### DLN: 93493325011020

2019

OMB No. 1545-0047

# 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 <a href="https://www.irs.gov/Form990">www.irs.gov/Form990</a> for instructions and the latest information.

Open to Public Inspection

Λ F.	r the	2010 c	alendar vear or tay year hegin	ning 07-01-2019 , and ending 06-3	30-2020			
		pplicable:	C Name of organization		30-2020	D Employ	er identi	ification number
		change	UNITED WAY OF SOUTHEAST LOUIS	IANA		72-047	1369	
□ Nar		-	Doing business as				1303	
☐ Init		:urn n/terminated						
		return	Number and street (or P.O. box if m	ail is not delivered to street address) Room/s	uite	E Telephor	ne numbe	r
□ App	olicatio	on pending	2515 CANAL STREET			(504) 8	22-5540	)
			City or town, state or province, cour NEW ORLEANS, LA 70119	ntry, and ZIP or foreign postal code				
			,			<b>G</b> Gross re	ceipts \$ 1	16,559,916
			<b>F</b> Name and address of principa MICHAEL WILLIAMSON	l officer:	H(a) I	Is this a group re	turn for	
			2515 CANAL STREET			subordinates?		□Yes <b>☑</b> No
			NEW ORLEANS, LA 70119			Are all subordinating ncluded?	les	☐ Yes ☐No
[ lax	(-exen	npt status:	<b>☑</b> 501(c)(3) ☐ 501(c)( ) <b>◄</b> (	(insert no.) $\square$ 4947(a)(1) or $\square$ 527		If "No," attach a	•	•
) W	ebsit	e:► UNI	ITEDWAYSELA.ORG		H(c) (	Group exemption	numbei	r 🟲
					I Voor of	formation: 1952	M State	e of legal domicile: LA
<b>K</b> Forn	n of or	ganization	: 🗹 Corporation 🗌 Trust 🔲 Asso	ciation ☐ Other ►	L rear or	Torridadori. 1932	M State	e or legal doffliche. LA
Pa	rt I	Sum	mary					
			scribe the organization's mission o	r most significant activities:				
e e	<u>T</u>	O ERADI	CATE POVERTY IN SOUTHEAST LO	UISIANA.				
anc -	_							
, E	_							
9.0				continued its operations or disposed of	more than	25% of its net a	ssets.	1
5			of voting members of the governin				3	24
S	4	Number o	of independent voting members of	the governing body (Part VI, line 1b)			4	24
Activities & Governance	5	Total nun	nber of individuals employed in ca	lendar year 2019 (Part V, line 2a) .			5	68
Ca)	6	Total nun	nber of volunteers (estimate if nec	essary)			6	5,632
⋖				VIII, column (C), line 12			7a	
	b	Net unrel	ated business taxable income fron	n Form 990-T, line 39	<u> </u>		7b	
						Prior Year		Current Year
ō,	8	Contribut	cions and grants (Part VIII, line 1h)			10,274,	288	14,456,40
Ravenue		-	service revenue (Part VIII, line 2g)			84,	242	77,21
Ray	10	Investme	ent income (Part VIII, column (A), l	ines 3, 4, and 7d )		390,	258	238,08
			venue (Part VIII, column (A), lines !			-136,		-101,069
			<u>_</u>	st equal Part VIII, column (A), line 12)		10,612,		14,670,640
			nd similar amounts paid (Part IX, c	, , ,		6,407,		9,127,67
			paid to or for members (Part IX, co	, , ,			0	
Expenses		-		nefits (Part IX, column (A), lines 5–10)		4,118,		4,327,02
e e			onal fundraising fees (Part IX, colur	, ,,	-		0	
3			raising expenses (Part IX, column (D), I		-	1.500	064	
			penses (Part IX, column (A), lines	•	-	1,593,		1,634,823
			enses. Add lines 13–17 (must equ		-	12,120,		15,089,520
, un	19	Revenue	less expenses. Subtract line 18 fro	om line 12	Do min	-1,507,		-418,880 End of Year
Net Assets or Fund Balances					Begir	nning of Current Y	ear	end of Year
sset ala	20	Total ass	ets (Part X, line 16)			19,922,	318	19,163,069
A B	21	Total liab	ilities (Part X, line 26)			5,669,	320	5,337,95
FE	22	Net asset	ts or fund balances. Subtract line 2	21 from line 20		14,252,	998	13,825,11
Pa	rt II	Sign	ature Block		<u> </u>			
				ined this return, including accompanying				
knowi any ki			er, it is true, correct, and complete	. Declaration of preparer (other than off	icer) is ba	sed on all inform	ation of	wnich preparer has
		Signati	* ure of officer			2020-11-04 Date		
Sign Here		, "						
пеге			MODLIN CFO r print name and title					
		17	rint/Type preparer's name	Preparer's signature	Date	<del>                                     </del>	PTIN	
Paic		[ ]	, . , p = p : -p a : 0 : 0 : 100 : 10				P0054336	58
Prep		չ <sub>ե</sub>  -	irm's name ► POSTLETHWAITE & NE	TTERVILLE		Firm's EIN ► 72	-1202445	;
Use		ı ⊢	Simple address & ONE CALLEDYS BUYER	TF 2400			00= =::	
JJE	UII	۰۶  ۶	ïrm's address ► ONE GALLERIA BLVD S	E   Z100		Phone no. (504)	837-5990	J
			METAIRIE, LA 70001					
Mav tl	ne IR:	S discuss	this return with the preparer show	vn above? (see instructions)			<b>✓</b>	Yes 🗌 No

Form	990 (2019)					Page <b>2</b>
Pa	rt III Statement	of Program Servic	e Accomplis	hments		
	Check if Sched	dule O contains a respo	nse or note to	any line in this Part III .		🗹
1	Briefly describe the o	rganization's mission:				
RESI BY A GOVE ISSU PART	DENTS OF JEFFERSON, VOLUNTEER BOARD. L ERNMENT, BUSINESSE ES. UWSELA RAISES F NERSHIPS. UWSELA P	, ORLEANS, PLÀQUEMII JWSELA'S MISSION IS S, FAITH GROUPS AND UNDS THROUGH AN AI ROVIDES GRANTS TO S	NÉS, ST. BERNA TO ERADICATE OTHER NONPR NNUAL WORKPL SUPPORT PROG	ARD, ST. TAMMAŃŶ, TAN POVERTY IN SOUTHEAS OFITS IN THE SEVEN PA ACE CAMPAIGN, INDIVII RAMS AND GROUPS WOI	ARITABLE ORGANIZATION FOUN GIPAHOA AND WASHINGTON PAT LOUISIANA. UWSELA COLLABORISH REGION TO IDENTIFY AND DUAL AND CORPORATE GIFTS, GRKING TOGETHER IN A COLLABORISHY, EDUCATED, AND ECONO	RISHES AND GOVERNED PRATES WITH ADDRESS SERIOUS RANTS AND PRATIVE WAY THAT
2	Did the organization	undertake any significa	nt program ser	vices during the year wh	ich were not listed on	
	the prior Form 990 or					☑ Yes ☐ No
		se new services on Sch				
3	Did the organization	cease conducting, or m	ake significant	changes in how it condu	cts, any program	
						🗌 Yes 🗹 No
	If "Yes," describe the	se changes on Schedul	e O.			
4	Section $501(c)(3)$ and		ns are required	to report the amount of	argest program services, as mea: grants and allocations to others,	
	(Code:	) (Expenses \$	6,913,224	including grants of \$	5,187,823 ) (Revenue \$	88,693 )
	See Additional Data					· ,
4b	(Code:	) (Expenses \$	3,491,298	including grants of \$	3,134,350 ) (Revenue \$	)
	See Additional Data					
4c	(Code:	) (Expenses \$	426,797	including grants of \$	204,000 ) (Revenue \$	)
	See Additional Data					
	See Additional Data	Table				
4d	Other program service	ces (Describe in Schedu	ıle O.)			
	(Expenses \$	1,446,376 incl	uding grants of	\$ 601,50	00 ) (Revenue \$	)
4e	Total program serv	vice expenses ▶	12,277,6	95		

Form	990 (2019)			Page <b>3</b>
Par	tiV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 🥞	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	Yes	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D,</i> Part   2	6	Yes	
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D,</i> Part III	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9	Yes	
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi endowments? If "Yes," complete Schedule D, Part V	10	Yes	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.	11a	Yes	
	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 🥞	11b	Yes	
	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 2	11c		No
	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX 2	11d		No
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	12-	Var	
ь	Schedule D, Parts XI and XII 2	12a 12b	Yes	No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		No
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	Yes	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No

**b** If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II . . . . . .

21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic

20b

21

Yes

rm 9	990 (2019)			Page <b>4</b>
Part	Checklist of Required Schedules (continued)			
			Yes	No
	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Yes	
	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	Yes	
	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		No
	Did the organization report any amount on Part X, line 5 or 22 for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26	Yes	
	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L,Part III	27		No
	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	28a		No
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		No
	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
9	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 🐒	29	Yes	
	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30	Yes	
	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	34		
	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	31		No No
3	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		No
	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		No
5a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		No
	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O	38	Yes	
Part				
	Check if Schedule O contains a response or note to any line in this Part V	. ;		旦
4	Futor the must be made at the Pay 2 of Farm 1006. Futor 0 if materially the last the		Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 37			1
D	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable .   1b   0	1 1		1

1c

Yes

Par	tV Statements Regarding Other IRS Filings and Tax Compliance (continued)			rage 3
	Enter the number of employees reported on Form W-3, Transmittal of Wage and			
Za	Tax Statements, filed for the calendar year ending with or within the year covered by this return			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Yes	
3a	<b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)  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		
	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
U	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
С	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?	<b>6</b> b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	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?	<b>7</b> c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	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?	<b>7</b> g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		No
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	<b>9</b> a		No
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	<b>9</b> b		No
10	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:  Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	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			
c	Enter the amount of reserves on hand			
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?	15		No
16	If "Yes," complete Form 4720, Schedule N.  If "Yes," complete Form 4720, Schedule O.  If "Yes," complete Form 4720, Schedule O.	16		No

Pai	rt VI	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.	" respo	onse to i	lines
		Check if Schedule O contains a response or note to any line in this Part VI			<b>✓</b>
Se	ction	A. Governing Body and Management			
				Yes	No
1a		the number of voting members of the governing body at the end of the tax year 24			
	body,	ere are material differences in voting rights among members of the governing, or if the governing body delegated broad authority to an executive committee or ar committee, explain in Schedule O.			
b	Enter	the number of voting members included in line 1a, above, who are independent 1b 24			
2		ny officer, director, trustee, or key employee have a family relationship or a business relationship with any other er, director, trustee, or key employee?	2		No
3		he organization delegate control over management duties customarily performed by or under the direct supervision icers, directors or trustees, or key employees to a management company or other person?	3		No
4	Did th	he organization make any significant changes to its governing documents since the prior Form 990 was filed? .	4		No
5	Did th	he organization become aware during the year of a significant diversion of the organization's assets?	5		No
6	Did th	he organization have members or stockholders?	6	Yes	
7a		he organization have members, stockholders, or other persons who had the power to elect or appoint one or more bers of the governing body?	7a	Yes	
b		ny governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or one other than the governing body?	7b		No
8		he organization contemporaneously document the meetings held or written actions undertaken during the year by ollowing:			
а	The g	poverning body?	<b>8</b> a	Yes	
b	Each	committee with authority to act on behalf of the governing body?	8b	Yes	
9		ere any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the nization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
Se	ction	B. Policies (This Section B requests information about policies not required by the Internal Revenue	Code	9.)	
				Yes	No
		he organization have local chapters, branches, or affiliates?	10a	Yes	
	and b	es," did the organization have written policies and procedures governing the activities of such chapters, affiliates, oranches to ensure their operations are consistent with the organization's exempt purposes?	10b	Yes	
	form?		11a	Yes	
		ribe in Schedule O the process, if any, used by the organization to review this Form 990			
		he organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
	confli	officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to cts?	12b	Yes	
С		he organization regularly and consistently monitor and enforce compliance with the policy? <i>If "Yes," describe in dule O how this was done</i>	12c	Yes	
13	Did th	he organization have a written whistleblower policy?	13	Yes	
14		he organization have a written document retention and destruction policy?	14	Yes	
15		he process for determining compensation of the following persons include a review and approval by independent ons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The o	organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other	r officers or key employees of the organization	15b	Yes	
	If "Ye	es" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a		he organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a ble entity during the year?	16a		No
b	in joir	es," did the organization follow a written policy or procedure requiring the organization to evaluate its participation nt venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt s with respect to such arrangements?	16b		
		C. Disclosure			
17		he states with which a copy of this Form 990 is required to be filed			
18	only)	on 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s 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		ribe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest ,, 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:			

<ul> <li>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.</li> <li>Isist all of the organization's current key employees, if any. See instructions for definition of "key employee."</li> <li>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 organizations.</li> <li>List all of the organization's former officers, key employees, or highest compensated employees who received more than \$100,000 freportable compensation from the organization and any related organizations.</li> <li>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 \$100,000 of reportable compensation from the organizations.</li> <li>Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.</li> <li>(A)  Name and title          (B)  Average hours per week (list any hours below dotted line)          (B)  Average hours per week (list any hours per week (list any hours below dotted line)          (B)  Average hours per week (list any hours per week (list any hours below dotted line)          (C)  Average hours per week (list any hours per week list any hours per week lis</li></ul>	Form 990 (2019)											Pag	ge <b>7</b>
As Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax rear.  ■ 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 organizations.  ■ List all of the organization's former officers, key employees, or highest compensated employees who received more than \$100,000 freportable compensation from the organization and any related organizations for the order in which to list the persons above.  ■ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.  ■ (B)  Name and title  ■ (C)  Position (do not check more than spendal properties of the organization of other organization of the organization o			Truste	es, I	Key	En	nploy	ees	, Highest Comp	ensated Employ	yees,		
La Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax rear.  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 furrent key employees, if any. See instructions for definition of "key employee."  List all of the organization's furrent key employees, if any. See instructions for definition of "key employee."  List all of the organization's former officers, key employees, or highest compensated employees who received more than \$100,000 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 organization and any related organization or any current officer, director, or trustee.  (A)  Name and title  (B)  Average hours per week (list any hours for related organizations below dotted line)  Average hours per beneficer and a director/trustee)  For related organizations below dotted line)  List all of the organization organizations organization organ	Check if Schedule O contains a	response or no	te to an	y line	in t	his	Part VI	١.				. [	
■ 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, more than \$10,000 of reportable compensation from the organization, more than \$10,000 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 for the order in which to list the persons above.  □ 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)  Reportable compensation from the organization from the organization of the organization has not officer and a director/trustee)  ■ (D)  Reportable compensation from the organization organization organization (W-2/1099-MISC)  ■ (F)  Estimated organization organizations (W-2/1099-MISC)  ■ (F)  Estimated organizations (W-2/1099-MISC)  ■ (F)  Estimated organization organizations (W-2/1099-MISC)  ■ (F)  Estimated organizations (W-2/1099-MISC)  ■ (F)  Estimated organization organization organization organization organization organization organization orga	Section A. Officers, Directors, Tru	istees, Key E	mploy	ees,	an	d H	lighe	st C	Compensated En	nployees			
■ 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 freportable compensation 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. See instructions for the order in which to list the persons above.  □ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.  ■ Check this box if neither the organization nor any related organization organization from the organization of related organizations below dotted line)  ■ Check this box if neither the organization below dotted line)  ■ Check this box if neither the organization or any related organization of from the organization of from the organization or any related organization or any related organization of from the organization of from the organization of from the organization organi	year.		•						, ,		-	n's ta	Κ
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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 from the organization and any related organizations.  ■ List all of the organization from the organization and any related organization, more than \$10,000 of reportable compensation from the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.  ■ List all of the organization's <b>former directors or trustees</b> that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organizations.  ■ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.  ■ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.  ■ Check this box if neither the organization nor any related organization one box, unless person is both an officer and a director/trustee)  ■ Check this box if neither the organization nor any related organization is both an officer and a director/trustee)  ■ Check this box if neither the organization nor any related organization is both an officer and a director/trustee)  ■ Check this box if neither the organization nor any related organization one box, unless person is both an officer and a director/trustee)  ■ Check this box if neither the organization nor any related organization one box, unless person is both an officer and a director/trustee)  ■ Check this box if neither the organization nor any related organization organization (W-2/1099-MISC)  ■ Check this box if neither the organization nor any related organization organization nor any related organization organization organization (W-2/1099-MISC)  ■ Check this box if neither the organization nor any related organization nor any related organization nor any related organization nor any neithe													
■ 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. See instructions for the order in which to list the persons above.  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 below dotted line)  (C)  (D)  (E)  Reportable compensation from the organization (do not check more than one box, unless person is both an officer and a director/trustee)  (C)  (D)  (E)  Reportable compensation from the organization (W-2/1099-MISC)  (W-2/1099-MISC)  MISC)  MISC)  (F)  Estimated amount of other compensation from the organization and related organizations organizations.													
Average hours per week (list any hours for related organizations) below dotted line)    Continue to the person of the order in which to list the persons above.    Continue to the order in which to list the persons above.	of reportable compensation from the organiz	ation and any re	elated o	rgani	zatio	ons.			. ,	·	·		
(A) Name and title  (B) Average hours per week (list any hours for related organizations below dotted line)  (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)  (C) Position (do not check more than one box, unless person is both an officer and a director/trustee)  (B) Average hours per week (list any hours for related organization (W-2/1099-MISC)  (B) Reportable compensation from the organizations (W-2/1099-MISC)  MISC)  (F) Estimated amount of other compensation from the organization and related organizations organizations)	organization, more than \$10,000 of reportab	le compensatio	n from t								Э		
Name and title  Average hours per week (list any hours for related organizations below dotted line)  Name and title  Average hours per week (list any hours for related organizations below dotted line)  Position (do not check more than one box, unless person is both an officer and a director/trustee)  Officer	Check this box if neither the organizatio	n nor any relate	d organ	nizatio	on co	omp	ensate	d ar	ny current officer, di	rector, or trustee.			
it st		Average hours per week (list any hours	than o is b	ne bo oth a direct	o no ox, u n of or/t	t che inles ficer	s pers	on	Reportable compensation from the organization	Reportable compensation from related organizations	Estir amount compe fror	nated of oth nsation the	n
See Additional Data Table		organizations below dotted	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former		` '	rel	ated	
	See Additional Data Table												
													—
													—

Pai	Section A. Officers, Direct	iois, ilustees	, key	<u>-111P</u> I	Juye	<i>:</i> es,	allu r	nigi	iest cor	препѕа	ted Elliployees	COIIL	mueu)		
	<b>(A)</b> Name and title	(B) Average hours per week (list any hours	than o	one bo	ox, u an off	ot che unles fficer	eck mo ss pers r and a tee)	son	(D) Reportable compensation from the organization		(E) Reportable compensatio from related organization	n d s	(F) Estimated amount of other compensation from the		
		for related organizations below dotted line)		Institutional Trustee	Officer	Key employee	Highest compensated employee	Former		2/1099- ISC)	(W-2/1099- MISC)		organization and related organizations		
See	Additional Data Table	† ·			T	H									
		<del>                                     </del>	$\vdash$	$\vdash$	+-'	<del>  '</del>	<del></del>	$\vdash$							
		<del> </del> '	<del></del>	<del>                                     </del>	+-'	<u>—</u>	<del>                                     </del>	<u> </u>							
		<u> </u>	<del></del>	<del> </del>	<u></u>	₩'	<u> </u>	<u> </u>							
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		<u> </u> '	<del>                                     </del>	<del> </del>	<u> </u> -	—'	<u> </u>	<u> </u> '	<u> </u>						
		'		<u> </u>	⊥'	<u> </u>	<u> </u>	<u> </u>							
	Sub-Total						<b>&gt;</b>								
	Total from continuation sheets to Pa Total (add lines 1b and 1c)	•					<b>&gt;</b>  -	—	1,	013,480		0		189,137	
2	Total number of individuals (including of reportable compensation from the	g but not limited	to thos					rece		<u> </u>	100,000			<u> </u>	
													Yes	No	
3	Did the organization list any <b>former</b> of line 1a? <i>If "Yes," complete Schedule J</i>								-		ed employee on	3		No	
4	For any individual listed on line 1a, is organization and related organizations	ns greater than \$													
	individual			•	•	•						4	Yes		
5	Did any person listed on line 1a receiv services rendered to the organization									tion or in	dividual for	5		No	
Se	ection B. Independent Contract				_	_									
1	Complete this table for your five higher from the organization. Report comper											mpen	sation		
	· · · · · · · · · · · · · · · · · · ·	(A)						· · · · ·			(B)		(c		
	Name a	and business addre	:SS		—					De	scription of services		Compen	<u>isation</u>	

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

Form **990** (2019)

compensation from the organization  $\blacktriangleright$  0

orm 9 Part		Statement								Page <b>9</b>
		Check if Scheo	dule	O contains a	respo	onse or note to any	(A) Total revenue	(B) Related or exempt function	(C) Unrelated business revenue	(D)  Revenue excluded from tax under sections
	1a	Federated campa	igns		1a			revenue		512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	Ь	• Membership dues	5.	. [	1b					
Gra not	С	: Fundraising even	ts .	. [	1c	137,442				
rs, T	d	Related organiza	tions	;	1d					
ija ja	e	Government grants	(con	tributions)	1e	946,624				
ns, Sir	f	All other contributio								
utio er		and similar amounts above		L	1f	13,372,342				
휼률	g	Noncash contributio lines 1a - 1f:\$	ns in	cluded in	1g	134.064				
Contributions, Gifts, Grants and Other Similar Amounts		n Total. Add lines	1 = 1	_ f	-9	134,964				
<u> </u>		Total Add lines				Business Code	14,456,408			1
	22	SERVICE FEE INCOM	=				77,214	77,214		
<u>a</u>	Zu					900099				
Program Service Revenue	b					]				
82										
Αįς	С									
₹	d									
ram										
<b>y</b> og	е									
-	f	All other program	serv	ice revenue.						
	g	Total. Add lines 2	2a-2	f	<b>•</b>	77,214				
		nvestment income			nds, i		170,468	3		170,468
		imilar amounts) . ncome from invest		 It of tax-exem	· npt bo	ond proceeds	·			170,100
							1			
				(i) Real		(ii) Personal				
	6a	Gross rents	6a		36,285					
		Less: rental	_		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		-			
		expenses	6b	1:	17,176	5	_			
		Rental income or (loss)	6c	-8	30,891					
	d	Net rental income	or	(loss)			-80,891	1		-80,891
				(i) Securit	ies	(ii) Other				
		Gross amount from sales of	7a	1,73	34,947	,				
		assets other than inventory								
		Less: cost or other basis and	7b	1 66	57,328	3				
		sales expenses		1,00						
	С	Gain or (loss)	7с	6	57,619	)				
	d	Net gain or (loss)	•			· · · •	67,619	P		67,619
a		Gross income from fu (not including \$	ndra	ising events 137,442 of						
n Le		contributions reporter								
se v		See Part IV, line 18			8a	71,605				
Other Revenue		Less: direct expen Net income or (los			8b	95,445	-23,840	1		-23,840
ŧ.	·	ivec income or (los	3) 11	om ranaraisii	lg ev	ents ▶				25,516
		Gross income from See <b>Part</b> IV, line 19								
					9a 9b	1,510 9,327				
		Less: direct expen Net income or (los						7		-7,817
		(011	-,	<b>JJ</b>			1			,
		Gross sales of inve								
		Less: cost of good			10a 10b		-			
		Net income or (los								
		Miscellaneo				Business Code				
	112	aREFUNDS/REIMB	JRSI	EMENTS		90009	9 11,479	11,479		
			_		[					
	b									
	C									
	_	All other revenue	-							
		<b>Total.</b> Add lines 1				•	11,479	9		
	12	Total revenue. S	ee ir	nstructions .	•		14,670,640	88,693		0 125,539
										Form <b>990</b> (2019)

Р	art IX Statement of Functional Expenses				
	Section 501(c)(3) and 501(c)(4) organizations must o	•	<del>-</del>	·	• • —
	Check if Schedule O contains a response or note to ar	ny line in this Part IX			<u> U</u>
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	( <b>B)</b> Program service expenses	<b>(C)</b> Management and general expenses	<b>(D)</b> Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	6,495,734	6,495,734		
2	Grants and other assistance to domestic individuals. See Part IV, line 22	2,631,939	2,631,939		
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	783,960	371,759	257,900	154,301
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	2,790,139	1,508,907	460,047	821,185
8	Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	231,639	118,074	39,052	74,513
9	Other employee benefits	298,361	155,595	49,843	92,923
10	Payroll taxes	222,925	121,706	40,107	61,112
11	Fees for services (non-employees):				
ā	a Management				
ı	b Legal				
•	c Accounting	39,409	2,590	35,268	1,551
•	d Lobbying				
•	e Professional fundraising services. See Part IV, line 17				
1	f Investment management fees	10,855	5,376	2,259	3,220
9	g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	537,342	436,434	17,758	83,150
12	Advertising and promotion	127,344	40,686	2,407	84,251
13	Office expenses	331,859	156,814	35,957	139,088
14	Information technology				
15	Royalties				
	Occupancy	157,537	71,573	28,807	57,157
	Travel	56,660	27,555	4,333	24,772
	Payments of travel or entertainment expenses for any federal, state, or local public officials				
	Conferences, conventions, and meetings	152,618	70,999	9,739	71,880
	Interest	100 100			
	Payments to affiliates	108,406	45.004	108,406	27.256
	Depreciation, depletion, and amortization	87,365	45,891	14,218	27,256
	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	20,539	13,634	2,200	4,705
	b MISCELLANEOUS	4,889	2,429	967	1,493
	C .				
	d				
	e All other expenses	45.000.500	12.277.605	1.100.200	4 300 553
	Total functional expenses. Add lines 1 through 24e	15,089,520	12,277,695	1,109,268	1,702,557
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 ► ☐ if following SOP 98-2 (ASC 958-720).				Farra 200 (2010)

Form 990 (2019)

1

2

3

Assets

11

12

13

14

15

16

17

18

19

20

21

23

24

25

26

27

28

31

32

33

Liabilities 22

Fund Balances

ō 29

Assets 30 (B)

End of year

Beginning of year

331,733

2,290,274

4.303.997

424 5

714,568

8,297,774

3,642,012

341,536

555,604

62.160

5,051,556

5.669.320

10,234,959

4,018,039

14,252,998

19,922,318

19,922,318

1

2

3

4

6 7

8

9

10c

11

12 13

14

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17

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31

32

33

Page **11** 

78,573

120

635,076

4,800,388

3,545,179

313,916

688.441

174.933

4,474,580

5.337.954

9.627,788

4,197,327

13,825,115

19,163,069

Form 990 (2019)

19,163,069

5,832,781

3,957,036

Accounts receivable, net

Notes and loans receivable, net . . .

Prepaid expenses and deferred charges .

10a Land, buildings, and equipment: cost or other

Investments—publicly traded securities .

Other assets. See Part IV, line 11 . . .

Accounts payable and accrued expenses

Deferred revenue . . .

Tax-exempt bond liabilities .

Complete Part X of Schedule D

complete lines 27, 28, 32, and 33.

Net assets without donor restrictions

Net assets with donor restrictions .

complete lines 29 through 33.

Total net assets or fund balances

Investments—other securities. See Part IV, line 11 .

Total assets. Add lines 1 through 15 (must equal line 34) .

Escrow or custodial account liability. Complete Part IV of Schedule D

Secured mortgages and notes payable to unrelated third parties

Unsecured notes and loans payable to unrelated third parties

and other liabilities not included on lines 17 - 24).

Total liabilities. Add lines 17 through 25 . .

Capital stock or trust principal, or current funds

Total liabilities and net assets/fund balances .

Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity 

Other liabilities (including federal income tax, payables to related third parties,

Organizations that do not follow FASB ASC 958, check here > \(\begin{align\*} \text{and} \\ \text{and} \end{align\*}

Paid-in or capital surplus, or land, building or equipment fund . . .

Retained earnings, endowment, accumulated income, or other funds

Organizations that follow FASB ASC 958, check here <a> \square</a> and

Investments—program-related. See Part IV, line 11

basis. Complete Part VI of Schedule D

Inventories for sale or use .

b Less: accumulated depreciation

Intangible assets .

Grants payable .

Cash-non-interest-bearing	
Savings and temporary cash investments	
Pledges and grants receivable, net	

10a

10b

2.074,118

1,439,042

Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled

Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B).

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

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.

3a

3h

No

Form 990 (2019)

Audit Act and OMB Circular A-133?

#### **Additional Data**

Software ID:

Software Version:

**EIN:** 72-0471369

Name: UNITED WAY OF SOUTHEAST LOUISIANA

Form 990 (2019)

#### 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 76 GRANT PARTNERS FROM JULY 1, 2019-JUNE 30, 2020 - 241,452. UWSELA FUNDED 76 PROGRAMS FROM JULY 1, 2019 - JUNE 30, 2020 TO ADDRESS PRIORITIES SUCH AS HOUSING, MEDICAL AND MENTAL HEALTH CARE, CHILD AND ADULT CARE AND ACADEMIC SUPPORTS. UWSELA ANSWERED OVER 241,452 APPEALS FOR HELP FROM OUR COMMUNITY.2. COLLABORATION GRANTS: BASED ON THE BLUEPRINT, UWSELA PROVIDED \$550,000 IN FUNDING TO SUPPORT FIVE (5) COLLABORATIONS AND TWO (2) INTERNAL INITIATIVES FOCUSED ON SYSTEMIC CHANGE TO ERADICATE POVERTY. NEW ORLEANS YOUTH PROGRAM QUALITY INITIATIVE - IMPLEMENTATION STAGE- A COLLABORATIVE WORKING TO IMPROVE THE QUALITY OF YOUTH DEVELOPMENT PROGRAMS IN NEW ORLEANS IN ORDER TO IMPROVE HEALTHY DEVELOPMENTAL OUTCOMES FOR CHILDREN AND YOUTH RELATED TO SCHOOL SUCCESS, LEADERSHIP AND LIFE SKILLS- 52 SITES ACTIVELY PARTICIPATING IN THE COLLABORATION - 5,061 COMMUNITY MEMBERS INVOLVED THROUGH COLLABORATION- 10 FUNDERS SUPPORTING THE COLLABORATION- 19 PROGRAM IMPROVEMENT PLANS WERE SUBMITTED IN THE PORTAL. THEIR ASSESSMENT AND CONTINUOUS IMPROVEMENT PROCESS WAS SUSPENDED DUE TO COVID-19 AND THE INTERRUPTION OF PROGRAMMING DUE TO THE PANDEMIC. HOWEVER, 17 OF THE YOUTH PROGRAM PARTNERS COMPLETED EQUITY AUDITS DEVELOPED BY NOYA TO EXAMINE THEIR PROGRAMS' COMMITMENT TO EQUITY AND TO IDENTIFY STRATEGIES TO MAKE THEIR PROGRAMS MORE EQUITABLE.- 40 PROGRAMS PARTICIPATED IN NOLA-YPOI- 53 YOUTH WORK METHODS PROFESSIONAL DEVELOPMENT TRAININGS OFFERED- 642 PEOPLE ATTENDED A YPOI TRAINING - 17 PEOPLE CERTIFIED AS TRAINERS AND/OR ASSESSORS FOR NOLA-YPOIYOUTHFORCE NOLA -IMPLEMENTATION STAGE- A COLLABORATIVE FORMED TO ENSURE THAT AN INCREASING PERCENTAGE OF NEW ORLEANS GRADUATES HAVE ACCESS TO THE INFORMATION, PREPARATION, SUPPORT AND EXPERIENCES NECESSARY TO PURSUE, PERSIST AND SUCCEED IN THE POST-SECONDARY PATHWAY OF THEIR CHOICE- 12 STEERING COMMITTEE ORGANIZATIONS- 8 TRAINING PROVIDER PARTNERS - 6 ACTIVE WORKING GROUPS SUPPORTED BY THE COLLABORATION- 43 FUNDERS SUPPORTING THE COLLABORATION- 1,860 PARTICIPANTS IN THE YOUTHFORCE COLLABORATIVE HAVE EARNED INDUSTRY RECOGNIZED CREDENTIALS (INCLUDING SPRING 2020 NUMBERS, SOME OF WHICH ARE STILL BEING FINALIZED DUE TO TESTING DELAYS FROM THE COVID-19 PANDEMIC)- 860 STUDENTS (INCLUDING SPRING 2020, BUT EXCLUDING SUMMER 2020) HAVE COMPLETED MEANINGFUL WORK EXPERIENCE- 499 STUDENTS FROM THE CLASS OF 2020 (17%) EARNED A BASIC OR ADVANCED INDUSTRY-RECOGNIZED CREDENTIAL ALONGSIDE THEIR HIGH SCHOOL DIPLOMA- 268 STUDENTS FROM THE CLASS OF 2020 COMPLETED INTERNSHIPS (265 STUDENTS FROM YOUTHFORCE INTERNSHIPS DURING SUMMER 2019 AND SPRING 2020, AND ANOTHER 3 THROUGH INTERNSHIPS WITH PROVIDERS OR SCHOOLS), REPRESENTING 9% OF THE GRADUATING CLASS, ENDING HOMELESSNESS THROUGH SYSTEMS CHANGE COLLABORATIVE - IMPLEMENTATION STAGE- A COLLABORATIVE OF DIRECT SERVICES ORGANIZATIONS WORKING TO END HOMELESSNESS IN ORLEANS AND JEFFERSON PARISH- 1,635 BENEFICIARIES DIRECTLY SUPPORTED BY COLLABORATIVE- 565 HOUSEHOLDS ASSISTED WITH PROBLEM SOLVING (SHELTER DIVERSION) AND EVICTION PREVENTION- 33 HOUSEHOLDS ASSISTED THROUGH HOUSING CHOICE VOUCHERS AND MAINSTREAM HOUSING- 164 CHRONICALLY HOMELESS AND UNSHELTERED HOMELESS ASSISTED- 331 HOMELESS YOUTH ASSISTED-169 STAFF FROM CONTINUUM OF CARE AGENCIES PARTICIPATED IN TRAININGS- 35 ORGANIZATIONS PARTICIPATED IN INITIATIVENEW ORLEANS TRAUMA-INFORMED SCHOOLS LEARNING COLLABORATIVE - IMPLEMENTATION STAGE- A COLLABORATIVE OF COMMUNITY PARTNERS AND SCHOOLS WORKING TO BUILD OUT TRAUMA-INFORMED PRACTICES IN EDUCATION SETTINGS- 8 ORGANIZATIONS ACTIVELY PARTICIPATING IN COLLABORATION- 5 EVALUATION REPORTS FROM PROFESSIONAL DEVELOPMENT TRAININGS TO GAUGE UNDERSTANDING OF TRAUMA-INFORMED PRACTICES AND IMPACTS- 10 PROJECT WIDE TRAININGS; 31 SCHOOL TRAINING DYADS-185 STAFF ACROSS 3 PARTNER SCHOOLS PARTICIPATED IN THE FOUNDATIONAL PROFESSIONAL DEVELOPMENTNEW ORLEANS WORK (NOW) COLLABORATIVE -IMPLEMENTATION STAGE- FUNDERS COLLABORATIVE MADE UP OF 8 FUNDERS THAT IS FOCUSED ON WORKFORCE SOLUTIONS- 6 JOB SEEKERS AND INCUMBENT WORKERS TRAINED; DUE TO COVID-19 PANDEMIC, TRAININGS ARE DELAYED- 104 CLIENTS SERVED ACROSS THE NEW ORLEANS WORKFORCE INNOVATIONS EMPLOYERS THROUGH ONSITE POST HIRE SUPPORTIVE SERVICES MODEL- 5 CONVENINGS HOSTED WITH EMPLOYERS AND TRAINING PROVIDERS AROUND GREEN INFRASTRUCTURE TRAINING PROGRAMS TO DETERMINE NUMBER OF POTENTIAL JOBS, SKILLS NECESSARY FOR THOSE JOBS, AND DEVELOP CAREER MAP FOR ENTRY LEVEL POSITIONS- 6 ADDITIONAL PARTNERS ADDED TO NEW ORLEANS WORKFORCE INNOVATIONS TO PROVIDE ONSITE SUPPORTIVE SERVICES LIKE FINANCIAL BUDGETING, HOUSING ASSISTANCE, TRANSPORTATION ASSISTANCE, COUNSELING, AS WELL AS ASSISTANCE WITH LEGAL ISSUESINTERNAL INITIATIVESLOUISIANA PRISONER RE-ENTRY INITIATIVE (LAPRI) COLLABORATIVE - 46 ORGANIZATIONS ACTIVELY PARTICIPATING IN PLANNING ON STEERING COMMITTEES - SIGNED COMMUNITY INCENTIVE GRANT WITH THE DEPARTMENT OF PUBLIC SAFETY AND CORRECTIONS MARCH 2019 FOR JEFFERSON PARISH- COLLABORATIVE PARTNERS INCLUDE CATHOLIC CHARITIES TO PROVIDE CASE MANAGEMENT SERVICES, JUSTICE AND ACCOUNTABILITY CENTER AND SOUTHEAST LEGAL SERVICES TO PROVIDE CIVIL LEGAL SERVICES TO ADDRESS ANY LEGAL BARRIER A CITIZEN RETURNING FROM PRISON MAY HAVE. LOUISIANA PUBLIC HEALTH INSTITUTE IS THE EVALUATION PARTNER TO EVALUATE THE EFFICACY OF THE LAPRI MODEL AND ITS IMPLEMENTATION. REFERRALS ARE MADE FROM THE CASE MANAGER FOR ADDITIONAL SERVICES- 2019-2020 REPRESENTED YEAR ONE OF A THREE-YEAR INITIATIVE. IN YEAR ONE, THE GOAL WAS TO SERVE 60 RETURNING CITIZENS THAT WERE MODERATE TO HIGH RISK OF RECIDIVATING (BEING REARRESTED AND RETURNING BACK TO PRISON). CLIENTS WERE REFERRED FROM THE DEPARTMENT OF PUBLIC SAFETY AND CORRECTIONS. YEAR 1, DPSC REFERRED 47 CLIENTS TO LAPRI IN JEFFERSON PARISH. OF THE 47 REFERRED, 27 OF THE 47 ENROLLED IN THE LAPRI PROGRAM TO RECEIVE SERVICES. THIRTEEN RECEIVED SERVICES WHILE IN THE PLAQUEMINES PARISH DETENTION CENTER 3 WEEKS TO 6 MONTHS PRIOR TO RELEASE. FOURTEEN RECEIVED PRE-RELEASE SCREENING AND A CASE PLAN WAS DEVELOPED WHILE THEY WERE IN PLAQUEMINES, BUT WERE ULTIMATELY RELEASED AND CONTINUED TO BE ENROLLED IN THE PROGRAM POST-RELEASE ACCOMPLISHMENTS INCLUDE: - 100% DEVELOPED A CASE PLAN- 42% (6/14) OBTAINED PERMANENT EMPLOYMENT- 5 CASES PENDING FOR SSI- 38 CASES OPEN FOR LEGAL SERVICES FOR 23 INDIVIDUALS- 65% (25/38) OF THE LEGAL CASES HAVE BEEN RESOLVED- 100% OF THE 27 CLIENTS DID NOT RECIDIVATE WITHIN 6 MONTHS

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

COVID-19 IMPACT: IN MARCH 2020, UNITED WAY OF SOUTHEAST LOUISIANA (UWSELA) TRANSITIONED TO COVID-19 RESPONSE GENERATING OVER \$10 MILLION IN DIRECT IMPACT IN THE FIRST FIVE MONTHS. WE WERE ABLE TO RESPOND TO THE SUFFERING IN REAL TIME AND PROVIDE VITAL SERVICES FOR THOSE WHO FOUND THEMSELVES IN CRISIS - MANY FOR THE FIRST TIME. DUE TO THE GENEROSITY OF OUR SUPPORTERS YEAR ROUND. WE WERE ABLE TO QUICKLY PIVOT AND PROVIDE MUCH-NEEDED RELIEF TO VULNERABLE INDIVIDUALS AND ORGANIZATIONS. THIS INCLUDED: \$2.4 MILLION IN EMERGENCY CRISIS GRANTS TO 4,800+ HOSPITALITY WORKERS ACROSS 1,000 HOSPITALITY WORKPLACES; SUPPORT TO 41 EARLY CARE AND EDUCATION CENTERS BY SECURING \$2.3 MILLION IN FUNDING; \$1.7 MILLION IN FUNDING TO LOCAL NONPROFITS/PROGRAMS TO ADDRESS THE DISPROPORTIONATE IMPACTS OF COVID-19 ON BLACK COMMUNITIES: AND MUCH MORE IN TIMES OF CRISIS. IT'S NOT JUST ABOUT PROVIDING EMERGENCY FINANCIAL ASSISTANCE BUT ALSO ABOUT ENSURING HOUSEHOLDS AND COMMUNITY PARTNERS HAVE EQUITABLE ACCESS TO THE FULL SCOPE OF SUPPORTS NECESSARY TO ACHIEVE STABILITY, AND, ULTIMATELY, PROSPERITY, UWSELA IS ALREADY ON THE FRONT LINES. MOBILIZING TO PROVIDE VITAL SERVICES FOR THOSE IN NEED. UNITED WAY CONTINUES TO DO WHAT WE'VE ALWAYS DONE - TACKLE THE UNDERLYING PROBLEMS COMMUNITY BY COMMUNITY.ALICE (ASSET LIMITED, INCOME CONSTRAINED, EMPLOYED)WHEN COVID-19 HIT, MORE THAN 576,000 LOUISIANA HOUSEHOLDS WERE ALREADY ONE EMERGENCY AWAY FROM FINANCIAL RUIN, A 10-YEAR RECORD HIGH, SETTING THE STAGE FOR THE ECONOMIC IMPACT OF THE CRISIS, ACCORDING TO THE STATE'S LATEST ALICE (ASSET LIMITED, INCOME CONSTRAINED, EMPLOYED) REPORT, RELEASED AUG. 6, 2020. WITH INCOME ABOVE THE FEDERAL POVERTY LEVEL, ALICE HOUSEHOLDS EARN TOO MUCH TO QUALIFY AS "POOR" BUT ARE STILL UNABLE TO COVER THE BASICS OF HOUSING, CHILD CARE, FOOD, TRANSPORTATION. HEALTH CARE, AND TECHNOLOGY IN THE PARISHES WHERE THEY LIVE, THERE WERE OVER 262,500 HOUSEHOLDS LIVING BELOW THE ALICE THRESHOLD (ALICE AND POVERTY COMBINED) IN SOUTHEAST LOUISIANA BEFORE THE PANDEMIC HIT. WITH HEALTH RISKS, BUSINESSES AND SCHOOLS SHUTTERING, AND UNEMPLOYMENT SPIKING, COVID-19 MADE IT HARDER THAN EVER BEFORE FOR PEOPLE TO MEET BASIC NEEDS. WE KNOW THAT INCOUITIES EXISTED BEFORE THIS PANDEMIC, AND THOSE GAPS IN ACCESS TO RESOURCES HAVE BEEN MAGNIFIED BY DISPROPORTIONATE AND DISPARATE EFFECTS OF COVID-19 ON SOME PARTS OF OUR COMMUNITY. UWSELA WAS UNIQUELY WELL-POSITIONED TO UNDERSTAND AND LEAD COMMUNITY MOBILIZATION. THANKS TO OUR BLUEPRINT FOR PROSPERITY. OUR BLUEPRINT'S HOLISTIC APPROACH TO GENERATING IMPACT CONTINUES TO GUIDE US AS WE LEAD IMMEDIATE COVID-19 RELIEF EFFORTS AND SHIFT TOWARD LONG-TERM RECOVERY STRATEGIES DESIGNED TO STABILIZE ALICE HOUSEHOLDS THROUGHOUT OUR REGION. \$10 MILLION IN DIRECT COMMUNITY IMPACT (MARCH 2020 - JUNE 2020) HOSPITALITY CARES PANDEMIC RELIEF FUND: \$2.4 MILLION IN EMERGENCY CRISIS GRANTS TO 4.800+ HOSPITALITY WORKERS ACROSS 1.000 HOSPITALITY WORKPLACES IN PARTNERSHIP WITH THE LOUISIANA HOSPITALITY FOUNDATION, ENTERGY CORPORATION, AND COUNTLESS OTHERS. (HTTPS://WWW.UNITEDWAYSELA.ORG/HOSPITALITY-CARES-0)UNITED FOR EARLY CARE AND EDUCATION: IN PARTNERSHIP WITH AGENDA FOR CHILDREN AND LOYOLA UNIVERSITY NEW ORLEANS COLLEGE OF LAW, WE ARE PROVIDING TECHNICAL ASSISTANCE, EXPERTISE, AND ONE-ON-ONE COACHING TO CHILD CARE PROVIDERS IN SOUTHEAST LOUISIANA TO HELP THEM SECURE AND MANAGE FEDERAL/STATE FUNDING, WITH A FOCUS ON PPP LOANS. WE HAVE SUPPORTED 41 CENTERS TO DATE IN SECURING \$2.3 MILLION IN FUNDING. THIS PROGRAM ALSO PROVIDED THAT 250 FCF JOBS WERE PRESERVED AND THAT THERE WOULD BE ZERO PERMANENT CENTER CLOSURES, (HTTPS://WWW.UNITEDWAYSELA.ORG/ECE OPENS PHASE3)SAVING OUR SELVES, UNITED WAY & BET: OVERSAW \$1.7 MILLION IN FUNDING TO LOCAL NONPROFITS/PROGRAMS TO ADDRESS THE DISPROPORTIONATE IMPACTS OF COVID-19 ON BLACK COMMUNITIES. ALL FUNDED PROGRAMS FOCUSED ON HOUSING AND UTILITIES ASSISTANCE, WORKFORCE DEVELOPMENT, ACCESS TO NUTRITION, ACCESS TO HEALTH CARE, ACCESS TO STUDENT LEARNING SUPPORTS. (HTTPS://WWW.UNITEDWAYSELA.ORG/BETS-SAVING-OUR-SELVES-COVID-19-RELIEF-EFFORT)311 MEAL DELIVERIES VIA UNITED WAY HANDS-ON ENTERGY VOLUNTEER CENTER & DOORDASH: 6.500 VOLUNTEERS ENGAGED TO GENERATE \$4 MILLION IN IMPACT VIA MEAL KIT PREPARATIONS AND DELIVERIES TO HOMEBOUND OLDER ADULTS AND INDIVIDUALS IN ORLEANS PARISH. NEARLY 30,000 FOOD BOXES AND HOUSEHOLD SUPPLIES WERE DELIVERED TO VULNERABLE PEOPLE THROUGHOUT ORLEANS PARISH EMERGENCY FOOD AND SHELTER GRANTS: MANAGED OVER \$800,000 IN EMERGENCY FOOD AND SHELTER GRANTS TO FUND NONPROFITS/PLACES OF WORSHIP WITH SUPPORT TO PROVIDE EMERGENCY FOOD AND SHELTER TO PEOPLE IN NEEDUNITED FOR GROCERY WORKERS FUND: IN PARTNERSHIP WITH ANTHONY MACKIE, ENTERGY CORPORATION, AND THE NEW ORLEANS COUNCIL ON AGING, PROVIDED ONE-TIME ENTERGY BILL ASSISTANCE TO GROCERY STORE WORKERS LIVING IN ORLEANS PARISH (HTTPS://WWW.UNITEDWAYSELA.ORG/NEWS/ANTHONY-MACKIE-PARTNERS-LAUNCH-GROCERY-WORKER-ASSISTANCE-FUND)WORKFORCE DEVELOPMENT: FUNDED PARTNERSHIP WITH GNO. INC. TO STUDY THE NEED FOR UPSKILLING IN THE REGION AND OUTLINE IMPLEMENTATION STRATEGIES FOR UPSKILLING UNDEREMPLOYED RESIDENTS. IN ADDITION, CONFIRMED NEW SNAP EMPLOYMENT AND TRAINING CONTRACTS WITH LOCAL E&T PROVIDERS TO DRAW DOWN ADDITIONAL FEDERAL FUNDS FOR LOCAL WORKFORCE DEVELOPMENT. UNITED WAY OF SOUTHEAST LOUISIANA WILL CONTINUE TO UTILIZE THE PANDEMIC TO SERVE AS A CATALYST FOR INNOVATION AND CONTINUES TO UTILIZE THAT ABILITY TO REDEFINE UNITED WAY PARTNERSHIPS AND HOW WE DRIVE IMPACT ACROSS THE SEVEN PARISHES WE SERVE.

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

SECONDARY EDUCATION

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

INDIVIDUAL DEVELOPMENT ACCOUNT PROJECT (IDA): AN IDA IS A MATCHED SAVINGS ACCOUNT THAT HELPS LOW-INCOME INDIVIDUALS AND FAMILIES SAVE MONEY TO

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 \$350,500 ASSET FOR INDEPENDENCE (AFI) ON SEPTEMBER 30, 2018 TO START OUR THIRD

PROGRAM. ACCOMPLISHMENTS: \* TOTAL NUMBER OF PARTICIPANTS ENROLLED - 50\* 30 HOMEOWNERSHIP \* 7 VEHICLE \* 8 BUSINESS START-UP OR EXPANSION \* 5

POST-SECONDARY EDUCATION\* TOTAL NUMBER OF PARTICIPANTS THAT HAVE COMPLETED 12 HOURS OF HOMEBUYER TRAINING - 30\* TOTAL NUMBER OF PARTICIPANTS THAT HAVE COMPLETED 12 HOURS OF FINANCIAL EDUCATION - 50\* ASSET PURCHASES - 50 TOTAL; 30 HOMEOWNERSHIP, 8 SMALL BUSINESS, 7 VEHICLES, 5 POST-

## Describe the exempt purpose achievements for each of the organization's three largest program services by expenses.

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

RAISED FUNDS TO SUPPORT VICTIMS OF HURRICANES HARVEY, FLORENCE, AND MICHAEL.

SEVERAL GRADUATES ARE CURRENT PARTICIPANTS IN THE UWSELA INDIVIDUAL DEVELOPMENT ACCOUNTS.

) (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.

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384,054
                                                          including grants of $
   (Code:
                                                                                      381,931 ) (Revenue $
UNITED WE REBUILD: IN THE AFTERMATH OF HURRICANE KATRINA, UWSELA SUPPORTED THE ESTABLISHMENT OF LONG-TERM RECOVERY
ORGANIZATIONS (LTRO'S) IN EACH OF THE PARISHES IN OUR SERVICE AREA. FIFTEEN YEARS LATER, UWSELA CONTINUES TO COLLABORATE
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WITH ORGANIZATIONS TO RESPOND TO BOTH IMMEDIATE AND LONG-TERM NEEDS FOR DISASTER RECOVERY. UWSELA INVESTMENTS HELP

PROVIDE FUNDING TO FACILITATE CASE MANAGEMENT ACTIVITIES TO LINK CLIENTS WITH DIRECT RESOURCES, FUND REBUILDING ORGANIZATIONS FOR IMMEDIATE MUCK/GUT AND LONG-TERM REBUILD ASSISTANCE, ASSIST IN CAPACITY BUILDING, AND HELP PROVIDE

271,806 including grants of \$

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 BUILDINGACCESS TO SAFE AND AFFORDABLE FINANCIAL PRODUCTS FREE TAX PREPARATION ASSISTANCE ACCESS TO FEDERAL AND STATE INCENTIVIZED SAVINGS PROGRAMS ASSET OWNERSHIP PROGRAMSUNITED 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 COURSES 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 MONEYWISE 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 FAMILIES 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.

COLLABORATES THROUGHOUT THE YEAR WITH PARISH AND LOCAL EMERGENCY OPERATIONS OFFICES IN PREPARATION AND PLANNING FOR UPCOMING DISASTER SEASONS.IN RECENT YEARS, UWSELA HAS CONTINUED TO PLAY A KEY ROLE IN DISASTER RESPONSE. IN 2016, OUR AREA WAS HIT TWICE, FIRST IN MARCH THEN IN AUGUST, WITH MASSIVE FLOODING WHICH AFFECTED OVER 10,000 HOUSEHOLDS FOR EACH FLOOD EVENT. UWSELA RESPONDED IMMEDIATELY FOLLOWING THE MARCH FLOOD TO FUND EMERGENCY RESPONSE EFFORTS. IMMEDIATELY FOLLOWING THE 2016 AUGUST FLOOD, UWSELA OPENED THE STATE'S FIRST RECOVERY DISTRIBUTION WAREHOUSE IN TANGIPAHOA PARISH. HOSTING HUNDREDS OF VOLUNTEERS AND WORKING WITH OVER 90 COMMUNITY PARTNERS, UWSELA COLLECTED AND DISTRIBUTED EMERGENCY SUPPLIES OF OVER 1.55 MILLION ITEMS VALUED AT MORE THAN \$1.4 MILLION. THE WAREHOUSE OPERATIONS PROVIDED CRITICAL SUPPORT TO THE COMMUNITY. LONG-TERM FLOOD RECOVERY IS STILL UNDERWAY. AS OF JUNE 2020, UWSELA HAS LEVERAGED \$5,298,710 IN

RECOVERY SERVICES TO THE COMMUNITY THROUGH INVESTMENTS OF \$2,551,503 IN PARTNER GRANTS AND REBUILD/CASE MANAGEMENT/CONSTRUCTION SERVICES, \$1,220,255 IN VOLUNTEER LABOR, AND \$1,526,952 IN DONATED ITEMS FOR IMPACTED FAMILIES.UWSELA ALSO INVESTED IN LONG-TERM RECOVERY EFFORTS FOLLOWING THE 2017 NEW ORLEANS EAST TORNADO, PROVIDING \$500,000 IN GRANTS TO REBUILD ORGANIZATIONS. FINALLY, UWSELA UNDERSTANDS THE IMPACT OF DISASTER THROUGHOUT THE U.S. AND

DIRECT RESOURCES TO MEET THE UNMET NEEDS OF THOSE IMPACTED BY DISASTER. IN ADDITION TO INVESTING IN LTRO'S, UWSELA

## Describe the exempt purpose achievements for each of the organization's three largest program services by expenses.

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

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.

) (Expenses \$ (Code: 197,337 including grants of \$ 96,319 ) (Revenue \$ NEW ORLEANS GRADE LEVEL READING CAMPAIGN:- 125 ORGANIZATIONS ACTIVELY PARTICIPATING IN THE COLLABORATION- 441 COMMUNITY MEMBERS INVOLVED THROUGH THE COLLABORATION- MULTIPLE PARTNERSHIPS ESTABLISHED IN ALL THREE GRADE-LEVEL READINESS DRIVER AREAS: SCHOOL READINESS. SUMMER LEARNING AND ATTENDANCE. PARTNERSHIPS AND THEIR PURPOSE HAVE INCLUDED: EARLY CARE AND

EDUCATION FUNDING & POLICY (AN EXAMPLE OF OUR PARTNERS INCLUDE AGENDA FOR CHILDREN, ENTERGY NEW ORLEANS, INSTITUTE OF

MENTAL HYGIENE, W.K. KELLOGG FOUNDATION, LOUISIANA POLICY INSTITUTE FOR CHILDREN, UNITED WAY, WOMEN UNITED, WYES, KINGSLEY HOUSE, URBAN LEAGUE OF LOUISIANA, LOUISIANA CHILDREN'S MUSEUM, N.O. CHILDREN AND YOUTH PLANNING BOARD, MAYOR'S OFFICE FOR YOUTH AND FAMILIES, NEW ORLEANS EARLY EDUCATION NETWORK); AND SUMMER LEARNING (NORDC, NEW ORLEANS PUBLIC LIBRARY, URBAN

DISCOVERYFEST, COMMUNITIES IN SCHOOLS, AND KIDSMART). PARTNERSHIPS FOR OUR ATTENDANCE WORK INCLUDE NOLA PUBLIC SCHOOLS, N.O. CHILDREN AND YOUTH PLANNING BOARD, MAYOR'S OFFICE FOR YOUTH AND FAMILIES, TOTAL COMMUNITY ACTION, FAMILIES AND FRIENDS OF LOUISIANA'S INCARCERATED CHILDREN, AND HEALTH AND EDUCATION ALLIANCE OF LOUISIANA (HEAL). 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 TASK FORCE WHICH HAS BEGUN TO IDENTIFY THE SYSTEMIC ISSUES THAT CONTRIBUTE TO CHRONIC ABSENCE IN ORLEANS SCHOOLS. - THE EFFORTS ACCOMPLISHED IN THE SECOND HALF OF THE GRANT PERIOD CONTINUED MOMENTUM TO SECURE DEDICATED FUNDING FOR THE CREATION AND SUSTAINABILITY OF HIGH-QUALITY EARLY CARE AND EDUCATION SEATS, WITHIN THE GRANT PERIOD, THE CAMPAIGN SUCCESSFULLY ADVOCATED FOR \$3 MILLION FROM THE NEW ORLEANS CITY COUNCIL AND THE MAYOR'S OFFICE TO CREATE 194 NEW SEATS AND SUPPORT NECESSARY WRAP-AROUND SERVICES FOR FAMILIES. 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 1.500 (FROM 1,200 LAST

including grants of \$

) (Revenue \$

LEAGUE OF LOUISIANA, N.O. YOUTH ALLIANCE, NATIONAL SUMMER LEARNING ASSOCIATION, FIRSTBOOK, ABUNDANCE OF DESIRE,

YEAR), BASED ON SUMMER PROGRAM ENROLLMENT DATA (FINAL NUMBER PENDING COMPLETION OF DATA SYNTHESIS).

156,001

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 HELP 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: st TOTAL NUMBER OF INCOME TAX RETURNS COMPLETED - 8.672 st TOTAL AMOUNT OF INCOME TAX REFUNDS -

) (Expenses \$

\$12,763,340 \* TOTAL AMOUNT OF EARNED INCOME TAX CREDITS - \$4,655,621

(Code:

### Describe the exempt purpose achievements for each of the organization's three largest program services by expenses.

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

LITERACY ACTIVITIES 568 1,044 READING HOURS LOGGED 346 137

) (Expenses \$

(Code:

PROGRAMMATIC WORK.

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.

RATE PAYER ENDOWMENT: PROGRAM OVERVIEWTHE KAY FENNELLY SUMMER LITERACY INSTITUTE SEEKS TO LEVERAGE THE EXISTING ASSETS WITHIN SUMMER PROGRAMS AND INFUSE EASY-TO-IMPLEMENT LITERACY PRACTICES TO ENSURE THAT MORE CHILDREN. AGES 4-8, IN NEW ORLEANS HAVE ACCESS TO A QUALITY SUMMER PROGRAM SO THAT THEY ARE BETTER PREPARED TO ENTER THE SCHOOL YEAR AT THE END OF

SUMMER. SUPPORT FOR THE INSTITUTE CAME FROM THE UWSELA'S RATE PAYERS ENDOWMENT, GPOA FOUNDATION, AND DAVID FENNELLY.

SELECTION OF PARTICIPATING PROGRAMS FOR THE SUMMER 2019 INCLUDED A SELECTION COMMITTEE THAT SCORED ALL APPLICATIONS ON A

RANGE OF CRITERIA, INCLUDING COMMITMENT TO PARTICIPATE IN ALL ASPECTS OF THE INSTITUTE AND WILLINGNESS TO IMPLEMENT OR

ORGANIZATION'S ABILITY TO SERVE CHILDREN IN HIGH-NEEDS CATEGORIES, SUCH AS INCOME AND EXCEPTIONALITY, FINALLY, THE COMMITTEE CREATED A COHORT THAT INCLUDED ORGANIZATIONS OF VARYING SIZES, NEIGHBORHOODS, AND PROGRAM DESIGNS. ULTIMATELY, 16 ORGANIZATIONS IMPLEMENTING 20 SUMMER PROGRAM SITES WERE SELECTED FOR THE 2019 COHORT. THE RESULT OF THE SCORING AND IDENTIFIED CRITERIA WAS THAT THE INSTITUTE SERVED A WIDE RANGE OF PROGRAMS THROUGHOUT THE CITY. IN ADDITION, WHEN PROGRAM STAFF PARTICIPATED IN WORKSHOPS OFFERED TO ALL COHORT PARTICIPANTS, THEY WERE ABLE TO SHARE IDEAS AND SOLUTIONS GENERATED FROM A VARIETY OF PERSPECTIVES AND APPROACHES TO SUMMER PROGRAMMING. ONE OF THE GOALS OF YEAR 2 OF THE INSTITUTE WAS TO EXPAND THE NUMBER AND ACCESSIBILITY OF WORKSHOPS BY CONTINUING TO BUILD AND DELIVER WORKSHOPS ACCORDING TO ORGANIZATIONS' STATED NEEDS. IN 2018, THE INSTITUTE OFFERED TWO WORKSHOPS: BUILDING A CULTURE OF LITERACY AND READERS' THEATER. EACH ORGANIZATION CHOSE TO PARTICIPATE IN ONE OF THE WORKSHOPS, AND THAT ALSO BECAME THEIR 2018 FOCUS AREA, AS PREVIOUSLY STATED, BUILDING A CULTURE OF LITERACY WAS OFFERED TO ALL ORGANIZATIONS IN 2019. IN ADDITION TO THE SKILL-BUILDING READERS' THEATER WORKSHOP, WORKSHOPS WERE BUILT AND CREATED AROUND FOUR MORE TOPICS: - LITERACY INTEGRATION INTO ENRICHMENT- LITERACY CENTERS- JUST RIGHT BOOKS- INTERACTIVE READ ALOUDSALTHOUGH ORGANIZATIONS WERE ASKED TO CHOOSE JUST ONE TOPIC AS THEIR FOCUS AREA, THEY WERE INVITED TO ALL OF THE WORKSHOPS. THUS, THEY WERE ABLE TO ENGAGE STAFF MEMBERS IN LEARNING MULTIPLE LITERACY-RELATED PRACTICES, BUT THEY ALSO COMMITTED TO MORE DEEPLY ENGAGING IN ONE PARTICULAR AREA. ORGANIZATIONS TOOK ADVANTAGE OF THESE FREE WORKSHOP OFFERINGS BY SENDING MULTIPLE STAFF MEMBERS TO MORE THAN ONE WORKSHOP, MAKING THE WORKSHOP CALENDAR AVAILABLE TO ALL STAFF WHO MIGHT CHOOSE TO ATTEND, AND INVITING RETURNING STAFF TO ATTEND WORKSHOPS AS A REFRESHER ON SKILLS THEY GAINED IN 2018 INSTITUTE PARTICIPATION.BECAUSE ORGANIZATIONS CHOSE THEIR FOCUS AREA, THEY WERE COMMITTED TO NOT JUST LEARNING, BUT ALSO IMMEDIATELY ACTING UPON THE INFORMATION AND SKILL-BUILDING IN PRACTICAL WAYS. HAD THE INSTITUTE CHOSEN A MORE LIMITED NUMBER OF WORKSHOPS, IT IS LIKELY THAT MANY COHORT MEMBERS WOULD HAVE APPRECIATED THE INFORMATION, WHILE ALSO NOT HAVING A CLEAR PATH FOR IMPLEMENTING IN SUMMER 2019. BY GIVING ORGANIZATIONS CHOICES, THEY WERE ABLE TO DETERMINE THE BEST AVENUE, THE BEST INSTRUCTORS, THE BEST SCHEDULE FOR ROLLOUT OF THE LITERACY-BASED PRACTICES WITHIN THEIR PARTICULAR PROGRAM.BY THE NUMBERS:CATEGORY 2018 2019 ORGANIZATIONS 12 16 PROGRAMS 17 20 FOCUS AREAS 2 5 CHILDREN REACHED 550 1.280 HOURS OF

IMPROVE LITERACY INTEGRATION PRACTICES IN THE SUMMER PROGRAM. IN ADDITION, THE COMMITTEE WAS ASKED TO CONSIDER EACH

81,030 including grants of \$

SNAP EMPLOYMENT AND TRAINING:TO EXPAND OUR WORKFORCE DEVELOPMENT INVESTMENTS AND COMMUNITY-STRENGTHENING EFFORTS, UWSELA SERVES AS CONTRACTOR FOR THE LOUISIANA DEPARTMENT OF CHILDREN AND FAMILY SERVICES TO PROVIDE CAPACITY BUILDING RESOURCES, PROGRAM COMPLIANCE AND ADMINISTER REIMBURSEMENT FUNDING FROM THE SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM EMPLOYMENT AND TRAINING (SNAP E&T) PROGRAM TO LOCAL NONPROFIT PARTNERS. THE SNAP E&T PROGRAM HELPS SNAP HOUSEHOLDS GAIN SKILLS, TRAINING, WORK, OR EXPERIENCE THAT WILL INCREASE THEIR ABILITY TO OBTAIN REGULAR EMPLOYMENT THAT LEADS TO ECONOMIC SELF-SUFFICIENCY. THE PROGRAM PROVIDES REIMBURSEMENT FUNDING FOR A PACKAGE OF SERVICES THAT INCLUDES PARTICIPANT ASSESSMENT, EMPLOYMENT AND TRAINING ACTIVITIES, AND SUPPORT SERVICES.AS A CONTRACTOR, UWSELA LEVERAGES ITS CAPACITY BUILDING RESOURCES TO FACILITATE THE RETURN OF SNAP E&T FUNDING FOR COMMUNITY AND FAITH-BASED ORGANIZATIONS (SUBCONTRACTORS) PROVIDING SERVICES IN THE AREAS OF JOB SEARCH TRAINING, EDUCATION, VOCATIONAL TRAINING, AND WORK EXPERIENCE. THIS PROGRAM ALLOWS US TO DRAW DOWN MUCH-NEEDED DOLLARS TO HELP BUILD A MORE ENGAGED AND SKILLED

WORKFORCE WHILE MINIMIZING PRESSURE ON SOCIAL SERVICES.AS OF JUNE 30, 2020, UWSELA AND THE CURRENT SEVEN SUBCONTRACTOR

PARTNERS PROVIDING DIRECT SERVICE FOR WORKFORCE DEVELOPMENT TRAINING, HAVE COLLECTIVELY INVESTED \$1,202,044 IN PROGRAMMATIC WORK AROUND WORKFORCE DEVELOPMENT. PARTICIPATION IN THE SNAP E&T PROGRAM HAS ALLOWED FOR THE REIMBURSEMENT OF \$601,022 GOING BACK TO UWSELA AND ITS SUBCONTRACTOR PARTNERS, WHICH CAN THEN BE REINVESTED IN

) (Revenue \$

(Code: ) (Expenses \$ 90,319 including grants of \$ ) (Revenue \$

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.

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(Code:
                           ) (Expenses $
                                                    265,829
                                                             including grants of $
                                                                                               82,340 ) (Revenue $
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(A) (B) (C) (D) (E) (F) Name and Title Average Position (do not check more Reportable Reportable Estimated than one box, unless amount of other hours per compensation compensation person is both an officer week (list from related from the compensation

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

	any hours	and	a dir	ecto		ustee)	)	organization	organizations	from the	
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations	
MICHAEL WILLIAMSON PRESIDENT/CEO	37.50			x				298,179	0	52,929	
DEBRA MODLIN CHIEF FINANCIAL OFFICER	37.50			х				173,218	0	38,571	
CHARMAINE CACCIOPPI EXEC. VP/COO	37.50			х				212,382	0	33,108	

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117,951

107,151

104,599

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DEBRA MODLIN
CHIEF FINANCIAL OFFICER
CHARMAINE CACCIOPPI
EXEC. VP/COO
MARY AMBROSE
CHIEF IMPACT OFFICER

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JAMENE DAHMER

CAROL GSTOHL

TRUSTEE

TRUSTEE

TRUSTEE

TRUSTEE

CHIEF HR OFFICER

MR TERRELL BOYNTON

MS LORI BARTHELEMY

MR ELWOOD CAHILL

MS KARIN STAFFORD BIRD

SR. VP LONG TERM RECOVERY

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and Independent Contractors

(A) (B) (C) (D) (E) (F) Name and Title Position (do not check more Reportable Reportable Estimated Average than one box, unless amount of other hours per compensation compensation person is both an officer week (list from the from related compensation and a director/trustee) any hours organization organizations from the

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

	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	1 ()	Key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations
MR MIKE EDWARDS TRUSTEE	4.00	Х						0	0	0
MR DAVID FRANCIS TRUSTEE	4.00	Х						0	0	0
MR MICHAEL HECHT	4.00	.,								

MR DAVID FRANCIS	4.00				0	
TRUSTEE						
MR MICHAEL HECHT	4.00					
TRUSTEE	••••••	X			0	
MS MARIAN H PIERRE	4.00	v			0	
TRUSTEE		^			ľ	

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and Independent Contractors

MR SCOTT REITAN

MS ADRIENNE SLACK

MS LACEY CONWAY

MR RICK YOUNG

MS MELANIE CRAIG

MR MICHAEL TODD

.......

TRUSTEE

TRUSTEE

TRUSTEE

TRUSTEE

TRUSTEE

TRUSTEE

(A) (B) (C) (D) (E) (F) Name and Title Position (do not check more Reportable Reportable Estimated Average than one box, unless amount of other hours per compensation compensation person is both an officer week (list from the from related compensation and a director/trustee) any hours organization organizations from the

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

	for related	0 =		Iο	<b>X</b>	фт	-	(W- 2/1099-	(W- 2/1099-	organization and
	organizations below dotted line)	Individual trustee or director	Institutional Trustee		Key employee	Highest compensated employee	Former	MISC)	MISC)	related organizations
MS NORMA GRACE TRUSTEE	4.00	Х						0	0	0
DR TAKEISHA DAVIS TRUSTEE	4.00	Х						0	0	0
MS ELIZABETH ELLISON-FROST	4.00	Х						0	0	0

MS NORMA GRACE	4.00	v			0	
TRUSTEE		^				
DR TAKEISHA DAVIS	4.00	v			0	
TRUSTEE		^			J	
MS ELIZABETH ELLISON-FROST	4.00	x			0	
TRUSTEE		^				
MR DERRICK MARTIN	4.00					

and Independent Contractors

TRUSTEE

MR ROBERT KIMBRO

MR TED RUDDOCK

**BOARD TREASURER** 

BOARD SECRETARY

MS CATHY MCRAE

BOARD VICE CHAIR

MR GARY LORIO

BOARD CHAIR

MR TOD SMITH

IMMEDIATE PAST CHAIR

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TRUSTEE		Λ.			9	ŭ	1
MS ELIZABETH ELLISON-FROST	4.00	V			0	0	
TRUSTEE		^				Ü	1
MR DERRICK MARTIN	4.00	v			0	0	
TRUSTEE		^				Ü	
MR ROBERT TANNER	4.00						

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	m 99		Complete if th	ne orga 49 ▶	inization is a sect 947(a)(1) nonexe ▶ Attach to Form !	ion 501(c)(3) e mpt charitable 990 or Form 99	organization or trust. 10-EZ.	a section	2019
		the Treasury	► Go to <u>www</u>	w.irs.go	o <u>v/Form990</u> for in	nstructions and	I the latest info	ormation.	Open to Public Inspection
Nam	e of th	ne organiza OF SOUTHEAS						Employer identific	ation number
ONTIL	D WAI	OI SOUTHEAS	LOUISIANA					72-0471369	
Pa Thom			for Public Charity Some private foundation because					See instructions.	
1 ne o	rganiz		onvention of churches, o		•	•		(A)(i)	
2		·	ŕ						
			scribed in section 170(			,			
3		·	or a cooperative hospital		-			-	anton the color of the Ho
4	Ш	name, city,	esearch organization ope and state:	erated	in conjunction with	a nospital descri	ided in <b>section</b> :	170(b)(1)(A)(III). E	nter the nospital's
5			ation operated for the be ( <b>iv).</b> (Complete Part II.)		f a college or univer	rsity owned or op	perated by a gov	ernmental unit descri	bed in <b>section 170</b>
6		A federal, s	tate, or local governmer	nt or go	overnmental unit de	scribed in <b>sectio</b>	on 170(b)(1)(A	()(v).	
7	✓		ation that normally receives $\mathbf{0(b)(1)(A)(vi)}$ . (Comp			s support from a	governmental u	init or from the gener	al public described in
8			ty trust described in <b>sec</b>	-		(Complete Part I	I.)		
9			ural research organizatio ant college of agricultur						ege or university or a
10		from activit investment	ation that normally receivies related to its exempt income and unrelated been section 509(a)(2).	t functions	ons—subject to cert taxable income (le	tain exceptions,	and (2) no more	than 331/3% of its su	ipport from gross
11		An organiza	ation organized and oper	rated ex	xclusively to test fo	r public safety. S	See section 509	(a)(4).	
12		more public	ation organized and oper ly supported organizatio through 12d that descri	ons des	cribed in section 5	09(a)(1) or se	ction 509(a)(2	). See <mark>section 509(</mark> a	
a		<b>Type I.</b> A so	supporting organization on the confusion of the power to regula Part IV, Sections A and	operate arly app	d, supervised, or co	ontrolled by its s	upported organiz	zation(s), typically by	
b		Type II. A manageme	supporting organization nt of the supporting organication plete Part IV, Sections	n superv anizatio	on vested in the san			• • • • • • • • • • • • • • • • • • • •	_
c		Type III f	unctionally integrated organization(s) (see insti	I. A sup	porting organization				ted with, its
d		Type III n	on-functionally integr integrated. The organize). You must complete	rated. /	A supporting organi enerally must satis	zation operated fy a distribution	in connection wi	th its supported orgar	
e		Check this	box if the organization re or Type III non-function	eceived	l a written determir	ation from the I		pe I, Type II, Type II	I functionally
f	Enter		of supported organization			-			
g	Provi	de the follow	ing information about th	he supp	orted organization(	s).			_
	(i) N	Name of supp organizatior		((	(iii) Type of organization described on lines 1- 10 above (see instructions))		anization listed ing document?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
						Yes	No		
			<u> </u>						
Tota		l. B. '	tion Act Notice, see th	<b>T</b> .		Cat. No. 11285		 Schedule A (Form 9	

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							
	<b>Total.</b> Add lines 1 through 3	15,839,751	16,594,998	13,048,115	10,274,288	14,4	456,408	70,213,560
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)							12,666,831
6	<b>Public support.</b> Subtract line 5 from line 4.							57,546,729
s	ection B. Total Support							
	Calendar year (or fiscal year beginning in) ▶	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	<b>(e)</b> 20	19	(f) Total
7	Amounts from line 4	15,839,751	16,594,998	13,048,115	10,274,288	14,4	456,408	70,213,560
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	231,019	227,443	312,753	395,217	2	206,753	1,373,185
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		11,479	1,951,097
11	<b>Total support.</b> Add lines 7 through 10							73,537,842
12	Gross receipts from related activities,	etc. (see instructi	ons)			12		1,094,516
13	First five years. If the Form 990 is f	or the organizatior	n's first, second, th	nird, fourth, or fifth	n tax year as a sec	tion 501(c)	(3) org	anization,
	check this box and <b>stop here</b>						. ▶ 🗆	]
	ection C. Computation of Publi							
	Public support percentage for 2019 (li					14		78.250 %
	Public support percentage for 2018 So					15		77.510 %
16a	33 1/3% support test—2019. If the							
b	and <b>stop here.</b> The organization qua 33 1/3% support test—2018. If the	ne organization did	I not check a box of	on line 13 or 16a,	and line 15 is 33 1	/3 <b>% or mo</b> r	re, chec	k this
<b>17</b> a	box and stop here. The organization 10%-facts-and-circumstances tes	<b>t—2019.</b> If the or	ganization did not	check a box on lir	ne 13, 16a, or 16b			▶□

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

h 10%-facts-and-circumstances test-2018. 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

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

Р	art III Support Schedule for						
	(Complete only if you cl						er Part II. If
S	the organization fails to ection A. Public Support	quality under	the tests listed i	pelow, please co	ompiete Part II.)		
30	Calendar year	( ) 2015	(1) 2016	( ) 2247	(1) 2010	( ) 2010	(O.T.)
	(or fiscal year beginning in) ▶	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(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						
4	under section 513  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						
<b>L</b>	3 received from disqualified persons Amounts included on lines 2 and 3						
D	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.)						
Se	ection B. Total Support		1	<del></del>			Г
	Calendar year (or fiscal year beginning in) ▶	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(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.						
С	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						
12	(Explain in Part VI.) <b>Total support.</b> (Add lines 9, 10c,						
13	11, and 12.).						
14	First five years. If the Form 990 is for	the organization	n's first, second, th	nird, fourth, or fift	h tax year as a sec	tion 501(c)(3) o	ganization <u>,</u>
	check this box and <b>stop here</b>						▶ ⊔
	ection C. Computation of Public S			! (6))		1 1	
15	Public support percentage for 2019 (lin		•			15	
16	Public support percentage from 2018 S	-	<u> </u>			16	
	ection D. Computation of Investr Investment income percentage for 201			line 13 column (f	:))	17	
17 10	Investment income percentage for 201	-		-		17	
18 10-	331/3% support tests—2019. If the		•			18   33 1/3% and lin	e 17 is not
	more than 33 1/3%, check this box and s						
	more than 33 1/3%, check this box and s 33 1/3% support tests—2018. If the						
ט	not more than 33 1/3%, check this box	-			•		
20	Private foundation. If the organization	-	-				
	ritvate foundation. If the organization	ni ulu not check a	a DOX ON UNE 14, I	.a, or iad, check	, unis pox and see I	HSGRUCGONS	. 📂 📖

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

10a

answer line 10b below.

the organization had excess business holdings).

Sections A and D, and complete Part V.) Section A. All Supporting Organizations Yes No

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 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

Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below. 3a 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 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. 3с

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 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

4b supervised by or in connection with its supported organizations. 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 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 5a amendment to the organizing document).

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

5c Substitutions only. Was the substitution the result of an event beyond the organization's control? Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other 6

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

Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes,"

8 complete Part I of Schedule L (Form 990 or 990-EZ). 8

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

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Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting
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than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its

organization had an interest? If "Yes," provide detail in Part VI.

9c

10a

10b

Schedule A (Form 990 or 990-EZ) 2019

9b

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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.
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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,"

Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether

	edule A (101111 550 01 550 E2) 2015			age 3
Pa	rt IV Supporting Organizations (continued)			
_			Yes	No
	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?			
		11a		
	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in <b>Part VI</b> .	11c		
S	ection B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that	-		
2	operated, supervised, or controlled the supporting organization? If "Yes," explain in <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting	2		
	organization.			
S	ection C. Type II Supporting Organizations			
_			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of			
	each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control or management of the	1		
	supporting organization was vested in the same persons that controlled or managed the supported organization(s).			
S	ection D. All Type III Supporting Organizations		v	
_			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing			
	documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).			
_		2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax			
	year? If "Yes," describe in <b>Part VI</b> the role the organization's supported organizations played in this regard.	3		
S	ection 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 instruct	ions):		
	The organization satisfied the Activities Test. Complete line 2 below.			
	b			
•	The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a government entity (see	instru	ctions)	
2	Activities Test. Answer (a) and (b) below.	ſ	Yes	No
•	a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify those supported organizations and explain</b> how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a		
ı	b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's			
	involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
•	a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI</i> .	3a		
	<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? If "Yes," describe in <b>Part VI.</b> the role played by the organization in this regard.	3h		

3b

1	Type III Non-Functionally Integrated 509(a)(3) Supporting O  Check here if the organization satisfied the Integral Part Test as a qualifying true.			. Part VIV See
	Check here if the organization satisfied the Integral Part Test as a qualifying truinstructions. All other Type III non-functionally integrated supporting organization			
	Section A - Adjusted Net Income		(A) Prior Year	(B) Current Yea (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 Yea (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		
а	Average monthly value of securities	1a		
b	Average monthly cash balances	<b>1</b> b		
C	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
e	<b>Discount</b> 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	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		

	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 <b>Part VI</b> ). 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 <b>Part VI</b> ). See instructions	
9	Distributable amount for 2019 from Section C, line 6	

7 Total annual distributions. Add lines 1 through 6.						
Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions						
9 Distributable amount for 2019 from Section C, line 6						
10 Line 8 amount divided by Line 9 amount	10 Line 8 amount divided by Line 9 amount					
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019			
1 Distributable amount for 2019 from Section C, line 6						
2 Underdistributions if any for years prior to 2019						

7 Total annual distributions. Add lines 1 through 6.			
Distributions to attentive supported organizations to who details in <b>Part VI</b> ). See instructions			
9 Distributable amount for 2019 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-2019	(iii) Distributable Amount for 2019
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required explain in <b>Part VI</b> ). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2019:			
a From 2014			
<b>b</b> From 2015			
c From 2016			

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2019:			
a From 2014			
<b>b</b> From 2015			
c From 2016			
<b>d</b> From 2017			
<b>e</b> From 2018			
f Total of lines 3a through e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2019 distributable amount			
<ul> <li>Carryover from 2014 not applied (see instructions)</li> </ul>			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
	The state of the s	·	

c From 2016		
d From 2017		
e From 2018		
<b>Total</b> of lines 3a through e		
g Applied to underdistributions of prior years		
n Applied to 2019 distributable amount		
Carryover from 2014 not applied (see instructions)		
Remainder. Subtract lines 3g, 3h, and 3i from 3f.		
Distributions for 2019 from Section D, line 7:		
\$		
Applied to underdistributions of prior years		
Applied to 2019 distributable amount		
Remainder. Subtract lines 4a and 4b from 4.		

instructions)		
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.		
4 Distributions for 2019 from Section D, line 7:		
\$		
Applied to underdistributions of prior years		
<b>b</b> Applied to 2019 distributable amount		
c Remainder. Subtract lines 4a and 4b from 4.		
<b>5</b> Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in <b>Part VI</b> . See instructions.		
6 Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI. See instructions		

C Remainder, Subtract lines 4a and 4b from 4.		
5 Remaining underdistributions for years prior to 2019, 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 2019. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI. See instructions.		
<b>7 Excess distributions carryover to 2020.</b> Add lines 3j and 4c.		
8 Breakdown of line 7:		
a Excess from 2015		
<b>b</b> Excess from 2016		
c Excess from 2017		

Schedule A (Form 990 or 990-EZ) (2019)

d Excess from 2018.

e Excess from 2019. . . . .

schedule A (	Form 990 or 990-EZ)	2019 Page <b>X</b>
Part VI	Section A, lines 1, 2, Part IV, Section D, lir	rmation. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, 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; nes 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 and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See
		Facts And Circumstances Test
900 Sched	dule A, Supplemer	ntal Information
	<u> </u>	
Ret	urn Reference	Explanation
SCHEDULE	A, PART II, LINE 10,	INSURANCE/SETTLEMENT PROCEEDS - 2016 AMOUNT: \$ 1,916,406. REFUNDS/REIMBURSEMENTS - 2017 AM

OUNT: \$ 4,433. 2018 AMOUNT: \$ 18,779. 2019 AMOUNT: \$ 11,479. EXPLANATION OF OTHER

INCOME:

**Political Campaign and Lobbying Activities** 

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

OMB No. 1545-0047

DLN: 93493325011020

Inspection

Department of the Treasury Internal Revenue Service

EZ)

2

3

SCHEDULE C (Form 990 or 990-

▶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. 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 **Employer identification number** UNITED WAY OF SOUTHEAST LOUISIANA 72-0471369 Complete if the organization is exempt under section 501(c) or is a section 527 organization. Part I-A Provide a description of the organization's direct and indirect political campaign activities in Part IV (see instructions for definition of "political campaign activities") Political campaign activity expenditures (see instructions) 2 3 Volunteer hours for political campaign activities (see instructions) ...... Complete if the organization is exempt under section 501(c)(3). Enter the amount of any excise tax incurred by the organization under section 4955 ...... 1 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 Was a correction made? ☐ Yes □ No If "Yes," describe in Part IV. Complete if the organization is exempt under section 501(c), except section 501(c)(3).

Enter the amount directly expended by the filing organization for section 527 exempt function activities .....

Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities .....

Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b......... Did the filing organization file Form 1120-POL for this year?

5	organization made payments. For each organization listed, enter the amount paid from the filling 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 politica contributions received and promptly and directly delivered to a separate political organization. If none, enter -0				
1									
2									
3									
1									
5									

Future the same and second and second second

30,466

224,665

21.761

23,660

212,301

16,900

33.755

189,002

36.631

226,119

26,165

Schedule C (Form 990 or 990-EZ) 2019

124,512

852,087

1,278,131

88,937

Total lobbying expenditures

Grassroots ceiling amount

Grassroots nontaxable amount

(150% of line 2d, column (e))

Grassroots lobbying expenditures

Return Reference

For e	ach "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying	(	a)	(b)	)
ctivi		Yes	No	Amo	unt
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:				
а	Volunteers?				
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?				
С	Media advertisements?				
d	Mailings to members, legislators, or the public?				
е	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				
a	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				
С	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
	TO 1 CT 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				
	t III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)	)(5), o	r secti	on	
	,	)(5), o	r secti		. N
ar	t III-A Complete if the organization is exempt under section 501(c)(4), section 501(c) 501(c)(6).		r secti	Yes	s N
ar	Complete if the organization is exempt under section 501(c)(4), section 501(c) 501(c)(6).  Were substantially all (90% or more) dues received nondeductible by members?		r secti	Yes	s N
ar	Complete if the organization is exempt under section 501(c)(4), section 501(c) 501(c)(6).  Were substantially all (90% or more) dues received nondeductible by members?  Did the organization make only in-house lobbying expenditures of \$2,000 or less?		E	Yes	s N
Par	Complete if the organization is exempt under section 501(c)(4), section 501(c) 501(c)(6).  Were substantially all (90% or more) dues received nondeductible by members?		 	Yes 1 2 3	
'ar	Complete if the organization is exempt under section 501(c)(4), section 501(c) 501(c)(6).  Were substantially all (90% or more) dues received nondeductible by members?  Did the organization make only in-house lobbying expenditures of \$2,000 or less?	 		Yes 1 2 3 on 501(	
ar	Complete if the organization is exempt under section 501(c)(4), section 501(c) 501(c)(6).  Were substantially all (90% or more) dues received nondeductible by members?	 		Yes 1 2 3 on 501(	
'ar	Complete if the organization is exempt under section 501(c)(4), section 501(c) 501(c)(6).  Were substantially all (90% or more) dues received nondeductible by members?	)(5), o		Yes 1 2 3 on 501(	
ar	Complete if the organization is exempt under section 501(c)(4), section 501(c) 501(c)(6).  Were substantially all (90% or more) dues received nondeductible by members?  Did the organization make only in-house lobbying expenditures of \$2,000 or less?  Did the organization agree to carry over lobbying and political expenditures from the prior year?  TIII-B Complete if the organization is exempt under section 501(c)(4), section 501(c) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part answered "Yes."  Dues, assessments and similar amounts from members  Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).  Current year	)(5), o III-A		Yes 1 2 3 on 501(	
ar ar b	Complete if the organization is exempt under section 501(c)(4), section 501(c) 501(c)(6).  Were substantially all (90% or more) dues received nondeductible by members?  Did the organization make only in-house lobbying expenditures of \$2,000 or less?  Did the organization agree to carry over lobbying and political expenditures from the prior year?  TIII-B Complete if the organization is exempt under section 501(c)(4), section 501(c) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part answered "Yes."  Dues, assessments and similar amounts from members  Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).  Current year  Carryover from last year	(5), o III-A 1 2a 2b		Yes 1 2 3 on 501(	
ar ab	Complete if the organization is exempt under section 501(c)(4), section 501(c) 501(c)(6).  Were substantially all (90% or more) dues received nondeductible by members?  Did the organization make only in-house lobbying expenditures of \$2,000 or less?  Did the organization agree to carry over lobbying and political expenditures from the prior year?  TIII-B Complete if the organization is exempt under section 501(c)(4), section 501(c) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part answered "Yes."  Dues, assessments and similar amounts from members  Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).  Current year  Carryover from last year  Total	(5), o III-A 1 2a 2b 2c		Yes 1 2 3 on 501(	
ar	Complete if the organization is exempt under section 501(c)(4), section 501(c) 501(c)(6).  Were substantially all (90% or more) dues received nondeductible by members?  Did the organization make only in-house lobbying expenditures of \$2,000 or less?  Did the organization agree to carry over lobbying and political expenditures from the prior year?  TIII-B Complete if the organization is exempt under section 501(c)(4), section 501(c) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part answered "Yes."  Dues, assessments and similar amounts from members  Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).  Current year  Carryover from last year  Total  Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues .	(5), o III-A 1 2a 2b		Yes 1 2 3 on 501(	
ar	Complete if the organization is exempt under section 501(c)(4), section 501(c) 501(c)(6).  Were substantially all (90% or more) dues received nondeductible by members?  Did the organization make only in-house lobbying expenditures of \$2,000 or less?  Did the organization agree to carry over lobbying and political expenditures from the prior year?  LIII-B Complete if the organization is exempt under section 501(c)(4), section 501(c) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part answered "Yes."  Dues, assessments and similar amounts from members  Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).  Current year  Carryover from last year  Total  Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues .  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	(5), o IIII-A 1 2a 2b 2c 3		Yes 1 2 3 on 501(	
ar 2 3 ar b	Complete if the organization is exempt under section 501(c)(4), section 501(c) 501(c)(6).  Were substantially all (90% or more) dues received nondeductible by members?  Did the organization make only in-house lobbying expenditures of \$2,000 or less?  Did the organization agree to carry over lobbying and political expenditures from the prior year?  TIII-B Complete if the organization is exempt under section 501(c)(4), section 501(c) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part answered "Yes."  Dues, assessments and similar amounts from members  Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).  Current year  Carryover from last year  Total  Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues .  If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does	(5), o III-A 1 2a 2b 2c		Yes 1 2 3 on 501(	

Explanation

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#### DLN: 93493325011020

OMB No. 1545-0047

#### SCHEDULE D (Form 990)

**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.

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Department of the Treasury Internal Revenue Service

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▶ Go to www.irs.gov/Form990 for instructions and the latest information. Name of the organization **Employer identification number** UNITED WAY OF SOUTHEAST LOUISIANA 72-0471369 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 Total number at end of year . . . . . . . . . 6 2 Aggregate value of contributions to (during year) 374,750 Aggregate value of grants from (during year) 449.250 Aggregate value at end of year . . . . . . . 69.850 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 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 ✓ Yes ☐ No Part II **Conservation Easements.** Complete if the organization answered "Yes" on Form 990, Part IV, line 7. 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 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 2b Number of conservation easements on a certified historic structure included in (a) . . . . . 20 Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register . . . Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the 3 tax year 🟲 Number of states where property subject to conservation easement is located > Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? . . . . . . . . . . . . . . . Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) ☐ Yes 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. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 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. 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: 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:

d Equipment .

Par	t III	Organizations M	aintaining Colle	ections of Art, H	Iistori	cal T	reası	ures, or Other	Similar A	ssets (con	tinued)
3		ig the organization's acq ns (check all that apply):	'	, and other records,	check a	any of	the fo	ollowing that are a	significant (	use of its co	llection
а		Public exhibition			d		Loan	or exchange prog	ırams		
b		Scholarly research			е		Othe	er			
С		Preservation for future	e generations								
4		ride a description of the XIII.	organization's colle	ections and explain l	now the	ey furtl	her th	e organization's ex	xempt purpo	se in	
5		ng the year, did the org ets to be sold to raise fur								☐ Yes	□ No
Pa	rt IV	Complete if the or X, line 21.	ganization answe	ered "Yes" on For						unt on For	m 990, Part
1a		ne organization an agent uded on Form 990, Part								☐ Yes	☑ No
b	If "Y	es," explain the arrange	ement in Part XIII a	and complete the fo	llowing	table:			А	mount	
c	Begi	inning balance						1c			
d	Addi	itions during the year .						1d			
е	Dist	ributions during the year	r					1e			
f	Endi	ing balance						1f			
2a	Did t	the organization include	an amount on For	m 990 Part X line	21 for	escrow	or cu	ustodial account lia	ahility?	□ ves	✓ No
b		es," explain the arrange								_	L 110
	rt V	Endowment Fund		Check here it the ex	Сріапац	on nas	beei	i provided ili Fart .	<u> </u>		_
		Complete if the or		ered "Yes" on For	m 990	, Part	IV, ا	ine 10.			
				(a) Current year	<b>(b)</b> P	rior yea		(c) Two years back	(d) Three ye	ars back (e)	Four years back
<b>1</b> a	Begin	ning of year balance .		5,659,498		5,639	9,848	5,440,832	5,	,145,992	5,410,544
b	Contr	ibutions									
С	Net in	nvestment earnings, gair	ns, and losses	87,000		246	5,896	422,183		517,138	-44,186
d	Grant	s or scholarships	• [	233,225		227	7,246	223,167		222,298	220,366
е		expenditures for facilitions of the expenditures of the expension of the e	es								
f	Admir	nistrative expenses .									
g	End o	f year balance	[	5,513,273		5,659	9,498	5,639,848	5,	,440,832	5,145,992
2	Prov	ride the estimated perce	ntage of the currer	nt year end balance	(line 1	g, colu	mn (a	ı)) held as:			
а	Boar	rd designated or quasi-e	endowment 🛌 6	54.030 %							
b	Pern	nanent endowment ►	31.660 %								
С	Tem	porarily restricted endo	wment ► 4.31	0 %							
	The	percentages on lines 2a	, 2b, and 2c should	d equal 100%.							
3а		there endowment funds anization by:	not in the possess	ion of the organizat	ion that	t are h	eld ar	nd administered fo	r the		Yes No
	(i) u	unrelated organizations								3a(i)	
		related organizations .								3a(ii	) No
b		'es" on 3a(ii), are the re	<del>-</del>	•			.? .			3b	
4		cribe in Part XIII the inte			vrnent f	unas.					
Pa	rt VI	Land, Buildings, Complete if the or			m 990	. Part	TV. I	ine 11a. See Fo	rm 990. Pa	rt X. line	10.
	Desc	ription of property	(a) Cost or othe	er basis (b) Cost							Book value
			(investmen	it)							
	Land					30	02,893				302,893
		ngs					, 39,058	ļ	1,116,053		273,005
		hold improvements				-,	,				

329,937

52,230

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

34,007

25,171

635,076

295,930

27,059

Part VII		own 000 Doub IV lin	a 11b	Coo Form 000 I	) \	( line 12
	Complete if the organization answered "Yes" on Fo  (a) Description of security or category				d of valuation:	
(1) Financia	(including name of security)  I derivatives			Cost or end-or-	-уеаг	market value
(2) Closely- (3) Other _	held equity interests					
(A) BENEFIC	IAL INTEREST IN ASSETS HELD BY OTHERS	3,219,398			F	
(B) INVESTMENT IN COMMON ENDOWMENT FUND OF GREATER NEW						
ORLEANS FO		325,781			F	
(C)						
(D)						
(E)						
(F)						
(G)						
(H)						
	n (b) must equal Form 990, Part X, col. (B) line 12.)	3,545,179				
Part VIII	Investments—Program Related.  Complete if the organization answered 'Yes' on Fo	orm 990, Part IV, lin	e 11c	. See Form 990,	Part :	X, line 13.
	(a) Description of investment			(b) Book value		) Method of valuation: t or end-of-year market
(1)						value
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
Total. (Colum	n (b) must equal Form 990, Part X, col.(B) line 13.)		<b>•</b>			
Part IX	Other Assets.  Complete if the organization answered 'Yes' on Fo	rm 990 Part IV line	11d	See Form 990 Par	+	ne 15
	(a) Description		, 1101	500 1 01111 330, 1 41	C 7(, 11	(b) Book value
(1)						
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
	mn (b) must equal Form 990, Part X, col.(B) line 15.)				<b>•</b>	
Part X	Other Liabilities.					Post V. line 25
1.	Complete if the organization answered 'Yes' on Fo		e 11e	or 111.5ee Form	990,	(b) Book value
	income taxes					
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
Total. (Colum	n (b) must equal Form 990, Part X, col.(B) line 25.)			•		4,474,580
	or uncertain tax positions. In Part XIII, provide the text of 's liability for uncertain tax positions under FIN 48 (ASC 74					

2

1

2

C

d

е 3

b

Part XIII

See Additional Data Table

4

5

а

Schedule D (Form 990) 2019

-9.003

20,097

1,894,678

257,574

221,948

20,097

1.894.678

2e

3

4c

2e

3

4c

5

Page 4

470,519

12,755,865

1,914,775

14,670,640

13,654,267

479,522

13,174,745

1,914,775

15.089.520

Schedule D (Form 990) 2019

Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)

XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional 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

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

e

3 

Amounts included on Form 990, Part VIII, line 12, but not on line 1:

Investment expenses not included on Form 990, Part VIII, line 7b .

Amounts included on line 1 but not on Form 990, Part VIII, line 12:

Net unrealized gains (losses) on investments . . . .

4 b Add lines **4a** and **4b** . . . . . . C

5

Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) . . . . . . . Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements . . . . . .

Part XII Amounts included on line 1 but not on Form 990, Part IX, line 25:

Amounts included on Form 990, Part IX, line 25, but not on line 1:

Add lines **4a** and **4b** . . . . . . . . . . . .

Supplemental Information

Investment expenses not included on Form 990, Part VIII, line 7b . . .

Donated services and use of facilities . .

Prior year adjustments . . . . .

Other (Describe in Part XIII.) . . .

Add lines 2a through 2d .

Return Reference

Subtract line 2e from line 1 .

2a

4a

4b

2a

2b

2c

2d

4a

4b

Explanation

chedule D (Form 990) 2019	Page <b>5</b>						
Part XIII Supplemental Information (continued)							
Return Reference	Explanation						

Schedule D (Form 990) 2019

## **Additional Data**

Software ID: Software Version:

**EIN:** 72-0471369

Name: UNITED WAY OF SOUTHEAST LOUISIANA

## Supplemental Information

Return Reference	Explanation
	IN A PRIOR YEAR, UWSELA ESTABLISHED ENDOWMENT FUNDS TO RECEIVE AND INVEST FUNDS FOR THE BE NEFIT 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 REVISE D STATUTES OF 1950. ACCORDINGLY, NO PROVISION FOR INCOME TAXES HAS BEEN INCLUDED IN THE FI NANCIAL STATEMENTS. FASB ASC 740 PROVIDES DETAILED GUIDANCE FOR FINANCIAL STATEMENT RECOGN ITION, MEASUREMENT, AND DISCLOSURE OF UNCERTAIN TAX POSITIONS RECOGNIZED IN AN ENTITY'S FI NANCIAL STATEMENT. AS OF JUNE 30, 2020, UWSELA HAS DETERNINED THAT IT DOES NOT HAVE ANY UN CERTAIN TAX POSITIONS THAT QUALIFY FOR EITHER RECOGNITION OR DISCLOSURE IN THE FINANCIAL S TATEMENTS. TAX RETURNS GENERALLY REMAIN SUBJECT TO EXAMINATION BY THE TAXING AUTHORITIES F OR THREE YEARS.

Supplemental Information

Supplemental Information	
Return Reference	Explanation
PART XI, LINE 2D - OTHER ADJUSTMENTS:	SPECIAL EVENT EXPENSES 95,445. RAFFLE EXPENSE 9,327. RENTAL EXPENSES 117,176.

Supplemental Information	
Return Reference	Explanation
PART XI, LINE 4B - OTHER ADJUSTMENTS:	DONOR DESIGNATIONS 1,894,678.

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Supplemental Information	
Return Reference	Explanation
PART XII, LINE 2D - OTHER ADJUSTMENTS:	SPECIAL EVENT EXPENSES 95,445. RAFFLE EXPENSE 9,327. RENTAL EXPENSES 117,176.

upplemental Information						
Return Reference	Explanation					
PART XII, LINE 4B - OTHER ADJUSTMENTS:	DONOR DESIGNATIONS 1,894,678.					

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efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93493325011020 OMB No. 1545-0047 SCHEDULE G **Supplemental Information Regarding** (Form 990 or 990-EZ) **Fundraising or Gaming Activities** Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a. Open to Public Department of the Treasury Attach to Form 990 or Form 990-EZ. Inspection Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information. **Employer identification number** Name of the organization UNITED WAY OF SOUTHEAST LOUISIANA 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. Indicate whether the organization raised funds through any of the following activities. Check all that apply. Mail solicitations e Solicitation of non-government grants Internet and email solicitations ☐ Solicitation of government grants Phone solicitations ☐ Special fundraising events ☐ In-person solicitations 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 If "Yes," list the 10 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 (ii) Activity (iii) Did (iv) Gross receipts (v) Amount paid to (vi) Amount paid to or entity (fundraiser) fundraiser have from activity (or retained by) (or retained by) custody or fundraiser listed in organization control of col. (i) contributions? Yes No 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.

Cat. No. 50083H

Schedule G (Form 990 or 990-EZ) 2019

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

		(a)Event #1	<b>(b)</b> Event #2	(c)Other events	(d) Total events (add col. (a) through
		DE TOCQUEVILLE (event type)	RED BEANS AND RICE COOKOFF (event type)	(total number)	col. <b>(c)</b> )
Revenue					
	1 Gross receipts	125,051	28,928	55,068	209,04
	2 Less: Contributions	89,074	13,700	34,668	137,44
	3 Gross income (line 1 minus line 2)	35,977	15,228	20,400	71,60
	4 Cash prizes				
Direct expenses	5 Noncash prizes	15,171			15,17
8	7 Food and beverages	34,575		21,796	56,37
ក្ត   ក	8 Entertainment				
<u>e</u>	9 Other direct expenses	19,332	1,623	2,948	23,90
	10 Direct expense summary. Add lines 4 t	through 9 in column (d)		•	95,44
- 1					/
	11 Net income summary. Subtract line 10				-23,840
Par	<b>11</b> Net income summary. Subtract line 10 <b>t III Gaming.</b> Complete if the organ on Form 990-EZ, line 6a.		s" on Form 990, Part I	▶ V, line 19, or reported	-23,84
	<b>Gaming.</b> Complete if the organic		s" on Form 990, Part I  (b) Pull tabs/Instant bingo/progressive bingo		-23,84 more than \$15,000 (d) Total gaming (add
Keverkie	<b>t III Gaming.</b> Complete if the organic on Form 990-EZ, line 6a.	anization answered "Ye	(b) Pull tabs/Instant		-23,84 more than \$15,000 (d) Total gaming (add
ises Kevernie	<b>Gaming.</b> Complete if the organic	anization answered "Ye	(b) Pull tabs/Instant		-23,84 more than \$15,000 (d) Total gaming (add
ises Kevernie	<b>Gaming.</b> Complete if the organ on Form 990-EZ, line 6a.	anization answered "Ye	(b) Pull tabs/Instant		-23,841 more than \$15,000
Expenses Kevernie	f III Gaming. Complete if the organ on Form 990-EZ, line 6a.  1 Gross revenue	anization answered "Ye	(b) Pull tabs/Instant		-23,84 more than \$15,000 (d) Total gaming (add
ises Kevernie	f III Gaming. Complete if the organ on Form 990-EZ, line 6a.  1 Gross revenue	anization answered "Ye	(b) Pull tabs/Instant		-23,840 more than \$15,000 (d) Total gaming (add
Expenses Kevernie	Gaming. Complete if the organ on Form 990-EZ, line 6a.  1 Gross revenue	anization answered "Ye	(b) Pull tabs/Instant		-23,84 more than \$15,000 (d) Total gaming (add
Expenses Kevernie	Gaming. Complete if the organ on Form 990-EZ, line 6a.  1 Gross revenue	(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	-23,84 more than \$15,000 (d) Total gaming (add
Expenses Kevernie	Gaming. Complete if the organ on Form 990-EZ, line 6a.  1 Gross revenue  2 Cash prizes	(a) Bingo  Yes %  No	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	-23,84 more than \$15,000 (d) Total gaming (add
Expenses Kevernie	fill Gaming. Complete if the organ on Form 990-EZ, line 6a.  1 Gross revenue  2 Cash prizes  3 Noncash prizes  4 Rent/facility costs  5 Other direct expenses	(a) Bingo  Yes %  No  through 5 in column (d)	(b) Pull tabs/Instant bingo/progressive bingo  Yes % No	(c) Other gaming  Yes % No	-23,844 more than \$15,000 (d) Total gaming (add
Ulrect Expenses Reversite	Gaming. Complete if the organization on Form 990-EZ, line 6a.  1 Gross revenue	(a) Bingo  Yes %  No  through 5 in column (d)  t line 7 from line 1, column ion conducts gaming activities.	(b) Pull tabs/Instant bingo/progressive bingo  Yes	(c) Other gaming  Yes % No	-23,84 more than \$15,000  (d) Total gaming (add col.(a) through col.(c))
Direct Expenses Reversie	Gaming. Complete if the organ on Form 990-EZ, line 6a.  1 Gross revenue	(a) Bingo  Yes %  No  through 5 in column (d)  t line 7 from line 1, column ion conducts gaming activities in each of	(b) Pull tabs/Instant bingo/progressive bingo  Yes % No  n (d)	(c) Other gaming  Yes % No	-23,84 more than \$15,000  (d) Total gaming (add col.(a) through col.(c))
Direct Expenses Reversie	1 Gross revenue	(a) Bingo  Yes %  No  through 5 in column (d)  t line 7 from line 1, column ion conducts gaming activities in each of	(b) Pull tabs/Instant bingo/progressive bingo  Yes % No No n (d)	(c) Other gaming  Yes % No	-23,844 more than \$15,000  (d) Total gaming (add col.(a) through col.(c))

Sche	dule G (Form 990 or 990-EZ) 20	19				F	age <b>3</b>
11	Does the organization conduct	gaming activities with nonmembers	5?		Yes	Пио	
12	Is the organization a grantor, be formed to administer charitable		member of a partnership or other entity		Yes		
13	Indicate the percentage of gam	ning activity conducted in:					
а	The organization's facility .			13a			%
b	An outside facility			13b			%
14	Enter the name and address of	the person who prepares the organ	nization's gaming/special events books and	records:			
	Name •						
	Address >						
15a			m the organization receives gaming		·∏yes	Пио	
b	If "Yes," enter the amount of g	aming revenue received by the orgained by the third party $ ightharpoons$	anization 🕨 \$ and	the			
c	If "Yes," enter name and addre	ss of the third party:					
	Name •						
	Address ▶						
16	Gaming manager information:						
	Name 🟲						
	Gaming manager compensation	1 ▶ \$	<del></del>				
	Description of services provided	d ▶					
	☐ Director/officer	☐ Employee	☐ Independent contractor				
17	Mandatory distributions:						
а	<u>-</u>		stributions from the gaming proceeds to		□Yes	Пио	
b	Enter the amount of distributio	ns required under state law distribu	ited to other exempt organizations or spent	:	☐ 1e3		
		pt activities during the tax year					
Pai			ions required by Part I, line 2b, colum licable. Also provide any additional inf				s.
	Return Reference		Explanation				

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Schedule I

(Form 990)

Department of the

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

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

► Go to <u>www.irs.gov/Form990</u> for the latest information.

OMB No. 1545-0047

DLN: 93493325011020

Open to Public Inspection

Internal Revenue Service							
Name of the organization UNITED WAY OF SOUTHEAST LO	UISIANA					Employer identification 72-0471369	cation number
Part I General Inform	nation on Grants	and Assistance				/2-04/1309	
1 Does the organization mai	ntain records to sub	stantiate the amount of	the grants or assistance,	the grantees' eligibility	for the grants or assistan	ce, and	
the selection criteria used							☑ Yes ☐ N
<ul><li>Describe in Part IV the org</li><li>Part II Grants and Other</li></ul>	•	_	_		rganization answered "Yes	" on Form 990. Part IV. line	 e 21. for any recipient
that received more	than \$5,000. Part I	I can be duplicated if ad	ditional space is needed.	T	T	Г	
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) See Additional Data							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
2 Enter total number of sect							106
3 Enter total number of other For Paperwork Reduction Act Noti			· · · · · · ·	Cat. No. 5005			U hedule I (Form 990) 2019

(3) BET MORTGAGE ASSISTANCE

(2) HOSPITALITY CARES COVID RELIEF

(4) LA PRISONER RE-ENTRY DIRECT SERVICE

Schedule I (Form 990) 2019

Part III

PROJECT

(4)

(5)

(6)

(7)

Part IV

PART I, LINE 2:

Return Reference

Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.

244,000

2,385,000

910

2.029

IOUTCOME/GOAL ATTAINMENT DATA IS REPORTED TO US BY OUR FUNDED PARTNERS EVERY SIX MONTHS.

60 INDIVIDUAL DEVELOPMENT ACCOUNT (IDA)

**Explanation** 

4770

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

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

Schedule I (Form 990) 2019

(f) Description of noncash assistance

Page 2

## Additional Data

(a) Name and address of

ADAPT INC

4TH FL

216 MEMPHIS STREET

METAIRIE, LA 70002

BOGALUSA, LA 704273844 AMERICAN RED CROSS - SE LA

3131 N I-10 SERVICE ROAD E

Software ID: Software Version:

(h) EIN

72-1274844

72-0408907

**EIN:** 72-0471369

Name: UNITED WAY OF SOUTHEAST LOUISIANA

25,575

63,159

(c) IPC section

(a) Name and address of	(D) LIN	(c) INC Section	(u) Amount of Cash	(e) Amount of non-	(1) Method of Valuation
organization		if applicable	grant	cash	(book, FMV, appraisal,
or government				assistance	other)

501(C)3

501(C)3

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

(g) Description of non-cash assistance

(h) Purpose of grant or assistance

GRANT FUNDING &

DESIGNATED GIFTS

GRANT FUNDING &

DESIGNATED GIFTS

(f) Method of valuation (a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government assistance other) THE ARC OF GREATER NEW 72-0456903 501(C)3 72,542 IGRANT FUNDING &

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

WEST

METAIRIE, LA 70001

ORLEANS 925 S LABARRE RD METAIRIE, LA 70001					DESIGNATED GIFTS
BOY SCOUTS - SOUTHEAST LOUISIANA COUNCIL 4200 S I-10 SERVICE RD	72-0408954	501(C)3	46,106		GRANT FUNDING & DESIGNATED GIFTS

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) **BOYS & GIRLS CLUBS OF** 72-0648695 501(C)3 37.280 GRANT FUNDING & SOUTHEAST LA INC DESIGNATED GIFTS 650 POYDRAS ST STE 2225

IDESIGNATED GIFTS

31.047

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

501(C)3

650 POYDRAS ST STE 2225 NEW ORLEANS, LA 70130 BOYS TOWN OF LOUISIANA

700 FRENCHMAN STREET NEW ORLEANS, LA 70116

INC

41-2220807

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government assistance other) BUREAU OF GOVERNMENTAL 72-0408914 501(C)3 5.500 DESIGNATED GIFTS

CADA	72-0541502	501(C)3	81,504		GRANT FUNDING &
RESEARCH 1055 ST CHARLES AVENUE SUITE 200 NEW ORLEANS, LA 70130					

3520 GENERAL DEGAULLE DR DESIGNATED GIFTS STE 5010

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

NEW ORLEANS, LA 70114

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) 72-0517802 501(C)3 68.661 GRANT FUNDING & CANCER ASSOCIATION OF GNO DESIGNATED GIFTS 824 FLMWOOD PARK BLVD

STF 240 NEW ORLEANS, LA 70123

501(C)3 16,297 CAPITAL AREA UNITED WAY LA 72-0447100

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

BATON ROUGE, LA 70802

DESIGNATED GIFTS 700 LAUREL STREET

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, non-cash assistance or assistance organization if applicable grant cash or government assistance other) 72-1054889 501(C)3 15.553 GRANT FUNDING & CASA NEW ORLEANS 1340 POYDRAS ST SUITE 2120 DESIGNATED GIFTS NEW ORLEANS, LA 70112 GRANT FUNDING &

CATHOLIC CHARITIES 72-0408911 501(C)3 238.252 ARCHDIOCESE OF NEW IDESIGNATED GIFTS ORLEANS

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

1000 HOWARD AVE STE 1000

NEW ORLEANS, LA 70113

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization if applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance assistance other) or government 72-1262466 501(C)3 29.316 CHILD ADVOCACY SERVICES IGRANT FUNDING & 1504 W CHURCH STREET IDESIGNATED GIFTS

HAMMOND, LA 70401 CHILDREN'S BUREAU OF NEW 72-0408916 501(C)3 74.160 ORLEANS

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

NEW ORLEANS, LA 701303206

IGRANT FUNDING & IDESIGNATED GIFTS 400 LAFAYETTE ST STE 140

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government CHILDREN'S HOSPITAL-LA 72-0467503 501(C)3 11.573 IDESIGNATED GIFTS

IDESIGNATED GIFTS

CHILDREN'S HOSPITAL-LA 72-0467503 501(C)3 11,573
200 HENRY CLAY AVENUE
NEW ORLEANS, LA 70118

CITY YEAR NEW ORLEANS INC 22-2882549 501(C)3 38,308 GRANT FUNDING &

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

805 HOWARD AVE

NEW ORLEANS, LA 70113

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization if applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance assistance other) or government 94-3279613 501(C)3 25.000 GRANT FUNDING COLLEGE TRACK 111 BROADWAY SUITE 101

OAKLAND, CA 94607 COMMUNITIES IN SCHOOL OF 72-1317054 501(C)3 26.961 GRANT FUNDING & NEW ORLEANS IDESIGNATED GIFTS

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

PO BOX 792800

NEW ORLEANS, LA 70179

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government 74-3173649 501(C)3 30.034 COMMUNITY CENTER OF ST IGRANT FUNDING & BERNARD IDESIGNATED GIFTS 1107 LEBEAU ST

GRANT FUNDING

ARABI, LA 70032

100.000

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

501(C)3

CRESCENT CARE

1631 ELYSIAN FIELDS NEW ORLEANS, LA 70117 72-1059635

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization if applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance assistance other) or government 68-0516834 501(C)3 25,646 CRIME STOPPERS OF IGRANT FUNDING &

HAMMOND, LA 70404				
PO BOX 2973				
TANGIPAHOA				DESIGNATED GIFT

CURE DUCHENNE 501(C)3 15.000l IDESIGNATED GIFTS 20-0299958

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

1400 QUAIL STREET 110 NEWPORT BEACH, CA 92660

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance assistance other) or government UNDING

GRANT FUNDING &

DESIGNATED GIFTS

DOLLYWOOD FOUNDATION 111 DOLLYWOOD LANE PIGEON FORGE, TN 37863	62-1348105	501(C)3	9,026		GRANT FU
DRYADES YMCA	77-0428019	501(C)3	29,721		GRANT FU

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

2222 ORETHA CASTLE HALEY

NEW ORLEANS, LA 70113

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government 72-1028297 501(C)3 26.752 EAST ST TAMMANY RAINBOW IGRANT FUNDING & CHILD CARE CENTER INC IDESIGNATED GIFTS 121 KINGSPOINT BLVD

GRANT FUNDING

9.948

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

501(C)3

121 KINGSPOINT BLVD SLIDELL, LA 70461 FDUCARE 45-3788164

320 JULIA STREET NEW ORLEANS, LA 70130

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) 72-1266819 501(C)3 100.000 GRANT FUNDING EFFORTS OF GRACE 1712 ORETHA CASTLE HALEY BI VD ELAINE P NUNEZ COMMUNITY 72-1308725 501(C)3 20.000 GRANT FUNDING

NEW ORLEANS, LA 70113 COLLEGE

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

3701 PARIS ROAD CHALMETTE, LA 70043

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government 20-4250103 501(C)3 64.667 GRANT FUNDING FPWORTH PROJECT 360 ROBERT BLVD

IGRANT FUNDING

30.416

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

501(C)3

SLIDELL, LA 70458

EVERGREEN LIFE SERVICES

2101 HWY 80 HAUGHTON, LA 71037 72-0537029

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government FAMILY PROMISE ST TAMMANY 35-2489888 501(C)3 26.168 IGRANT FUNDING &

513 MICHIGAN AVENUE SLIDELL, LA 70458			·		DESIGNATED GIFTS
FAMILY VIOLENCE CENTER OF	58-1834566	501(C)3	77,319		GRANT FUNDING &

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

OI DEKNARD 3010 JEAN LAFITTE PKWY

CHALMETTE, LA 70043

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance organization grant cash or assistance assistance other) or government IFTS

FATHER'S HOUSE KIDS 1707 ESPLANADE AVENUE NEW ORLEANS, LA 70116	72-1309470	501(C)3	10,671		DESIGNATED GIFTS
FRIENDS OF LAKEVIEW	90-0606504	501(C)3	5,850		DESIGNATED GIFTS

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

PO BOX 24378

NEW ORLEANS, LA 70184

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) 72-1400841 501(C)3 75.000l GRANT FUNDING GNO NONPROFIT KNOWLEDGE WORKS 1600 CONSTANCE ST

NEW ORLEANS, LA 70130 72-0408921 501(C)3 100.000 GRANT FUNDING GREATER NEW ORLEANS

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

FOUNDATION

919 ST CHARLES AVENUE NEW ORLEANS, LA 70130

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) 13-1632516 501(C)3 200.000 DESIGNATED GIFTS GREEK ORTHODOX ARCHDIOCESE 8 FAST 79TH STREET NEW YORK, NY 10075 GRETNA UNITED METHODIST 72-6077812 501(C)3 9.0001 DESIGNATED GIFTS CHURCH

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

1309 WHITNEY AVENUE GRETNA, LA 70056

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization if applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance assistance other) or government 26-2281213 501(C)3 164.450 HANDS ON NEW ORLEANS IGRANT FUNDING & 2515 CANAL STREET IDESIGNATED GIFTS

2515 CANAL STREET
NEW ORLEANS, LA 70119

HEALTH AND EDUCATION
ALLIANCE OF LOUISIANA
1700 JOSEPHINE STREET

DESIGNATED GIF

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

NEW ORLEANS, LA 70113

(f) Method of valuation (a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government assistance other) INST OF WOMEN AND ETHNIC 72-1244155 501(C)3 40.000 GRANT FUNDING CTUDIEC

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

2919 ST CHARLES AVENUE NEW ORLEANS, LA 70115

365 CANAL STREET SUITE 1550 NEW ORLEANS, LA 70130					
JERICHO ROAD EPISCOPAL HOUSING	20-8419678	501(C)3	25,000		GRANT FUNDING

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government 72-0408937 501(C)3 41.638 GRANT FUNDING & JEWISH COMMUNITY CENTER IDESIGNATED GIFTS

IDESIGNATED GIFTS

JEWISH COMMONITY CENTER 72-0408937 501(C)3 41,638 GRANT FONDING & DESIGNATED GIFTS NEW ORLEANS, LA 70115 DESIGNATED GIFTS SOURCE 72-0851575 501(C)3 37,196 GRANT FUNDING & GRA

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

3330 W ESPLANADE STE 600

METAIRIE, LA 70002

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government 72-1084132 501(C)3 38.944 JUNIOR ACHIEVEMENT OF IGRANT FUNDING & GNO INC IDESIGNATED GIFTS

GRANT FUNDING

10.000

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

501(C)3

5100 ORLEANS AVENUE NEW ORLEANS, LA 70124

4319 CARONDELET STREET NEW ORLEANS, LA 70115 72-6000609

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) JUSTICE AND 46-1482878 501(C)3 50.510 GRANT FUNDING ACCOUNTABILITY CENTER 4035 WASHINGTON AVENUE

IGRANT FUNDING

92.819

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

501(C)3

SUITE 203 NEW ORLEANS, LA 70125

KID SMART

1920 CLIO STREET NEW ORLEANS, LA 70112

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization if applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance assistance other) or government 72-0408940 501(C)3 149.068 KINGSLEY HOUSE IGRANT FUNDING & 1600 CONSTANCE ST IDESIGNATED GIFTS

NEW ORLEANS, LA 70130 LAKE PONTCHARTRAIN BASIN 72-1152784 501(C)3 31.047 FOUNDATION

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

DESIGNATED GIFTS PO BOX 6965 METAIRIE, LA 70009

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) 20-4586416 501(C)3 18.098 GRANT FUNDING LOUISIANA ASSOCIATION OF UNITED WAYS 2515 CANAL STREET

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

NEW ORLEANS, LA 70119 LIBERTY'S KITCHEN

101

26-2254285 501(C)3 43.058 GRANT FUNDING 300 N BROAD STREET SUITE NEW ORLEANS, LA 70119

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) 20-5961971 501(C)3 52.350 GRANT FUNDING & LOUISIANA CENTER FOR CHILDREN'S RIGHTS DESIGNATED GIFTS

1100-B MILTON STREET NEW ORLEANS, LA 70122 LOUISIANA ENDOWMENT FOR 72-0795568 501(C)3 26.330 GRANT FUNDING & DESIGNATED GIFTS

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

THE HUMANITIES 938 LAFAYEETE ST SUITE 300

NEW ORLEANS, LA 70113

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government 27-2884715 501(C)3 25.150 GRANT FUNDING LOUISIANA GREEN CORPS 2645 TOULOUSE STREET 20-4728582 501(C)3 31.170 GRANT FUNDING

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

NEW ORLEANS, LA 70119
LOUISIANA HOSPITALITY FOUNDATION
PO BOX 24046

NEW ORLEANS, LA 70184

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable organization grant cash (book, FMV, appraisal, non-cash assistance or assistance assistance other) or government IDING &

GRANT FUNDING &

DESIGNATED GIFTS

LOYOLA UNIVERSITY 7214 ST CHARLES AVENUE NEW ORLEANS, LA 70118	72-0408946	501(C)3	37,008		GRANT FUNDING & DESIGNATED GIFTS

28.730

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

501(C)3

LUKES HOUSE 2023 SIMON BOLIVAR AVENUE

NEW ORLEANS, LA 70113

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance organization grant cash or assistance or government assistance other) MARY OUEEN OF VIETNAM 20-4929600 501(C)3 25.494 IGRANT FUNDING &

COMMUNITY DEVELOPMENT CORP INC 4626 ALCEE FORTIER BLVD NEW ORLEANS, LA 70129		(-)	25,16		DESIGNATED GIFTS
METROPOLITAN CENTER FOR	72-1062244	501(C)3	29.467		GRANT FUNDING &

30±(C)3 COMMUNITY ADVOCACY DESIGNATED GIFTS PO BOX 10775

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

JEFFERSON, LA 70181

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government 58-1866671 501(C)3 13.400 GRANT FUNDING NAMI ST TAMMANY PO BOX 2055 MANDEVILLE, LA 70470

PO BOX 2055
MANDEVILLE, LA 70470

NEW ORLEANS COUNCIL ON 72-0634096 501(C)3 112,029
AGING
2475 CANAL STREET

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

NEW ORLEANS, LA 70119

organization or government if applicable grant cash assistance (book, FMV, appraisal, other) or assistance or assistance or government

NEW ORLEANS FAMILY 26-2541029 501(C)3 105,600 GRANT FUNDING &

(e) Amount of non-

(d) Amount of cash

(f) Method of valuation

(g) Description of

(h) Purpose of grant

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

(c) IRC section

(a) Name and address of

PO BOX 19123

NEW ORLEANS, LA 70179

(b) EIN

JUSTICE ALLIANCE 701 LOYOLA AVENUE SUITE 201 NEW ORLEANS, LA 70150					DESIGNATED GIFTS
NEW ORLEANS MUSEUM OF ART	72-6000331	501(C)3	20,000		DESIGNATED GIFTS

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) 02-0773717 501(C)3 40.000 GRANT FUNDING NEW SCHOOLS FOR NEW ORLEANS 1555 POYDRAS STREET STE 781 NEW ORLEANS, LA 70122

IGRANT FUNDING

7.000

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

501(C)3

72-1028539

NORTHSHORE FOOD BANK

840 N COLUMBIA STREET COVINGTON, LA 70433

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government 61-1791941 501(C)3 49.038 GRANT FUNDING & OPERATION RESTORATION IDESIGNATED GIFTS

IDESIGNATED GIFTS

PO BOX 56894 NEW ORLEANS, LA 70156 47-1514606 501(C)3 35.240 IGRANT FUNDING &

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

OPERATION SPARK 2539 COLUMBUS STREET

NEW ORLEANS, LA 70119

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization if applicable (book, FMV, appraisal, non-cash assistance or assistance grant cash or government assistance other) OUR DAILY BREAD OF 72-1438651 501(C)3 27,815 GRANT FUNDING & ED GIFTS

TANGIPAHOA PO BOX 1476 HAMMOND, LA 70404					DESIGNATED GIFTS
PLAQUEMINES COMMUNITY CARE CENTER	20-3884943	501(C)3	84,932		GRANT FUNDING & DESIGNATED GIFTS

8480 HWY 23

BELLE CHASSE, LA 70037

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

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) POLICY INSTITUTE FOR THE 46-4487461 501(C)3 6.000 DESIGNATED GIFT CHILDREN OF LOUISIANA PO BOX 13552 NEW ORLEANS, LA 70185 **OUAD AREA COMMUNITY** 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.

ACTION AGENCY

45300 NORTH BAPTIST ROAD HAMMOND, LA 70401

(f) Method of valuation (a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(g) Description of (h) Purpose of grant organization if applicable (book, FMV, appraisal, non-cash assistance or assistance grant cash or government assistance other) RAPHAFI VILLAGE 82-1693179 501(C)3 246 000 l GRANT FUNDING

E17 CORADADU CEREET ART	02 1050175		210,000		Cit iii i ciibiii
517 SORAPARU STREET APT					
104					
NEW ORLEANS, LA 70130					
11211 0112271137 21 70130					
REBUILDING TOGETHER NEW	83-4047337	501(C)3	49,005		DESIGNATED GIFTS

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

ORLEANS

2801 MARAIS STREET NEW ORLEANS, LA 70117

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization if applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance assistance other) or government 501(C)3 26.000 GRANT FUNDING ROYAL CASTLE CHILD 72-1317443

GRANT FUNDING &

DESIGNATED GIFTS

33.873

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

501(C)3

DEVELOPMENT 3800 EAGLE ST NEW ORLEANS, LA 701183404

MANDEVILLE, LA 70471

SAFE HARBOR INC.

4441 IBERVILLE ST

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government SECOND HARVEST FOOD BANK 72-0956468 501(C)3 267.272 GRANT FUNDING & IDESIGNATED GIFTS

1201 SAMS AVE NEW ORLEANS, LA 70123

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

NEW ORLEANS, LA 70119

SON OF A SAINT 46-5554558 501(C)3 43.688 IGRANT FUNDING 2803 ST PHILIP STREET

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) 72-0877422 501(C)3 79.775 GRANT FUNDING & SOUTHEAST LA LEGAL SERVICES CO DESIGNATED GIFTS

GRANT FUNDING &

DESIGNATED GIFTS

37.340

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

501(C)3

1200 DEREK STE 100 HAMMOND, LA 70403 SOUTHEAST SPOUSE ABUSE PROGRAM

HAMMOND, LA 704041946

PO BOX 1946

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance or government assistance other) 35-1044585 501(C)3 16.896 ST JUDE CHILDREN'S IDESIGNATED GIFTS DECEMBELL LICEDITAL

GRANT FUNDING &

DESIGNATED GIFTS

52.506

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

501(C)3

RESEARCH HUSPITAL
14333 PERKINS ROAD SUITE A
BATON ROUGE, LA 70810
STARC

1541 ST ANN PLACE

SLIDELL, LA 70460

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance or government assistance other) 72-1222127 501(C)3 31.047 SUSAN G KOMEN BREAST DESIGNATED GIFTS CANCER NEW ORLEANS AFFII TATE 4141 VETERANS BLVD SUITE 202

GRANT FUNDING

305.232

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

501(C)3

81-4645103

202 METAIRIE, LA 70002 TANGILENA LONG TERM

RECOVERY GROUP 601 RUE CANNES HAMMOND, LA 70403

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) 72-0903571 501(C)3 25.232 GRANT FUNDING & TANGIPAHOA VOLUNTARY DESIGNATED GIFTS

GRANT FUNDING &

DESIGNATED GIFTS

32.352

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

501(C)3

COUNCIL ON AGING
106 NORTH BAY ST
AMITE, LA 70422
THE GOOD SAMARITAN

910 CROSS GATES BLVD SLIDELL, LA 70461

MINISTRY

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) THE NATIONAL WORLD WAR II 27-2262560 501(C)3 21.000 IDESIGNATED GIFTS MUSEUM

945 MAGAZINE STREET NEW ORLEANS, LA 70130 THE SALVATION ARMY AREA 63-0288866 501(C)3 30.158

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

NEW ORLEANS, LA 70125

GRANT FUNDING & COMMAND DESIGNATED GIFTS 4526 S CLATBORNE AVE

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government TOTAL COMMUNITY ACTION 72-0599165 501(C)3 300.000 IGRANT FUNDING

DESIGNATED GIFTS

1420 S JEFFERSON DAVIS PKWY NEW ORLEANS, LA 70125	(-)-			

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

611 NORTH RAMPART ST

NEW ORLEANS, LA 70112

501(C)3 76.079 TRAVELERS AID SOCIETY 72-0408990 GRANT FUNDING &

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government 13-1624241 501(C)3 167.167 UNITED NEGRO COLLEGE IGRANT FUNDING & IDESIGNATED GIFTS

IDESIGNATED GIFTS

FUND 1100 POYDRAS ST STF 1400 NEW ORLEANS, LA 70163

6.748

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

501(C)3

UNITED WAY OF ACADIANA PO BOX 52033

LAFAYETTE, LA 70505

(f) Method of valuation (b) EIN (e) Amount of non-(g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance organization grant cash or assistance or government assistance other) UNITED WAY OF COLLIER 59-1026096 501(C)3 10.0001 DESIGNATED GIFTS

COUNTY 9015 STRADA STELL CT STE 204 NAPLES, FL 34109		333(3)3	23,73		
UNITED WAY OF GREATER	74-1167964	501(C)3	7,965		DESIGNATED GIFTS

HOUSTON 50 WAUGH DRIVE

(d) Amount of cash

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

(c) IRC section

(a) Name and address of

HOUSTON, TX 77007

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government UNITED WAY OF MIAMI-DADE 59-0830840 501(C)3 21.501 IDESIGNATED GIFTS

DESIGNATED GIFTS

UNITED WAY OF MIAMI-DADE 59-0830840 501(C)3 21,501 DESIGN/
3250 SW 3RD AVENUE
MIAMI, FL 331292712

14.952

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

501(C)3

UNITED WAY OF ST CHARLES

13207 RIVER ROAD LULING, LA 70070

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government 64-0303075 501(C)3 16.078 UNITED WAY OF THE CAPITAL IDESIGNATED GIFTS AREA INC MS PO DRAWER 23169

MEMBERSHIP DUES

5.412

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

501(C)3

JACKSON, MS 39225 UNITED WAY WORLDWIDE

701 NORTH FAIRFAX STREET ALEXANDRIA, VA 223142045

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) 72-0928066 501(C)3 120.000 UNIVERSITY OF VIRGINIA IDESIGNATED GIFTS FOUNDATION

PO BOX 400218 CHARLOTTESVILLE, VA 22904 URBAN LEAGUE OF GREATER 72-0423627 501(C)3 204.924

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

NEW ORLEANS, LA 70119

GRANT FUNDING & NEW ORLEANS DESIGNATED GIFTS 2322 CANAL ST

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization if applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance assistance other) or government VIA LINK 72-0706669 501(C)3 121.185 IGRANT FUNDING & IDESIGNATED GIFTS

2820 NAPOLEON AVE STE 550 NEW ORLEANS, LA 70115 VOLUNTEERS OF AMERICA OF 72-0709750 501(C)3 52.964 GRANT FUNDING & GNO IDESIGNATED GIFTS

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

4152 CANAL ST

NEW ORLEANS, LA 70119

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization if applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance assistance other) or government 501(C)3 25.000 YMCA BOGALUSA 72-0441354 IGRANT FUNDING & IDESIGNATED GIFTS

411 AVENUE B BOGALUSA, LA 704273656 YMCA OF GREATER NEW 72-0423890 501(C)3 62.665 GRANT FUNDING & ORLEANS IDESIGNATED GIFTS

1215 PRYTANIA ST STE 103

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

NEW ORLEANS, LA 70130

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance organization grant cash or assistance or government assistance other) 42-1633060 501(C)3 42,426 GRANT FUNDING & YOUTH EMPOWERMENT

DESIGNATED GIFTS

PROJECT 1600 ORETHA CASTLE HALEY BLVD NEW ORLEANS, LA 70113					DESIGNATED GIFTS
YOUTH SERVICE BUREAU OF	72-0933867	501(C)3	85,860		GRANT FUNDING &

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

ST TAMMANY 430 N NEW HAMPSHIRE

COVINGTON, LA 70433

efil	e GRAPHIC pr	int - DO NOT PROCESS	As Filed Data	a -	DLN: 93	49332	25011	020
Sch	edule J	Co	mpensati	ion Information	0	MB No.	1545-0	0047
(For	n 990)	For certain Office	rs, Directors, T	rustees, Key Employees, and Hig	hest			
		► Complete if the orga	Compensa nization answ	ated Employees vered "Yes" on Form 990, Part IV,	, line 23.	20	119	)
D			▶ Attach	to Form 990. instructions and the latest inforn		Open		
•	tment of the Treasury al Revenue Service	P Go to <u>www.ms.gov</u>	7 <u>71 01111990</u> 101	mistructions and the latest mion	nation.		ectio	
	ne of the organizated way of SOUTH				Employer identifica	tion nu	ımber	
					72-0471369			
Pa	rt I Questi	ons Regarding Compensat	ion				I	
<b>1</b> a	Check the appro	opiate box(es) if the organization	provided any of	the following to or for a person liste	d on Form		Yes	No_
				y relevant information regarding the				
		or charter travel		Housing allowance or residence for	personal use			
	_	companions		Payments for business use of perso				
		nification and gross-up payments	님	Health or social club dues or initiation				
	☐ Discretion	ary spending account	Ш	Personal services (e.g., maid, chauf	feur, chef)			
b				follow a written policy regarding pay				
_		· ·		ve? If "No," complete Part III to expl	ain	1b	Yes	
2				or allowing expenses incurred by all r, regarding the items checked on Lir	ne 1a? .     .		Yes	
3	Indicate which	if any of the following the filing of	organization use	ed to establish the compensation of the	20			
•	organization's C	EO/Executive Director. Check all	that apply. Do r	not check any boxes for methods				
	used by a relate	d organization to establish comp	ensation of the	CEO/Executive Director, but explain i	n Part III.			
	<b>✓</b> Compens	ation committee		Written employment contract				
	Independent	ent compensation consultant	lacksquare	Compensation survey or study				
	☐ Form 990	of other organizations	$\checkmark$	Approval by the board or compensa	tion committee			
4	During the year related organiza		90, Part VII, Se	ction A, line 1a, with respect to the fi	iling organization or a			
а	_	ance payment or change-of-cont	rol navment?			4a		No
b		r receive payment from, a supple				4b		No
c	•		•	nsation arrangement?		4c		No
	If "Yes" to any o	of lines 4a-c, list the persons and	provide the app	olicable amounts for each item in Part	III.			
	Only 501(c)(3	), 501(c)(4), and 501(c)(29)	organizations	must complete lines 5-0				
5			=	the organization pay or accrue any				
		ontingent on the revenues of:		, , , , , , , , , , , , , , , , , , , ,				
а	The organization	1?				5a		No
b						5b		No
_	•	5a or 5b, describe in Part III.	A 1: 4 1:1.					
6		ed on Form 990, Part VII, Section ontingent on the net earnings of:		the organization pay or accrue any				
а	The organization	1?				6a		No
b						<b>6</b> b		No
	•	6a or 6b, describe in Part III.						
7	For persons liste payments not d	ed on Form 990, Part VII, Section escribed in lines 5 and 6? If "Yes,	ı A, Iine 1a, did i " describe in Pa	the organization provide any nonfixed rt III	a 	7	Yes	
8				red pursuant to a contract that was				
				section 53.4958-4(a)(3)? If "Yes," de		_		
^						8		No
9				presumption procedure described in		9		
For F		ction Act Notice, see the Inst			50053T Schedule 3		1 990)	2019

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

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the

(A) Name and Title	J	(B) Breakdowr	n of W-2 and/or 1099-MISC	C compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation in
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	column (B) reported as deferred on prior Form 990
MICHAEL WILLIAMSON PRESIDENT/CEO	(i)	266,639	27,966	3,574	27,788	25,141	351,108	0
NESIDE, 525	(ii)	0	0	0	0	0	0	0
DEBRA MODLIN CHIEF FINANCIAL OFFICER	(i)	131,934	40,000	1,284	15,890	22,681	211,789	0
	(ii)	0	0	0	0	0	0	0
CHARMAINE CACCIOPPI EXEC. VP/COO	(i)	206,643	. 0	5,739	23,037	10,071	245,490	0
	(ii)	0	0	0	0	0	0	0
							1	
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	$\Box$	 [					,	

chedule J (Form 990) 2019					
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				
	THE CEO'S WIFE TRAVELS WITH HIM TO WASHINGTON MARDI GRAS EACH FEBRUARY. COMPANION TRAVEL WAS APPROVED IN WRITING BY THE BOARD CHAIR CONSISTENT WITH UWSELA'S POLICY. THE CEO'S AA BOOKED A BUSINESS CLASS FLIGHT FOR HIM IN OCT 2019 AS SHE WAS NOT AWARE OF THE POLICY TO BUY COACH ONLY.				
PART I, LINE 7	THE ORGANIZATION PROVIDED BONUSES FOR CERTAIN GOALS BEING MET.				

Schedule 1 (Form 990) 2019

2 Enter the amount 4958 3 Enter the amount complete reported (a) Name of interested person	tion EAST LOUISIANA enefit Tran the organiza ne of disquali t of tax incurr t of tax, if and t of tax, if and t of tax incurr t of tax, if and t of tax incurr	te if the organiz 27, 28a, 28t 27, 28a, 28t Go to www.irs.go A  nsactions (section answered "Ye fied person  red by the organiz	ation ansion, or 28c,  Attach tov/Form9  on 501(c)(es" on Form  (b) Rel  zation man e, reimburs  et Perso "Yes" on Form  X, line 5, 6 (d) Loan torgan	wered "Yes" or Form 990 to Form 990 for instru  (3), section 50 m 990, Part IV lationship betworg  agers or disquessed by the orgonia.  orm 990-EZ, P. 6, or 22	on Form 99 -EZ, Part V, or Form 990 ctions and to 1 (c)(4), and to 1 (e) ctions and to	line 38a or 4 I-EZ. Iche latest info  section 501(c) 25b, or Form 5 fied person and  ms during the y	Em 72- (29) o 990-EZ dd (	nploy. 0471 organi organi organi tra	er idel 369 izations t V, lin escripti nsaction  section    \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	ntifical sonly) e 40b. on of on	20 Deen Inspirition in (d) You	i) Written
Department of the Treasury Internal Revenue Service  Name of the organizat UNITED WAY OF SOUTHE  Part I Excess B Complete if  1 (a) Nam  2 Enter the amount 4958 3 Enter the amount 4958 Complete reported  (a) Name of interested person  o  (1) MICHAEL	tion EAST LOUISIANA enefit Tran the organiza ne of disqualit t of tax incurr t of tax, if and to and/or If e if the organi an amount of Relationship with	te if the organiz 27, 28a, 28b Go to www.irs.gs  A  Isactions (sectivation answered "Yes fied person  Tred by the organiz y, on line 2, above  From Interest ization answered n Form 990, Part (c) Purpose of	ation ansion, or 28c,  Attach tov/Form9  on 501(c)(es" on Form  (b) Rel  zation man e, reimburs  et Perso "Yes" on Form  X, line 5, 6 (d) Loan torgan	wered "Yes" or Form 990 to Form 990 for instru  (3), section 50 m 990, Part IV lationship betwork  aggers or disquessed by the orgonia.  orm 990-EZ, P 6, or 22 to or from the	on Form 99 -EZ, Part V, or Form 990 ctions and to 1 (c)(4), and to 1 (e) ctions and to	O, Part IV, line 38a or 40-EZ. The latest info section 501(c) 25b, or Form 9 fied person and as during the y beautiful and the section 501  as during the y beautiful and the section 501  as during the y beautiful and the section 501  as during the y beautiful and the section 501  as during the y beautiful and the section 501  as during the y beautiful and the section 501  as during the y beautiful and the section 501  as during the y beautiful and the section 501  as during the y beautiful and the section 501  as during the y beautiful and the section 501  as during the y beautiful and the section 501  as during the y beautiful and the section 501  as during the y beautiful and the section 501  as during the y beautiful and the section 501  as during the y beautiful and the section 501  as during the y beautiful and the section 501  as during the y beautiful and the section 501  as during the y beautiful and the section 501  beautiful and the section 501  as during the y beautiful and the section 501  contains the section	Em 72- (29) o 990-EZ dd (	nploy. 0471 organi organi organi tra	er idel 369 izations t V, lin escripti nsaction  section    \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	s only) e 40b. on of on	Open (Inspition in (d) You	to Public pection number  ) Corrected? es No  ganization  i) Written
Part II Loans t Complete reported  (a) Name of interested person  (a) Name of interested person  (1) CEC	tion EAST LOUISIANA enefit Trar f the organiza ne of disquali  t of tax incurr t of tax, if and to and/or I e if the organi an amount o Relationship with	A sactions (section answered "Ye fied person "red by the organiz", on line 2, above From Interestization answered in Form 990, Part (c) Purpose of	on 501(c)(es" on Forr (b) Rel  zation man e, reimburs ed Perso "Yes" on For X, line 5, 6 (d) Loan t organ	(3), section 50 m 990, Part IV lationship betwork organization of the control of	1(c)(4), and, line 25a or veen disquality ganization  allified person. anization.  art V, line 38	section 501(c) 25b, or Form 9 fied person and as during the y	Em 72-(29) o 990-EZ dd (	onder s	369 izations t V, lin escripti nsactio	s only) e 40b. on of on  ; or if t	(d) You	) Corrected? es No ganization i) Written
Part I Excess Be Complete if  1 (a) Nam  2 Enter the amount 4958	enefit Trar f the organiza ne of disquali  t of tax incurr t of tax, if and to and/or I e if the organi an amount o Relationship with	red by the organizity, on line 2, above From Interestization answered n Form 990, Part (c) Purpose of	zation man e, reimburs ed Perso "Yes" on Fo X, line 5, 6 (d) Loan t	agers or disquessed by the orgonal sed by the organization of the sed by the organ	, line 25a or veen disqualification  lalified person lanization .  lart V, line 38  (e) Original principal	25b, or Form 990  (f) Balance	72- (29) o 990-EZ d (	onder s	369 izations t V, lin escripti nsactio	s only) e 40b. on of on  ; or if t	(d Ya	) Corrected? es No  ganization  i) Written
Complete if  1 (a) Nam  2 Enter the amount 4958 3 Enter the amount Complete reported (a) Name of interested person  1) AICHAEL	t of tax incurrent to family and or family and or family and or family and an amount of the organical and amount of the organical and organica	red by the organizity, on line 2, above From Interestization answered n Form 990, Part (c) Purpose of	zation man e, reimburs ed Perso "Yes" on Fo X, line 5, 6 (d) Loan t	agers or disquessed by the orgonal sed by the organization of the sed by the organ	, line 25a or veen disqualification  lalified person lanization .  lart V, line 38  (e) Original principal	25b, or Form 990  (f) Balance	(29) o 290-EZ	organia Z, Par c) De tra	zations t V, lin escripti nsaction section  section (h	e 40b. on of on  ; or if t	(d Yo	es No ganization  i) Written
2 Enter the amount 4958 3 Enter the amount Complete reported (a) Name of interested person  1) CEC	t of tax incurrence to fax, if and to and/or left to and amount of the companion of the com	red by the organiz y, on line 2, above  From Interest ization answered n Form 990, Part (c) Purpose of	zation man e, reimburs ed Perso "Yes" on Fo X, line 5, 6 (d) Loan t organ	agers or disques sed by the orgonal sed by the organization of the sed by the organization of th	veen disqualii ganization  lalified person lanization  art V, line 38  (e) Original principal	ns during the y	rear ur	nder s	section  section  (h	on of on significant of the sign	(d) You	es No ganization  i) Written
2 Enter the amount 4958 3 Enter the amount  Part II Loans t Complete reported (a) Name of interested person o  1) CEC	t of tax incurrence to fax, if and to and/or left to and amount of the companion of the companion and amount of the companion with	red by the organize, or organize, or organize, or organize, above the contract of the contract	zation man e, reimburs  ed Perso "Yes" on Fo X, line 5, 6 (d) Loan t organ	agers or disquessed by the orgonal points. Form 990-EZ, P. 6, or 22 to or from the	panization  valified person  vart V, line 38  (e) Original principal	ns during the y	rear ur	tra	section  section  (h	; or if t	You have a second of the org	es No ganization  i) Written
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MICHAEL		1			amount	due	default? Approved board or committee			• '		
MICHAEL	_	l	То	From	400	400	Yes	No	Yes	No	Yes	No
		USE OF COMPANY CARD FOR PERSONAL ITEMS (\$120). REIMBURSED ON 7/6/2020.		X	120	120		No		No		No
Fotal				▶	\$	120						
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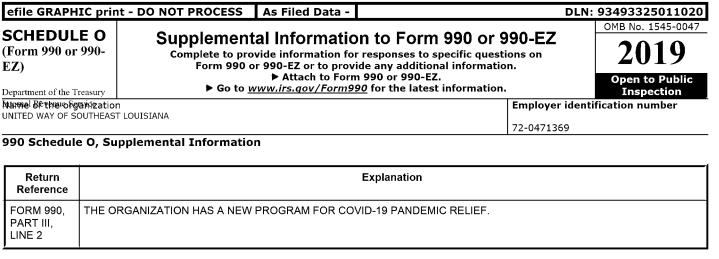
Explanation

Schedule I. (Form 990 or 990-F7) 2019

**Return Reference** 

efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93493325011020 SCHEDULE M OMB No. 1545-0047 **Noncash Contributions** (Form 990) 2019 ▶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. Open to Public Department of the Treasury Internal Revenue Service Inspection Name of the organization **Employer identification number** UNITED WAY OF SOUTHEAST LOUISIANA 72-0471369 **Types of Property** (b) (c) (d) (a) Check if Number of contributions or Noncash contribution Method of determining applicable items contributed amounts reported on noncash contribution amounts Form 990, Part VIII, line 1g 1 Art—Works of art . . 300 FAIR MARKET VALUE Art-Historical treasures 3 Art—Fractional interests Books and publications Χ 174 FAIR MARKET VALUE Clothing and household 715 FAIR MARKET VALUE Χ . . . . . Cars and other vehicles Boats and planes . Intellectual property . . Χ 26,440 FAIR MARKET VALUE Securities—Publicly traded . 10 Securities—Closely held stock . 11 Securities—Partnership, LLC, or trust interests . . . . 12 Securities—Miscellaneous . Qualified conservation contribution-Historic structures . . . . 14 Qualified conservation contribution—Other . Real estate—Residential 15 Real estate—Commercial . 17 Real estate—Other . Collectibles . . . 18 493 FAIR MARKET VALUE Χ 79,116 FAIR MARKET VALUE 19 Food inventory . . . 20 Drugs and medical supplies . **21** Taxidermy . . . . . 22 Historical artifacts . 23 Scientific specimens . . 24 Archeological artifacts . . Χ 42 22,425 FAIR MARKET VALUE 25 Other ► ( CARD/CERTIFICATES ) Other ▶ ( COMPUTERS ) Χ 1 3,300 FAIR MARKET VALUE Χ 1,800 FAIR MARKET VALUE 27 Other ▶ (IPHONES) Χ 200 FAIR MARKET VALUE 28 Other ► (FLOWERS) 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 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 isn't required to be used for exempt purposes for the entire holding period? 30a Nο **b** If "Yes," describe the arrangement in Part II. 31 Nο Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash 32a Nο **b** If "Yes," describe in Part II. If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II. Schedule M (Form 990) (2019) For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat. No. 51227J

Schedule M (Form 990) (2019)	Page 2		
<b>Part III Supplemental Information.</b> 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 M (Form 990) (2019)		



Return Reference	Explanation
FORM 990, PART III, LINE 4A CONTINUED:	NEW ORLEANS GRADE LEVEL READING CAMPAIGN - 125 ORGANIZATIONS ACTIVELY PARTICIPATING IN THE COLLABORATION - 441 COMMUNITY MEMBERS INVOLVED THROUGH THE COLLABORATION - MULTIPLE PARTN ERSHIPS ESTABLISHED IN ALL THREE GRADE-LEVEL READINESS DRIVER AREAS: SCHOOL READINESS, SUM MER LEARNING AND ATTENDANCE. PARTNERSHIPS AND THEIR PURPOSE HAVE INCLUDED: EARLY CARE AND EDUCATION FUNDING & POLICY (AN EXAMPLE OF OUR PARTNERS INCLUDE AGENDA FOR CHILDREN, ENTERG Y NEW ORLEANS, INSTITUTE OF MENTAL HYGIENE, W.K. KELLOGG FOUNDATION, LOUISIANA POLICY INST ITUTE FOR CHILDREN, UNITED WAY, WOMEN UNITED, WYES, KINGSLEY HOUSE, URBAN LEAGUE OF LOUISI ANA, LOUISIANA CHILDREN'S MUSEUM, N.O. CHILDREN AND YOUTH PLANNING BOARD, MAYOR'S OFFICE FOR YOUTH AND FAMILIES, NEW ORLEANS EARLY EDUCATION NETWORK); AND SUMMER LEARNING (NORDC, NEW ORLEANS PUBLIC LIBRARY, URBAN LEAGUE OF LOUISIANA, N.O. YOUTH ALLIANCE, NATIONAL SUMMER LEARNING (NORDC, NEW ORLEANS PUBLIC LIBRARY, URBAN LEAGUE OF DESIRE, DISCOVERYFEST, COMMUNITIES IN SCHOOLS, AND KIDSMART). PARTNERSHIPS FOR OUR ATTENDANCE WORK INCLUDE NOLA PUBLIC SCHOOLS, N.O. CHILDREN AND YOUTH PLANNING BOARD, MAYOR'S OFFICE FOR YOUTH AND FAMILIES, TOTAL COMMUNITY ACTION, FAMILIES AND FRIENDS OF LOUISIANA'S INCARCERATED CHILDREN, AND HEALTH AND EDUCATIO NALIJANCE OF LOUISIANA (HEAL). IN ADDITION TO A SUMMER LEARNING WORKING GROUP THAT DEVELO PED 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 INC REASE ACCESS TO QUALITY ECE IN NEW ORLEANS; AND THE ATTENDANCE TASK FORCE WHICH HAS BEGUN TO IDENTIFY THE SYSTEMIC ISSUES THAT CONTRIBUTE TO CHRONIC ABSENCE IN ORLEANS SCHOOLS THE EFFORTS ACCOMPLISHED IN THE SECOND HALF OF THE GRANT PERIOD CONTINUED MOMENTUM TO SECUR E DEDICATED FUNDING FOR THE CREATION AND SUSTAINABILITY OF HIGH-QUALITY EARLY CARE AND EDUCATION SEATS. WITHIN THE GRANT PERIOD, THE CAMPAIGN SUCCESSFULLY ADVOCATED FOR \$3 MILLION FROM THE NEW ORLEANS CITY COUNCIL AND THE M

Return Explanation
Reference

FORM 990, PART VI, SECTION A, LINE 6

EVERY CONTRIBUTOR TO A FUND-SOLICTING CAMPAIGN CONDUCTED BY THIS CORPORATION SHALL AUTOMAT ICALLY BECOME A MEMBER OF THE CORPORATION FOR THE CALENDAR YEAR FOR WHICH SUCH CONTRIBUTION N IS MADE. AT EVERY MEETING OF THE CORPORATION MEMBERS, EACH MEMBER SHALL BE ENTITLED TO ONE WHICH VOTE MUST BE CAST BY THE MEMBER IN PERSON. TEN MEMBERS SHALL CONSTITUTE A QUORUM.

Return Explanation

FORM 990, 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 UN SECTION A, LINE 7A

Return Explanation

FORM 990, THE 990 IS PRESENTED TO AND REVIEWED BY THE BOARD OF TRUSTEES AT A MONTHLY MEETING AFTER A PART VI, REVIEW IS CONDUCTED BY THE CFO AND BY THE AUDIT COMMITTEE.

990 Schedule O, Supplemental Information

LINE 11B

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	THE CONFLICT OF INTEREST POLICY IS DISTRIBUTED TO THE UNITED WAY STAFF AND THE BOARD OF TR USTEES ANNUALLY. ALL COMPLETED EMPLOYEE FORMS ARE RETURNED TO THE CHIEF HUMAN RESOURCES OF FICER 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 UNDERT AKEN 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 APPR OVAL 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. ON THE BOARD OR A DULY CONSTITUTED COMMITTEE THEREOF.

Return Explanation
Reference

FORM 990,
PART VI,
SECTION B,
LINE 15

THE CEO'S SALARY DETERMINED BY THE EXECUTIVE COMMITTEE OF THE BOARD OF TRUSTEES. OTHER TOP
MANAGEMENT SALARIES ARE DETERMINED BY THE CEO. COMPARABILITY DATA IS OBTAINED FROM AN IND
SECTION B,
LINE 15

OR EACH POSITION. THESE SALARY RANGES ARE ADJUSTED FOR INFLATION PERIODICALLY.

Return Explanation

Reference

LINE 19

FORM 990, PART VI, SECTION C,

990 Schedule O, Supplemental Information

Return

Reference	μ
FORM 990, PART XII,	THERE HAVE BEEN NO CHANGES FROM THE PRIOR YEAR IN THE OVERSIGHT OR SELECTION PROCESSES FOR THE AUDIT THAT THE ORGANIZATION'S COMMITTEE USES.
LINE 2C:	

Explanation