THE NATIONAL WORLD WAR II MUSEUM 945 MAGAZINE STREET NEW ORLEANS, LA 70130	27-2262560	501(C)3	11,000				DESIGNATED GIFTS

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

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THE SALVATION ARMY AREA COMMAND 4526 S CLAIBORNE AVE NEW ORLEANS, LA 70125	63-0288866	501(C)3	30,173				DESIGNATED GIFTS
TRAVELERS AID SOCIETY 611 NORTH RAMPART ST NEW ORLEANS, LA 70112	72-0408990	501(C)3	78,426				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
TULANE UNIVERSITY 6823 ST CHARLES AVENUE NEW ORLEANS, LA 70118	72-0423889	501(C)3	100,000				DESIGNATED GIFTS
UNITED NEGRO COLLEGE FUND 1100 POYDRAS ST STE 1400 NEW ORLEANS, LA 70163	13-1624241	501(C)3	66,583				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 FOR SOUTH LOUISIANA 7910 MAIN STREET SUITE 460 HOUMA, LA 70363	72-0867661	501(C)3	10,733				DESIGNATED GIFTS
UNITED WAY OF ACADIANA PO BOX 52033 LAFAYETTE, LA 70505	72-0513639	501(C)3	10,944				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	6,787				GRANT FUNDING & DESIGNATED GIFTS
UNITED WAY OF MIAMI-DADE 3250 SW 3RD AVENUE MIAMI, FL 331292712	59-0830840	501(C)3	20,656				DESIGNATED GIFTS

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

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UNITED WAY OF MID & S JEFFERSON 7980 ANCHOR DR SUITE 600 PORT ARTHUR, TX 776428280	74-1187386	501(C)3	44,199				GRANT FUNDING
UNITED WAY OF NORTHERN NEW JERSEY PO BOX 1948 MORRISTOWN, NJ 07962	22-1487247	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
UNITED WAY OF NORTHWEST FLORIDA PO BOX 586 PANAMA, FL 32402	59-0863698	501(C)3	6,511				GRANT FUNDING
UNITED WAY OF ST CHARLES 13207 RIVER ROAD LULING, LA 70070	72-0928066	501(C)3	5,090				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
UNITY OF GREATER NEW ORLEANS 2475 CANAL STREET SUITE 300 NEW ORLEANS, LA 70119	72-1222911	501(C)3	100,000				DESIGNATED GIFTS
UNIVERSITY OF VIRGINIA FOUNDATION PO BOX 400218 CHARLOTTESVILLE, VA 22904	72-0928066	501(C)3	120,000				DESIGNATED GIFTS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
URBAN LEAGUE OF GREATER NEW ORLEANS 2322 CANAL ST NEW ORLEANS, LA 70119	72-0423627	501(C)3	59,442				GRANT FUNDING & DESIGNATED GIFTS
VIA LINK 2820 NAPOLEON AVE STE 550 NEW ORLEANS, LA 70115	72-0706669	501(C)3	107,991				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
VOLUNTEERS OF AMERICA OF GNO 4152 CANAL ST NEW ORLEANS, LA 70119	72-0709750	501(C)3	27,564				GRANT FUNDING & DESIGNATED GIFTS
YMCA BOGALUSA 411 AVENUE B BOGALUSA, LA 704273656	72-0441354	501(C)3	26,280				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
YMCA OF GREATER NEW ORLEANS 1215 PRYTANIA ST STE 103 NEW ORLEANS, LA 70130	72-0423890	501(C)3	63,555				GRANT FUNDING & DESIGNATED GIFTS
YOUTH EMPOWERMENT PROJECT 1600 ORETHA CASTLE HALEY BLVD NEW ORLEANS, LA 70113	42-1633060	501(C)3	43,139				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 FORCE NOLA 625 CELESTE STREET BOX 108 NEW ORLEANS, LA 70130	26-3606930	501(C)3	100,000				GRANT FUNDING
YOUTH SERVICE BUREAU OF ST TAMMANY 430 N NEW HAMPSHIRE COVINGTON, LA 70433	72-0933867	501(C)3	87,809				GRANT FUNDING & DESIGNATED GIFTS

Schedule J
(Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization
UNITED WAY OF SOUTHEAST LOUISIANA

Employer identification number
72-0471369

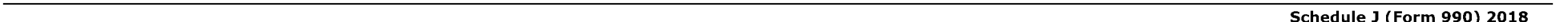
Part I Questions Regarding Compensation

	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 checked="" 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 checked="" 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 checked="" 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 Yes									
<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 Yes									
<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> <p>b Participate in, or receive payment from, a supplemental nonqualified retirement plan?</p> <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>	4a	No								
	4b	No								
	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> <p>b Any related organization?</p> <p>If "Yes," on line 5a or 5b, describe in Part III</p>	5a	No								
	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> <p>b Any related organization?</p> <p>If "Yes," on line 6a or 6b, describe in Part III</p>	6a	No								
	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 III Supplemental Information

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

Return Reference	Explanation
PART I, LINE 1A	THE ORGANIZATION PAID FOR TRAVEL FOR THE CEO'S WIFE FOR BUSINESS TRIPS TO WASHINGTON, DC MARDI GRAS 1/30/19-2/3/19 AND UWW TEN KEY CITIES CONFERENCE 6/24/19-6/28/19. COMPANION TRAVEL WAS APPROVED IN WRITING BY THE BOARD CHAIRMAN, CONSISTENT WITH UWSELA'S POLICY.



Schedule L
(Form 990 or 990-EZ)

Transactions with Interested Persons

OMB No 1545-0047

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.**
 ▶ **Attach to Form 990 or Form 990-EZ.**
 ▶ **Go to www.irs.gov/Form990 for the latest information.**

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UNITED WAY OF SOUTHEAST LOUISIANA

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

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

1	(a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected?	
				Yes	No

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

Part II Loans to and/or From Interested Persons.

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

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
			To	From			Yes	No	Yes	No	Yes	No
(1) MICHAEL WILLIAMSON	CEO	USE OF COMPANY CARD FOR PERSONAL ITEMS (\$385 72) REIMBURSED ON 7/3/2019		X	386	386		No		No		No
(2) CHARMAINE CACCIOPPI	COO	USE OF COMPANY CARD FOR PERSONAL ITEMS (\$37 60) REIMBURSED ON 7/23/2019		X	38	38		No		No		No
Total							424					

Part III Grants or Assistance Benefiting Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance

Part IV Business Transactions Involving Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No

Part V Supplemental Information

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

Return Reference	Explanation

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No 1545-0047

2018

▶ **Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.**
 ▶ **Attach to Form 990.**
 ▶ **Go to www.irs.gov/Form990 for the latest information.**

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Name of the organization
UNITED WAY OF SOUTHEAST LOUISIANA

Employer identification number
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Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded	X	14	49,299	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	X	14	16,332	FAIR MARKET VALUE
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (GIFT CARD)	X	1	200	FAIR MARKET VALUE
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** 0

	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)

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No 1545-0047

2018

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Department of the Treasury

Name of the organization

UNITED WAY OF SOUTHEAST LOUISIANA

Employer identification number

72-0471369

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 6	EVERY CONTRIBUTOR TO A FUND-SOLICITING CAMPAIGN CONDUCTED BY THIS CORPORATION SHALL AUTOMATICALLY BECOME A MEMBER OF THE CORPORATION FOR THE CALENDAR YEAR FOR WHICH SUCH CONTRIBUTION IS MADE AT EVERY MEETING OF THE CORPORATION MEMBERS, EACH MEMBER SHALL BE ENTITLED TO ONE VOTE, WHICH VOTE MUST BE CAST BY THE MEMBER IN PERSON TEN MEMBERS SHALL CONSTITUTE A QUORUM

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	<p>THE CONFLICT OF INTEREST POLICY IS DISTRIBUTED TO THE UNITED WAY STAFF AND THE BOARD OF TRUSTEES ANNUALLY ALL COMPLETED EMPLOYEE FORMS ARE RETURNED TO THE 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</p>

990 Schedule O, Supplemental Information

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

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