

PUBLIC DISCLOSURE COPY

October 30, 2024

United Way of Southeast Louisiana
2401 Canal St
New Orleans, LA 70119

United Way of Southeast Louisiana:

Enclosed are the original and one copy of the 2023 Exempt Organization return, as follows...

2023 Form 990

Each original should be dated, signed and filed in accordance with the filing instructions. The copy should be retained for your files.

Sincerely,

EAG Gulf Coast, LLC

TAX RETURN FILING INSTRUCTIONS

FORM 990

FOR THE YEAR ENDING

June 30, 2024

Prepared For:

United Way of Southeast Louisiana
2401 Canal St
New Orleans, LA 70119

Prepared By:

EAG Gulf Coast, LLC
One Galleria Blvd., Ste 2100
Metairie, LA 70001

Amount Due or Refund:

Not applicable

Make Check Payable To:

Not applicable

Mail Tax Return and Check (if applicable) To:

Not applicable

Return Must be Mailed On or Before:

Not applicable

Special Instructions:

This copy of the return is provided ONLY for Public Disclosure purposes. Any confidential information regarding large donors has been removed.

**Application for Extension of Time To File an Exempt Organization
Return or Excise Taxes Related to Employee Benefit Plans**

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service

File a separate application for each return.
Go to www.irs.gov/Form8868 for the latest information.

Electronic filing (e-file). You can electronically file Form 8868 to request up to a 6-month extension of time to file any of the forms listed below except for Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts. An extension request for Form 8870 must be sent to the IRS in a paper format (see instructions). For more details on the electronic filing of Form 8868, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions.

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Part I - Identification

Type or Print	Name of exempt organization, employer, or other filer, see instructions. UNITED WAY OF SOUTHEAST LOUISIANA	Taxpayer identification number (TIN) 72-0471369
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. 2401 CANAL ST	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. NEW ORLEANS, LA 70119	

Enter the Return Code for the return that this application is for (file a separate application for each return) 01

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 4720 (other than individual)	09
Form 4720 (individual)	03	Form 5227	10
Form 990-PF	04	Form 6069	11
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 8870	12
Form 990-T (trust other than above)	06	Form 5330 (individual)	13
Form 990-T (corporation)	07	Form 5330 (other than individual)	14
Form 1041-A	08		

• After you enter your Return Code, complete either Part II or Part III. Part III, including signature, is applicable only for an extension of time to file Form 5330.

• If this application is for an extension of time to file Form 5330, you must enter the following information.

Plan Name _____
 Plan Number _____
 Plan Year Ending (MM/DD/YYYY) _____

Part II - Automatic Extension of Time To File for Exempt Organizations (see instructions)

The books are in the care of **DEBRA MODLIN**
2401 CANAL ST - NEW ORLEANS, LA 70119

Telephone No. **504-822-5540** Fax No. _____

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four-digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and TINs of all members the extension is for.

1 I request an automatic 6-month extension of time until **MAY 15**, 20 **25**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
 calendar year 20 ____ or
 tax year beginning **JUL 1**, 20 **23**, and ending **JUN 30**, 20 **24**

2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return
 Change in accounting period

3a If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form **8868** (Rev. 1-2024)

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Form 990

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

2023

Department of the Treasury
Internal Revenue Service

Do not enter social security numbers on this form as it may be made public.

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

Open to Public Inspection

A For the **2023** calendar year, or tax year beginning **JUL 1, 2023** and ending **JUN 30, 2024**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization UNITED WAY OF SOUTHEAST LOUISIANA		D Employer identification number 72-0471369
	Doing business as		E Telephone number 504-822-5540
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	
	2401 CANAL ST		G Gross receipts \$ 12,595,593.
	City or town, state or province, country, and ZIP or foreign postal code NEW ORLEANS, LA 70119		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
F Name and address of principal officer: MICHAEL WILLIAMSON SAME AS C ABOVE		H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No	
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			If "No," attach a list. See instructions
J Website: UNITEDWAYSELA.ORG			H(c) Group exemption number
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other		L Year of formation: 1952	M State of legal domicile: LA

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: TO ERADICATE POVERTY IN SOUTHEAST LOUISIANA.		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	39
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	39
	5 Total number of individuals employed in calendar year 2023 (Part V, line 2a)	5	65
	6 Total number of volunteers (estimate if necessary)	6	1132
	7 a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	13,557,597.	11,631,178.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	85,851.	69,093.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	516,733.	807,321.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	9,127.	-19,652.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	14,169,308.	12,487,940.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	9,060,923.	6,784,375.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	0.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	4,819,441.	5,341,230.
	b Total fundraising expenses (Part IX, column (D), line 25)	0.	0.
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	1,455,056.	
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	2,605,287.	3,387,415.
19 Revenue less expenses. Subtract line 18 from line 12	16,485,651.	15,513,020.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	-2,316,343.	-3,025,080.
	21 Total liabilities (Part X, line 26)	Beginning of Current Year	End of Year
	22 Net assets or fund balances. Subtract line 21 from line 20	29,408,603.	27,287,308.
		5,908,163.	6,074,353.
		23,500,440.	21,212,955.

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer		Date		
	DEBRA MODLIN, CFO Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	PTIN
	SHARON CASSIERE				P00543368
Preparer Use Only	Firm's name	Firm's EIN		Phone no.	
	EAG GULF COAST, LLC	92-3320348		(504) 837-5990	
	Firm's address				
	ONE GALLERIA BLVD., STE 2100 METAIRIE, LA 70001				

May the IRS discuss this return with the preparer shown above? See instructions Yes No

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: UNITED WAY OF SOUTHEAST LOUISIANA (UWSELA) IS A NOT-FOR-PROFIT 501(C)(3) CHARITABLE ORGANIZATION FOUNDED IN 1952 SERVING RESIDENTS OF JEFFERSON, ORLEANS, PLAQUEMINES, ST. BERNARD, ST. TAMMANY, TANGIPAHOA AND WASHINGTON PARISHES AND GOVERNED BY A VOLUNTEER BOARD. UWSELA'S

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [] Yes [X] No If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No If "Yes," describe these changes on Schedule O.

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

4a (Code:) (Expenses \$ 5,779,544. including grants of \$ 4,553,187.) (Revenue \$ 90,248.) 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, UWSELA LAUNCHED ITS FIRST CYCLE OF GRANTS TO SUPPORT PROGRAMS AND GROUPS WORKING TOGETHER IN A COLLABORATIVE WAY TO ADDRESS THE OUTCOMES

4b (Code:) (Expenses \$ 1,857,219. including grants of \$ 308,717.) (Revenue \$) J. WAYNE LEONARD PROSPERITY CENTER:

UNITED WAY OF SOUTHEAST LOUISIANA'S J. WAYNE LEONARD PROSPERITY CENTER IS A ONE-STOP FINANCIAL CAPABILITY CENTER THAT CONNECTS INDIVIDUALS TO A COMBINATION OF TEN FINANCIAL CAPABILITY SERVICES AT NO COST TO PARTICIPANTS.

SERVICES OFFERED ARE:

- FINANCIAL EDUCATION
- FINANCIAL COACHING
- FINANCIAL COUNSELING
- CREDIT COUNSELING

4c (Code:) (Expenses \$ 1,027,987. including grants of \$ 610,610.) (Revenue \$) DISASTER RELIEF:

SALT WATER INTRUSION - DRINKING WATER DISTRIBUTIONS IN PLAQUEMINES PARISH:

IN SEPTEMBER 2023, PRESIDENT BIDEN DECLARED A NATIONAL DISASTER IN SOUTHEAST LOUISIANA AS AN INTRUSION OF SALT WATER MOVED UP THE MOUTH OF THE MISSISSIPPI RIVER, RENDERING THE WATER UNSAFE FOR DRINKING AND OTHER ESSENTIAL USES. AS THE AREA'S MAIN SOURCE OF DRINKING WATER MOVED NORTH, SCHOOLS, COMMUNITY CENTERS, AND LOCAL FAMILIES FACED DIFFICULTY FINDING AND PURCHASING DRINKABLE WATER. UWSELA AND OUR PARTNERS AT AETNA COLLABORATED AND PROVIDED FRESH DRINKING WATER TO TWO LOCATIONS WITHIN PLAQUEMINES PARISH. BASING OUR OPERATIONS AT PLAQUEMINES HIGH

4d Other program services (Describe on Schedule O.) (Expenses \$ 4,560,462. including grants of \$ 1,311,860.) (Revenue \$)

4e Total program service expenses 13,225,212.

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Yes, No. Rows include questions 1 through 21 regarding organizational requirements and schedules A through I.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Yes, No. Rows 22-38 covering various organizational requirements and schedules.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with 3 columns: Question ID, Yes, No. Rows 1a-1c regarding Form 1096, Forms W-2G, and backup withholding rules.

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 2a through 17 regarding employee counts, tax returns, gross income, foreign accounts, prohibited transactions, and charitable contributions.

Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members... 39; 1b Enter the number of voting members included... 39; 2 Did any officer, director, trustee, or key employee have a family relationship... X; 3 Did the organization delegate control over management duties... X; 4 Did the organization make any significant changes to its governing documents... X; 5 Did the organization become aware during the year of a significant diversion of the organization's assets... X; 6 Did the organization have members or stockholders? X; 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? X; 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? X; 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? X; b Each committee with authority to act on behalf of the governing body? X; 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O X

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

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

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed NONE
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
[X] Own website [] Another's website [X] Upon request [] Other (explain on Schedule O)
19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records
DEBRA MODLIN - 504-822-5540
2401 CANAL ST, NEW ORLEANS, LA 70119

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's **current** key employees, if any. See the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
 - List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
 - List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.
- See the 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 for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) MICHAEL WILLIAMSON PRESIDENT/CEO	37.50			X				313,025.	0.	55,057.
(2) CHARMAINE CACCIOPPI EVP/COO	37.50			X				244,251.	0.	30,710.
(3) DEBRA MODLIN CHIEF FINANCIAL OFFICER	37.50			X				145,519.	0.	44,694.
(4) MARY AMBROSE CHIEF EQUITY & IMPACT OFFICER	37.50					X		152,707.	0.	23,936.
(5) CHIQUITA LATTIMORE SR. VP, CI-FINANCIAL CAPABILITY	37.50					X		143,371.	0.	21,455.
(6) CAROL GSTOHL CHIEF HUMAN RESOURCE OFFICER	37.50					X		125,451.	0.	20,278.
(7) MICHELLE PAYNE CHIEF STRATEGY OFFICER	37.50					X		114,645.	0.	29,428.
(8) JAMENE DAHMER SR. VP, STRATEGIC WORKFORCE PARTNERS	37.50					X		122,454.	0.	20,953.
(9) TONY ADAMS TRUSTEE	4.00	X						0.	0.	0.
(10) JAMIE ALLEN TRUSTEE	4.00	X						0.	0.	0.
(11) DR. TOYA BARNES-TEAMER TRUSTEE	4.00	X						0.	0.	0.
(12) MATT BRADY TRUSTEE	4.00	X						0.	0.	0.
(13) JASON BYRD TRUSTEE	4.00	X						0.	0.	0.
(14) ELWOOD CAHILL TRUSTEE	4.00	X						0.	0.	0.
(15) LACEY CONWAY TRUSTEE	4.00	X						0.	0.	0.
(16) MICHELE DELERY TRUSTEE	4.00	X						0.	0.	0.
(17) AYAME DINKLER AT-LARGE	4.00	X						0.	0.	0.

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) MEGHAN DONELON TRUSTEE	4.00	X						0.	0.	0.
(19) ELIZABETH ELLISON-FROST TRUSTEE	4.00	X						0.	0.	0.
(20) KEN FLOWER TRUSTEE	4.00	X						0.	0.	0.
(21) DR. ROCHELLE FORD TRUSTEE	4.00	X						0.	0.	0.
(22) BEATRICE FORLANO TRUSTEE	4.00	X						0.	0.	0.
(23) NORMA GRACE TRUSTEE	4.00	X						0.	0.	0.
(24) DR. DARVELLE HUTCHINSON TRUSTEE	4.00	X						0.	0.	0.
(25) ATIM KAVI TRUSTEE	4.00	X						0.	0.	0.
(26) ROBERT KIMBRO AT-LARGE	4.00	X						0.	0.	0.
1b Subtotal								1,361,423.	0.	246,511.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								1,361,423.	0.	246,511.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 8

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
REBUILDING TOGETHER NEW ORLEANS, INC. 2801 MARAIS STREET, NEW ORLEANS, LA 70117	DISASTER REBUILDING	227,552.
STALLINGS CONSTRUCTION, INC., 424 SOUTH ANTHONY STREET, NEW ORLEANS, LA 70119	RENOVATIONS	222,536.
KID SMART, 2533 COLUMBUS ST, STE 201, NEW ORLEANS, LA 70119	PROVIDER TRAINING - SUMMER READING PROGR	178,026.
APOSTOLIC CHRISTIAN HARVERTS CALL 705 N THIRD STREET, ROANOKE, IL 61561	DISASTER REBUILDING	172,390.
LOYOLA UNIVERSITY NEW ORLEANS, 7214 ST. CHARLES AVE, CAMPUS BX 11, NEW ORLEANS, LA	LEGAL SERVICES - LAPRI PROGRAM	141,124.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 8

SEE PART VII, SECTION A CONTINUATION SHEETS

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(27) TANDRA LEMAY AT-LARGE	4.00	X						0.	0.	0.
(28) GARY LORIO TRUSTEE (THRU 01/2024)	4.00	X						0.	0.	0.
(29) CHRIS MASINGILL TRUSTEE	4.00	X						0.	0.	0.
(30) PAUL MATTHEWS TRUSTEE	4.00	X						0.	0.	0.
(31) SHELLY MAYER TRUSTEE	4.00	X						0.	0.	0.
(32) CATHY MCRAE TRUSTEE	4.00	X						0.	0.	0.
(33) MICHAEL NEELY TRUSTEE	4.00	X						0.	0.	0.
(34) COURTNEY NICHOLSON TRUSTEE	4.00	X						0.	0.	0.
(35) TARA RICHARD TRUSTEE	4.00	X						0.	0.	0.
(36) TED RUDDOCK TRUSTEE	4.00	X						0.	0.	0.
(37) JENNIFER SABALLOS AT-LARGE	4.00	X						0.	0.	0.
(38) BRYAN SCOFIELD TRUSTEE	4.00	X						0.	0.	0.
(39) ADRIENNE SLACK TRUSTEE	4.00	X						0.	0.	0.
(40) MICHAEL TODD TRUSTEE	4.00	X						0.	0.	0.
(41) OTIS TUCKER, JR. TRUSTEE	4.00	X						0.	0.	0.
(42) WILL WAINWRIGHT TRUSTEE	4.00	X						0.	0.	0.
(43) LINDSEY WANDS TRUSTEE	4.00	X						0.	0.	0.
(44) DR. TAKEISHA DAVIS IMMEDIATE PAST CHAIR	4.00	X						0.	0.	0.
(45) RONNIE SLONE CHAIR	4.00	X		X				0.	0.	0.
(46) RON MCCLAIN VICE CHAIR	4.00	X		X				0.	0.	0.
Total to Part VII, Section A, line 1c										

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees *(continued)*

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(47) KAY MILLER TREASURER	4.00	X		X				0.	0.	0.
(48) DERRICK MARTIN SECRETARY	4.00	X		X				0.	0.	0.
Total to Part VII, Section A, line 1c										

Part VIII Statement of Revenue

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

				(A)	(B)	(C)	(D)	
				Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns	1a					
	b	Membership dues	1b					
	c	Fundraising events	1c	120,040.				
	d	Related organizations	1d					
	e	Government grants (contributions)	1e	2,262,613.				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	9,248,525.				
	g	Noncash contributions included in lines 1a-1f	1g	\$ 74,156.				
	h	Total. Add lines 1a-1f		11,631,178.				
Program Service Revenue	2 a	SERVICE FEE INCOME	Business Code	900099	69,093.	69,093.		
	b							
	c							
	d							
	e							
	f	All other program service revenue						
	g	Total. Add lines 2a-2f			69,093.			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)			799,683.		799,683.	
	4	Income from investment of tax-exempt bond proceeds						
	5	Royalties						
	6 a	Gross rents	(i) Real	(ii) Personal				
	b	Less: rental expenses						
	c	Rental income or (loss)						
	d	Net rental income or (loss)						
	7 a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
					15,000.			
	b	Less: cost or other basis and sales expenses			7,362.			
	c	Gain or (loss)			7,638.			
d	Net gain or (loss)			7,638.		7,638.		
8 a	Gross income from fundraising events (not including \$ 120,040. of contributions reported on line 1c). See Part IV, line 18			49,670.				
b	Less: direct expenses			90,229.				
c	Net income or (loss) from fundraising events			-40,559.		-40,559.		
9 a	Gross income from gaming activities. See Part IV, line 19			9,814.				
b	Less: direct expenses			10,062.				
c	Net income or (loss) from gaming activities			-248.		-248.		
10 a	Gross sales of inventory, less returns and allowances							
b	Less: cost of goods sold							
c	Net income or (loss) from sales of inventory							
Miscellaneous Revenue	11 a	REFUNDS/REIMBURSEMENTS	Business Code	900099	21,155.	21,155.		
	b							
	c							
	d	All other revenue						
	e	Total. Add lines 11a-11d			21,155.			
12	Total revenue. See instructions			12,487,940.	90,248.	0.	766,514.	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...	5,647,305.	5,647,305.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	1,137,070.	1,137,070.		
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	850,326.	576,192.	161,772.	112,362.
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	3,624,255.	2,589,364.	331,043.	703,848.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	166,227.	113,973.	13,737.	38,517.
9 Other employee benefits	404,746.	281,392.	34,571.	88,783.
10 Payroll taxes	295,676.	210,618.	30,741.	54,317.
11 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting	69,143.	19,229.	47,877.	2,037.
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	21,049.	14,617.	2,235.	4,197.
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	1,400,819.	1,177,361.	22,232.	201,226.
12 Advertising and promotion	105,405.	45,767.	5,957.	53,681.
13 Office expenses	619,398.	485,184.	25,594.	108,620.
14 Information technology				
15 Royalties				
16 Occupancy	369,329.	355,530.	4,787.	9,012.
17 Travel	222,308.	183,779.	7,712.	30,817.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings	376,768.	311,396.	35,178.	30,194.
20 Interest				
21 Payments to affiliates	102,482.		102,482.	
22 Depreciation, depletion, and amortization	56,694.	41,418.	4,677.	10,599.
23 Insurance				
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a MEMBERSHIP DUES	39,271.	30,962.	2,007.	6,302.
b MISCELLANEOUS	4,749.	4,055.	150.	544.
c _____				
d _____				
e All other expenses _____				
25 Total functional expenses. Add lines 1 through 24e	15,513,020.	13,225,212.	832,752.	1,455,056.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	401,402.	1	413,200.
	2 Savings and temporary cash investments	3,296,073.	2	2,762,032.
	3 Pledges and grants receivable, net	3,049,185.	3	3,009,036.
	4 Accounts receivable, net		4	
	5 Loans and other receivables from 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		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges		9	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 584,579.		
	b Less: accumulated depreciation	10b 120,765.	400,592.	10c 463,814.
	11 Investments - publicly traded securities	17,503,170.	11	15,213,748.
	12 Investments - other securities. See Part IV, line 11	3,920,386.	12	4,202,367.
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	837,795.	15	1,223,111.
16 Total assets. Add lines 1 through 15 (must equal line 33)	29,408,603.	16	27,287,308.	
Liabilities	17 Accounts payable and accrued expenses	390,012.	17	403,276.
	18 Grants payable		18	
	19 Deferred revenue	739,347.	19	621,592.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to 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		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	4,778,804.	25	5,049,485.
	26 Total liabilities. Add lines 17 through 25	5,908,163.	26	6,074,353.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	18,375,590.	27	16,398,049.
	28 Net assets with donor restrictions	5,124,850.	28	4,814,906.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	23,500,440.	32	21,212,955.
	33 Total liabilities and net assets/fund balances	29,408,603.	33	27,287,308.

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	12,487,940.
2	Total expenses (must equal Part IX, column (A), line 25)	2	15,513,020.
3	Revenue less expenses. Subtract line 2 from line 1	3	-3,025,080.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	23,500,440.
5	Net unrealized gains (losses) on investments	5	737,595.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	21,212,955.

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other		
If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		X
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:			
<input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis			
2b	Were the organization's financial statements audited by an independent accountant?	X	
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:			
<input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis			
2c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	X	
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?	X	
3b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits	X	

Form 990 (2023)

**SCHEDULE A
(Form 990)**

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No. 1545-0047

2023

Open to Public Inspection

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

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

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
- 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations
- g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	1,445,640.8	2,002,553.8	1,293,605.3	1,355,759.7	1,163,117.8	7,260,677.4
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	1,445,640.8	2,002,553.8	1,293,605.3	1,355,759.7	1,163,117.8	7,260,677.4
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)						185,197.30
6 Public support. Subtract line 5 from line 4.						5,408,704.4

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7 Amounts from line 4	1,445,640.8	2,002,553.8	1,293,605.3	1,355,759.7	1,163,117.8	7,260,677.4
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	206,753.	127,831.	496,041.	517,189.	799,683.	2,147,497.
9 Net income from unrelated business activities, whether or not the business is regularly carried on		7,583.	565.			8,148.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	11,479.	63,358.	182,624.8	50,208.	21,155.	197,244.8
11 Total support. Add lines 7 through 10						7,673,486.7
12 Gross receipts from related activities, etc. (see instructions)					12	408,796.
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2023 (line 6, column (f), divided by line 11, column (f))	14	70.49 %
15 Public support percentage from 2022 Schedule A, Part II, line 14	15	69.92 %
16a 33 1/3% support test - 2023. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input checked="" type="checkbox"/>	
b 33 1/3% support test - 2022. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
17a 10% -facts-and-circumstances test - 2023. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
b 10% -facts-and-circumstances test - 2022. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	<input type="checkbox"/>	

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

15 Public support percentage for 2023 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2022 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2023 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2022 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2023. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2022. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>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.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as 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? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

Table with 3 columns: Question, Yes, No. Row 11: Has the organization accepted a gift or contribution from any of the following persons? Sub-rows 11a, 11b, 11c.

Section B. Type I Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? Row 2: Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization?

Section C. Type II Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 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)?

Section D. All Type III Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 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? Row 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? Row 3: By reason of the relationship described on line 2, above, 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?

Section E. Type III Functionally Integrated Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). Sub-rows a, b, c. Row 2: Activities Test. Answer lines 2a and 2b below. Sub-rows a, b. Row 3: Parent of Supported Organizations. Answer lines 3a and 3b below. Sub-rows a, b.

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

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

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

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (<i>explain in detail in Part VI</i>):		
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 0.015 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 0.035.	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 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)	5
6	Other distributions (describe in Part VI). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	8
9	Distributable amount for 2023 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2023	(iii) Distributable Amount for 2023
1	Distributable amount for 2023 from Section C, line 6		
2	Underdistributions, if any, for years prior to 2023 (reasonable cause required - explain in Part VI). See instructions.		
3	Excess distributions carryover, if any, to 2023		
a	From 2018		
b	From 2019		
c	From 2020		
d	From 2021		
e	From 2022		
f	Total of lines 3a through 3e		
g	Applied to underdistributions of prior years		
h	Applied to 2023 distributable amount		
i	Carryover from 2018 not applied (see instructions)		
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		
4	Distributions for 2023 from Section D, line 7: \$		
a	Applied to underdistributions of prior years		
b	Applied to 2023 distributable amount		
c	Remainder. Subtract lines 4a and 4b from line 4.		
5	Remaining underdistributions for years prior to 2023, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.		
6	Remaining underdistributions for 2023. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.		
7	Excess distributions carryover to 2024. Add lines 3j and 4c.		
8	Breakdown of line 7:		
a	Excess from 2019		
b	Excess from 2020		
c	Excess from 2021		
d	Excess from 2022		
e	Excess from 2023		

Schedule A (Form 990) 2023

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

SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:

INSURANCE/SETTLEMENT PROCEEDS

2020 AMOUNT: \$ 45,141.

2021 AMOUNT: \$ 1,806,073.

REFUNDS/REIMBURSEMENTS

2019 AMOUNT: \$ 11,479.

2020 AMOUNT: \$ 18,217.

2021 AMOUNT: \$ 20,175.

2022 AMOUNT: \$ 50,208.

2023 AMOUNT: \$ 21,155.

Schedule B
(Form 990)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

Attach to Form 990, 990-EZ, or 990-PF.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2023

Name of the organization

UNITED WAY OF SOUTHEAST LOUISIANA

Employer identification number

72-0471369

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year \$ _____

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

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

Schedule B (Form 990) (2023)

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

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	 <hr/> <hr/> <hr/>	\$ <u>800,776.</u>	Person <input checked="" type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	 <hr/> <hr/> <hr/>	\$ <u>825,865.</u>	Person <input checked="" type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	 <hr/> <hr/> <hr/>	\$ <u>595,709.</u>	Person <input checked="" type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	 <hr/> <hr/> <hr/>	\$ <u>433,589.</u>	Person <input checked="" type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	 <hr/> <hr/> <hr/>	\$ <u>329,842.</u>	Person <input checked="" type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	 <hr/> <hr/> <hr/>	\$ <u>277,084.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	<hr/> <hr/> <hr/>	\$ <u>273,452.</u>	Person <input checked="" type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	<hr/> <hr/> <hr/>	\$ <u>234,089.</u>	Person <input checked="" type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	<hr/> <hr/> <hr/>	\$ <u>425,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10	<hr/> <hr/> <hr/>	\$ <u>753,559.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
11	<hr/> <hr/> <hr/>	\$ <u>413,192.</u>	Person <input checked="" type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	

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

Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this info. once.) \$ _____
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

SCHEDULE C
(Form 990)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2023

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

For Organizations Exempt From Income Tax Under Section 501(c) and Section 527
Complete if the organization is described below. Attach to Form 990 or Form 990-EZ.
Go to www.irs.gov/Form990 for instructions and the latest information.

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

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

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

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

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

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

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

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

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

Schedule C (Form 990) 2023

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

- A Check if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).
- B Check if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals												
1a Total lobbying expenditures to influence public opinion (grassroots lobbying)	44,569.													
b Total lobbying expenditures to influence a legislative body (direct lobbying)	16,371.													
c Total lobbying expenditures (add lines 1a and 1b)	60,940.													
d Other exempt purpose expenditures	15,452,080.													
e Total exempt purpose expenditures (add lines 1c and 1d)	15,513,020.													
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.	925,651.													
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 30%;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width: 70%;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>not over \$500,000,</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>over \$500,000 but not over \$1,000,000,</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>over \$1,000,000 but not over \$1,500,000,</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>over \$1,500,000 but not over \$17,000,000,</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>over \$17,000,000,</td> <td>\$1,000,000.</td> </tr> </tbody> </table>	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	not over \$500,000,	20% of the amount on line 1e.	over \$500,000 but not over \$1,000,000,	\$100,000 plus 15% of the excess over \$500,000.	over \$1,000,000 but not over \$1,500,000,	\$175,000 plus 10% of the excess over \$1,000,000.	over \$1,500,000 but not over \$17,000,000,	\$225,000 plus 5% of the excess over \$1,500,000.	over \$17,000,000,	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:													
not over \$500,000,	20% of the amount on line 1e.													
over \$500,000 but not over \$1,000,000,	\$100,000 plus 15% of the excess over \$500,000.													
over \$1,000,000 but not over \$1,500,000,	\$175,000 plus 10% of the excess over \$1,000,000.													
over \$1,500,000 but not over \$17,000,000,	\$225,000 plus 5% of the excess over \$1,500,000.													
over \$17,000,000,	\$1,000,000.													
g Grassroots nontaxable amount (enter 25% of line 1f)	231,413.													
h Subtract line 1g from line 1a. If zero or less, enter -0-	0.													
i Subtract line 1f from line 1c. If zero or less, enter -0-	0.													
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		<input type="checkbox"/> Yes <input type="checkbox"/> No												

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

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) Total
2a Lobbying nontaxable amount	784,877.	843,172.	974,283.	925,651.	3,527,983.
b Lobbying ceiling amount (150% of line 2a, column(e))					5,291,975.
c Total lobbying expenditures	51,532.	56,715.	64,202.	60,940.	233,389.
d Grassroots nontaxable amount	196,219.	210,793.	243,571.	231,413.	881,996.
e Grassroots ceiling amount (150% of line 2d, column (e))					1,322,994.
f Grassroots lobbying expenditures	37,458.	43,056.	47,480.	44,569.	172,563.

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

Table with 3 main columns: (a) Yes/No, (b) Amount. Rows include: 1 During the year, did the filing organization attempt to influence foreign, national, state, or local legislation...; 2a Did the activities in line 1 cause the organization to not be described in section 501(c)(3)?

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

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

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

Table with 3 columns: Question, Yes, No. Rows include: 1 Dues, assessments and similar amounts from members; 2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid); 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues; 4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditures next year?; 5 Taxable amount of lobbying and political expenditures. See instructions

Part IV Supplemental Information

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

Blank lines for providing supplemental information as required by the instructions.

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990.

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

OMB No. 1545-0047

2023

Open to Public Inspection

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

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate values for contributions, grants, and end of year, and two yes/no questions regarding donor property and grant fund usage.

Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

Form with multiple sections: 1. Purpose(s) of conservation easements (checkboxes for land, habitat, open space, historic area, structure). 2. Conservation contribution details (2a-2d table). 3-9. Monitoring and reporting requirements (number of easements, states, policy, staff hours, expenses, and reporting).

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

Form with sections 1a-1b and 2. 1a: Reporting on art collection for public service. 1b: Reporting on art collection for public service with amounts. 2: Reporting on art collection for financial gain with amounts.

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

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

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

- 1a Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|---------------------------------|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	6,136,863.	5,865,811.	6,746,267.	5,513,273.	5,659,498.
b Contributions					
c Net investment earnings, gains, and losses	754,827.	528,027.	-631,687.	1,469,008.	87,000.
d Grants or scholarships	262,914.	256,975.	248,769.	236,014.	233,225.
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	6,628,776.	6,136,863.	5,865,811.	6,746,267.	5,513,273.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment 63.1737 %
 - b Permanent endowment 26.5137 %
 - c Term endowment 10.3126 %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|--|-----|----|
| (i) Unrelated organizations? | X | |
| (ii) Related organizations? | | X |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? | | |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings		295,550.	10,337.	285,213.
c Leasehold improvements				
d Equipment		135,614.	87,879.	47,735.
e Other		153,415.	22,549.	130,866.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))				463,814.

Part VII Investments - Other Securities

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A) BENEFICIAL INTEREST IN		
(B) ASSETS HELD BY OTHERS	3,814,799.	END-OF-YEAR MARKET VALUE
(C) INVESTMENT IN COMMON		
(D) ENDOWMENT FUND OF GREATER		
(E) NEW ORLEANS FOUNDATION	387,568.	END-OF-YEAR MARKET VALUE
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B))	4,202,367.	

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B))		

Part IX Other Assets

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

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

Part X Other Liabilities

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) ALLOCATIONS, DESIGNATIONS AND	
(3) PROGRAMS PAYABLE	4,551,552.
(4) LEASE LIABILITY	497,933.
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 25, col. (B))	5,049,485.

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

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

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

1	Total revenue, gains, and other support per audited financial statements		1	12,377,550.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	737,595.	
b	Donated services and use of facilities	2b	112,973.	
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d	96,079.	
e	Add lines 2a through 2d	2e		946,647.
3	Subtract line 2e from line 1	3		11,430,903.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	40,842.	
b	Other (Describe in Part XIII.)	4b	1,016,195.	
c	Add lines 4a and 4b	4c		1,057,037.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5		12,487,940.

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

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

1	Total expenses and losses per audited financial statements		1	14,665,035.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a	112,973.	
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d	96,079.	
e	Add lines 2a through 2d	2e		209,052.
3	Subtract line 2e from line 1	3		14,455,983.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	40,842.	
b	Other (Describe in Part XIII.)	4b	1,016,195.	
c	Add lines 4a and 4b	4c		1,057,037.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5		15,513,020.

Part XIII Supplemental Information

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

PART V, LINE 4:

IN A PRIOR YEAR, UWSELA ESTABLISHED ENDOWMENT FUNDS TO RECEIVE AND INVEST FUNDS FOR THE BENEFIT OF UWSELA. MOST INCOME RECEIVED FROM THE ENDOWMENTS IS UNRESTRICTED AND WILL BE USED TO FUND PROGRAMS.

PART X, LINE 2:

UWSELA IS EXEMPT FROM FEDERAL INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AND FROM STATE INCOME TAXES UNDER SECTION 121(5) OF TITLE 47 OF THE LOUISIANA REVISED STATUTES OF 1950. ACCORDINGLY, NO PROVISION FOR INCOME TAXES HAS BEEN INCLUDED IN THE FINANCIAL STATEMENTS.

FASB ASC 740 PROVIDES DETAILED GUIDANCE FOR FINANCIAL STATEMENT

Part XIII Supplemental Information (continued)

RECOGNITION, MEASUREMENT, AND DISCLOSURE OF UNCERTAIN TAX POSITIONS

RECOGNIZED IN AN ENTITY'S FINANCIAL STATEMENT. AS OF JUNE 30, 2024, UWSELA HAS DETERMINED THAT IT DOES NOT HAVE ANY UNCERTAIN TAX POSITIONS THAT QUALIFY FOR EITHER RECOGNITION OR DISCLOSURE IN THE FINANCIAL STATEMENTS. TAX RETURNS GENERALLY REMAIN SUBJECT TO EXAMINATION BY THE TAXING AUTHORITIES FOR THREE YEARS.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

SPECIAL EVENT EXPENSES 96,079.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

DONOR DESIGNATIONS 1,016,195.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

SPECIAL EVENT EXPENSES 96,079.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

DONOR DESIGNATIONS 1,016,195.

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		DE TOCQUEVILLE (event type)	GOT GUMBO (event type)	1 (total number)	(add col. (a) through col. (c))
Revenue	1	98,715.	46,450.	24,545.	169,710.
	2	66,940.	40,225.	12,875.	120,040.
	3	31,775.	6,225.	11,670.	49,670.
Direct Expenses	4				
	5	10,898.	797.		11,695.
	6				
	7	19,819.	22,800.	141.	42,760.
	8	24,547.			24,547.
	9	9,003.	589.	1,635.	11,227.
	10	Direct expense summary. Add lines 4 through 9 in column (d)			
11	Net income summary. Subtract line 10 from line 3, column (d)				-40,559.

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

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1				
	2				
Direct Expenses	3				
	4				
	5				
6	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No		
7	Direct expense summary. Add lines 2 through 5 in column (d)				
8	Net gaming income summary. Subtract line 7 from line 1, column (d)				

9 Enter the state(s) in which the organization conducts gaming activities: _____
 a Is the organization licensed to conduct gaming activities in each of these states? Yes No
 b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes No
 b If "Yes," explain: _____

- 11** Does the organization conduct gaming activities with nonmembers? Yes No
- 12** Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? Yes No
- 13** Indicate the percentage of gaming activity conducted in:
- | | | |
|--------------------------------------|------------|---|
| a The organization's facility | 13a | % |
| b An outside facility | 13b | % |
- 14** Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name _____

Address _____

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

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

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

Name _____

Address _____

16 Gaming manager information:

Name _____

Gaming manager compensation \$ _____

Description of services provided _____

- Director/officer Employee Independent contractor

17 Mandatory distributions:

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

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

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

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**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 www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2023

**Open to Public
Inspection**

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

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? **Yes** **No**

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
504HEALTHNET 2701 AIRLINE DRIVE METAIRIE, LA 70001	26-2831459	501(C)3	40,551.	0.			GRANT FUNDING & DESIGNATED GIFTS
AMERICAN RED CROSS - SE LA 2626 CANAL STREET NEW ORLEANS, LA 70119	72-0408907	501(C)3	57,219.	0.			GRANT FUNDING & DESIGNATED GIFTS
ARTS COUNCIL OF NEW ORLEANS P.O. BOX 58379 NEW ORLEANS, LA 70158	72-0778258	501(C)3	40,026.	0.			GRANT FUNDING & DESIGNATED GIFTS
CADA 2601 TULANE AVE #945 NEW ORLEANS, LA 70119	72-0541502	501(C)3	50,000.	0.			GRANT FUNDING
CANCER ASSOCIATION OF GNO 201 EVANS RD, SUITE 319 NEW ORLEANS, LA 70123	72-0517802	501(C)3	57,200.	0.			GRANT FUNDING & DESIGNATED GIFTS
CAPITAL AREA UNITED WAY 700 LAUREL STREET BATON ROUGE, LA 70802	72-0447100	501(C)3	28,318.	0.			DESIGNATED GIFTS

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 101.

3 Enter total number of other organizations listed in the line 1 table 13.

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

Schedule I (Form 990) 2023

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CATHOLIC CHARITIES, ARCHDIOCESE OF NEW ORLEANS - 2505 MAINE AVE - METAIRIE, LA 70003	72-0408911	501(C)3	105,951.	0.			GRANT FUNDING & DESIGNATED GIFTS
CELEBRATION CHURCH 2001 AIRLINE DRIVE METAIRIE, LA 70001	72-0772277	501(C)3	9,000.	0.			GRANT FUNDING
CENTER FOR EMPLOYMENT OPPORTUNITIES - 2228 GRAVIER STREET, SUITE 101 - NEW ORLEANS, LA 70119	13-3843322	501(C)3	40,010.	0.			GRANT FUNDING & DESIGNATED GIFTS
CENTER FOR INNOVATIVE TRAINING 4910 DREXEL DRIVE, BOX 61 NEW ORLEANS, LA 70125	46-4516976	501(C)3	33,716.	0.			GRANT FUNDING & DESIGNATED GIFTS
JEFFERSON CHILDRENS ADVOCACY CENTER - 128 WRIGHT AVE - TERRYTOWN, LA 70056	72-1181924	501(C)3	75,000.	0.			GRANT FUNDING
CASA NEW ORLEANS 2725 S. BROAD STREET NEW ORLEANS, LA 70125	72-1054889	501(C)3	23,000.	0.			GRANT FUNDING & DESIGNATED GIFTS
CHILDREN'S BUREAU OF NEW ORLEANS 935 CALHOUN ST., STE 101 NEW ORLEANS, LA 70118	72-0408916	501(C)3	269,092.	0.			GRANT FUNDING & DESIGNATED GIFTS
CLOVER (KINGSLEY HOUSE) 1600 CONSTANCE STREET NEW ORLEANS, LA 70130	72-0408940	501(C)3	60,773.	0.			GRANT FUNDING & DESIGNATED GIFTS
COLLEGE BEYOND 2000 LAKESHORE DRIVE, MILNEBURG 170 NEW ORLEANS, LA 70148	47-4670026	501(C)3	40,000.	0.			GRANT FUNDING

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COLLEGE TRACK 2225 CONGRESS STREET NEW ORLEANS, LA 70117	94-3279613	501(C)3	75,100.	0.			GRANT FUNDING & DESIGNATED GIFTS
COMMUNITY CENTER OF ST. BERNARD 7143 SAINT CLAUDE AVENUE ARABI, LA 70032	74-3173649	501(C)3	115,425.	0.			GRANT FUNDING & DESIGNATED GIFTS
DANCING GROUNDS 3705 SAINT CLAUDE AVENUE NEW ORLEANS, LA 70117	45-5084235	501(C)3	40,000.	0.			GRANT FUNDING
DENTAL LIFELINE NETWORK 1800 15TH STREET, UNIT 100 DENVER, CO 80202	74-2537604	501(C)3	20,000.	0.			GRANT FUNDING
DOLLYWOOD FOUNDATION 111 DOLLYWOOD LANE PIGEON FORGE, TN 37863	62-1348105	501(C)3	47,075.	0.			GRANT FUNDING & DESIGNATED GIFTS
EAST ST. TAMMANY RAINBOW CHILD CARE CENTER, INC. - 121 KINGSPPOINT BLVD. - SLIDELL, LA 70461	72-1028297	501(C)3	28,212.	0.			GRANT FUNDING & DESIGNATED GIFTS
FAMILY VIOLENCE CENTER OF ST. BERNARD - 3010 JEAN LAFITTE PKWY. - CHALMETTE, LA 70043	58-1834566	501(C)3	74,343.	0.			GRANT FUNDING & DESIGNATED GIFTS
FIRST 72 2915 PERDIDO STREET NEW ORLEANS, LA 70119	47-1833909	501(C)3	45,000.	0.			GRANT FUNDING
FIRST GRACE COMMUNITY ALLIANCE 3401 CANAL STREET NEW ORLEANS, LA 70119	26-3687178	501(C)3	9,700.	0.			GRANT FUNDING

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FOUNDATION FOR LOUISIANA 2022 ST. BERNARD AVENUE, SUITE 122B NEW ORLEANS, LA 70116	20-3399944	501(C)3	51,000.	0.			GRANT FUNDING
FREE ALAS 3612 BANKS ST NEW ORLEANS, LA 70119	84-2544330	501(C)3	40,026.	0.			GRANT FUNDING & DESIGNATED GIFTS
FRIENDS OF LAKEVIEW P.O. BOX 24378 NEW ORLEANS, LA 70184	90-0606504	501(C)3	5,850.	0.			DESIGNATED GIFTS
GIVE A WISH 615 GREEN OAK ROAD KINDER, LA 70648	47-3058001	501(C)3	6,317.	0.			DESIGNATED GIFTS
GNO NONPROFIT KNOWLEDGE WORKS 1600 CONSTANCE STREET NEW ORLEANS, LA 70130	72-1400841	501(C)3	75,000.	0.			GRANT FUNDING
GREATER NEW ORLEANS EDUCATIONAL TELEVISION FOUNDATION (WYES) - 916 NAVARRE AVENUE - NEW ORLEANS, LA 70124	72-0497926	501(C)3	25,000.	0.			GRANT FUNDING
GROW DAT YOUTH FARM 150 ZACHARY TAYLOR DR NEW ORLEANS, LA 70124	45-3142732	501(C)3	42,300.	0.			GRANT FUNDING & DESIGNATED GIFTS
HAMMOND YOUTH EDUCATION ALLIANCE SLU 10345 HAMMOND, LA 70402	46-4768752	501(C)3	17,500.	0.			GRANT FUNDING
HANDS ON NEW ORLEANS 4305 WASHINGTON AVE. STE. 106 NEW ORLEANS, LA 70125	26-2281213	501(C)3	102,750.	0.			GRANT FUNDING & DESIGNATED GIFTS

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HEALTH AND EDUCATION ALLIANCE OF LOUISIANA - 1700 JOSEPHINE STREET - NEW ORLEANS, LA 70113	33-1159042	501(C)3	60,000.	0.			GRANT FUNDING
HEROES OF NEW ORLEANS 3712 ANSON STREET NEW ORLEANS, LA 70114	81-3135532	501(C)3	300,000.	0.			GRANT FUNDING
INST OF WOMEN AND ETHNIC STUDIES 2021 LAKESHORE DRIVE, SUITE 220 NEW ORLEANS, LA 70122	72-1244155	501(C)3	50,150.	0.			GRANT FUNDING & DESIGNATED GIFTS
JEFFERSON COMMUNITY FOUNDATION 3908 VETERANS BLVD. METAIRIE, LA 70002	83-4204994	501(C)3	87,615.	0.			GRANT FUNDING
JEWISH FAMILY SERVICE 3300 WEST ESPLANADE AVENUE METAIRIE, LA 70002	72-0851575	501(C)3	73,348.	0.			GRANT FUNDING & DESIGNATED GIFTS
JUNIOR ACHIEVEMENT OF GNO, INC. 5100 ORLEANS AVENUE NEW ORLEANS, LA 70124	72-1084132	501(C)3	38,593.	0.			GRANT FUNDING & DESIGNATED GIFTS
JUNIOR LEAGUE 4319 CARONDELET STREET NEW ORLEANS, LA 70115	72-6000609	501(C)3	6,000.	0.			GRANT FUNDING
LA VOZ DE LA COMUNIDAD 1515 S. SALCEDO STREET, SUITE 220 NEW ORLEANS, LA 70125	87-2949385	501(C)3	50,000.	0.			GRANT FUNDING
LOUISIANA APPLESEED 935 GRAVIER STREET, SUITE 2155 NEW ORLEANS, LA 70112	72-1402876	501(C)3	40,000.	0.			GRANT FUNDING

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LOUISIANA CENTER FOR CHILDREN'S RIGHTS - 1100-B MILTON STREET - NEW ORLEANS, LA 70122	20-5961971	501(C)3	61,638.	0.			GRANT FUNDING & DESIGNATED GIFTS
LOUISIANA ENDOWMENT FOR THE HUMANITIES - 938 LAFAYETTE ST., SUITE 300 - NEW ORLEANS, LA 70113	72-0795568	501(C)3	40,000.	0.			GRANT FUNDING
LOUISIANA HOSPITALITY FOUNDATION P.O. BOX 24046 NEW ORLEANS, LA 70184	20-4728582	501(C)3	5,116.	0.			DESIGNATED GIFTS
LOYOLA UNIVERSITY 7214 ST. CHARLES AVENUE NEW ORLEANS, LA 70118	72-0408946	501(C)3	33,782.	0.			GRANT FUNDING & DESIGNATED GIFTS
LUKES HOUSE 2023 SIMON BOLIVAR AVENUE NEW ORLEANS, LA 70113	26-0332262	501(C)3	45,175.	0.			GRANT FUNDING & DESIGNATED GIFTS
METROPOLITAN CENTERS FOR COMMUNITY ADVOCACY - P.O. BOX 10775 - JEFFERSON, LA 70181	72-1062244	501(C)3	25,500.	0.			GRANT FUNDING
NAMI ST. TAMMANY P.O. BOX 2055 MANDEVILLE, LA 70470	58-1866671	501(C)3	22,065.	0.			GRANT FUNDING & DESIGNATED GIFTS
NEW ORLEANS CAREER CENTER 1331 KERLEREC STREET NEW ORLEANS, LA 70116	82-2541222	501(C)3	31,102.	0.			GRANT FUNDING & DESIGNATED GIFTS
NEW ORLEANS FAMILY JUSTICE ALLIANCE - 701 LOYOLA AVENUE, SUITE 201 - NEW ORLEANS, LA 70150	26-2541029	501(C)3	84,232.	0.			GRANT FUNDING & DESIGNATED GIFTS

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NEW ORLEANS HABITAT FOR HUMANITY 2900 ELYSIAN FIELDS AVENUE NEW ORLEANS, LA 70122	72-0973161	501(C)3	106,510.	0.			GRANT FUNDING
NEW ORLEANS MUSEUM OF ART P.O. BOX 19123 NEW ORLEANS, LA 70179	72-6000331	501(C)3	10,000.	0.			DESIGNATED GIFTS
NEW ORLEANS YOUTH ALLIANCE 1705 A SOUTH WHITE STREET NEW ORLEANS, LA 70125	82-4252541	501(C)3	85,450.	0.			GRANT FUNDING & DESIGNATED GIFTS
NEW ORLEANS WOMEN AND CHILDREN SHELTER - 2020 S. LIBERTY STREET - NEW ORLEANS, LA 70113	26-0859964	501(C)3	34,169.	0.			GRANT FUNDING & DESIGNATED GIFTS
NORTHLAKE HOMELESS 116 VILLAGE STREET SLIDELL, LA 70458	27-0870858	501(C)3	120,860.	0.			GRANT FUNDING & DESIGNATED GIFTS
NORTHSHORE DISASTER RECOVERY 360 ROBERT BLVD. SLIDELL, LA 70458	20-4250103	501(C)3	30,000.	0.			GRANT FUNDING
OPERATION RESTORATION P.O. BOX 56894 NEW ORLEANS, LA 70156	61-1791941	501(C)3	45,000.	0.			GRANT FUNDING
OPERATION SPARK 2539 COLUMBUS STREET NEW ORLEANS, LA 70119	47-1514606	501(C)3	40,404.	0.			GRANT FUNDING & DESIGNATED GIFTS
OUR DAILY BREAD OF TANGIPAHOA P.O. BOX 1476 HAMMOND, LA 70404	72-1438651	501(C)3	24,471.	0.			GRANT FUNDING & DESIGNATED GIFTS

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PLAQUEMINES COMMUNITY CARE CENTER 115 KEATING DRIVE BELLE CHASSE, LA 70037	20-3884943	501(C)3	55,487.	0.			GRANT FUNDING & DESIGNATED GIFTS
POLICY INSTITUTE FOR THE CHILDREN OF LOUISIANA - P.O. BOX 13552 - NEW ORLEANS, LA 70185	46-4487461	501(C)3	10,000.	0.			GRANT FUNDING
PONTCHARTAIN CONSEVRANCY P.O. BOX 6965 METAIRIE, LA 70009	72-1152784	501(C)3	53,500.	0.			DESIGNATED GIFTS
PUENTES NEW ORLEANS 4205 CANAL STREET NEW ORLEANS, LA 70119	20-8846196	501(C)3	39,399.	0.			GRANT FUNDING & DESIGNATED GIFTS
RECONCILE NEW ORLEANS, INC. 1631 ORETHA CASTLE HALEY BLVD. NEW ORLEANS, LA 70113	72-1341294	501(C)3	10,000.	0.			GRANT FUNDING
SAFE HARBOR INC. P.O. BOX 1179 MANDEVILLE, LA 70470	72-1181684	501(C)3	20,874.	0.			GRANT FUNDING & DESIGNATED GIFTS
SECOND HARVEST FOOD BANK 700 EDWARDS AVENUE NEW ORLEANS, LA 70123	72-0956468	501(C)3	227,751.	0.			GRANT FUNDING & DESIGNATED GIFTS
SILENCE IS VIOLENCE 2000 LAKESHORE DRIVE NEW ORLEANS, LA 70148	06-1713685	501(C)3	125,000.	0.			GRANT FUNDING
SOUTHEAST LA LEGAL SERVICES P.O. DRAWER 2867 HAMMOND, LA 70404	72-0877422	501(C)3	66,758.	0.			GRANT FUNDING & DESIGNATED GIFTS

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SPLIT SECOND FOUNDATION 2236 ORIOLE STREET NEW ORLEANS, LA 70122	82-5240639	501(C)3	25,000.	0.			GRANT FUNDING
ST. JOSEPH PARENTING CENTER 90 FAIRFIELD AVENUE YERWOOD CENTER STAMFORD, CT 06902	27-0490589	501(C)3	16,568.	0.			DESIGNATED GIFTS
ST. JUDE CHILDREN'S RESEARCH HOSPITAL - 14333 PERKINS ROAD, SUITE A - BATON ROUGE, LA 70810	35-1044585	501(C)3	5,252.	0.			DESIGNATED GIFTS
ST JUDE CHILDREN'S RESEARCH HOSPITAL-MEMPHIS - 262 DANNY THOMAS PLACE - MEMPHIS, TN 38105	62-0646012	501(C)3	11,649.	0.			DESIGNATED GIFTS
STRIVE INTERNATIONAL 205 EAST 122ND STREET NEW YORK, NY 10035	13-3255679	501(C)3	35,000.	0.			GRANT FUNDING
SURVIVORS CANCER ACTION NETWORK 3501 N. CAUSEWAY BLVD., SUITE 900 METAIRIE, LA 70002	93-1945269	501(C)3	7,000.	0.			GRANT FUNDING
TANGIPAOHA VOLUNTARY COUNCIL ON AGING - 106 NORTH BAY STREET - AMITE, LA 70422	72-0903571	501(C)3	23,617.	0.			GRANT FUNDING & DESIGNATED GIFTS
THE GOOD SAMARITAN MINISTRY 910 CROSS GATES BLVD. SLIDELL, LA 70461	72-0947538	501(C)3	60,662.	0.			GRANT FUNDING & DESIGNATED GIFTS
THRIVE NEW ORLEANS 2025 ST CLAUDE AVE NEW ORLEANS, LA 70116	26-1824498	501(C)3	40,725.	0.			GRANT FUNDING & DESIGNATED GIFTS

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TRAININGGROUNDS 1597 CUTTYSARK COVE SLIDELL, LA 70458	81-3353953	501(C)3	50,026.	0.			GRANT FUNDING & DESIGNATED GIFTS
TRAVELERS AID SOCIETY 1530 GRAVIER STREET NEW ORLEANS, LA 70112	72-0408990	501(C)3	52,990.	0.			GRANT FUNDING & DESIGNATED GIFTS
TULANE UNIVERSITY 6823 ST CHARLES AVENUE NEW ORLEANS, LA 70118	72-0423889	501(C)3	52,800.	0.			GRANT FUNDING
UBUNTU VILLAGE 7660 BRANCH DRIVE NEW ORLEANS, LA 70128	81-3458051	501(C)3	103,181.	0.			GRANT FUNDING
UNITED WAY FOR SOUTH LOUISIANA 600 ACADEMY STREET HOUMA, LA 70360	72-0867661	501(C)3	96,698.	0.			GRANT FUNDING & DESIGNATED GIFTS
UNITED WAY OF ACADIANA 215 E. PINHOOK ROAD LAFAYETTE, LA 70501	72-0513639	501(C)3	23,094.	0.			DESIGNATED GIFTS
UNITED WAY OF COASTAL AND WESTERN CONNECTICUT - 301 MAIN STREET - DANBURY, CT 06810	06-0646577	501(C)3	13,683.	0.			DESIGNATED GIFTS
UNITED WAY OF CRAWFORD COUNTY P.O. BOX 3 ROBINSON, IL 62454	37-0844009	501(C)3	7,479.	0.			DESIGNATED GIFTS
UNITED WAY OF GREATER HOUSTON 50 WAUGH DRIVE HOUSTON, TX 77007	74-1167964	501(C)3	21,601.	0.			DESIGNATED GIFTS

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNITED WAY OF MIAMI-DADE 3250 SW 3RD AVENUE MIAMI, FL 33129	59-0830840	501(C)3	29,073.	0.			DESIGNATED GIFTS
UNITED WAY OF MID & S. JEFFERSON 7980 ANCHOR DR., SUITE 600 PORT ARTHUR, TX 77642	74-1187386	501(C)3	10,805.	0.			DESIGNATED GIFTS
UNITED WAY OF SOUTHWEST LOUISIANA 815 RYAN STREET, SUITE 102 LAKE CHARLES, LA 70601	72-0456901	501(C)3	65,519.	0.			DESIGNATED GIFTS
UNITED WAY OF ST. CHARLES 13207 RIVER ROAD LULING, LA 70070	72-0928066	501(C)3	12,114.	0.			DESIGNATED GIFTS
UNITED WAY OF WEST CENTRAL MISSISSIPPI - 920 SOUTH STREET - VICKSBURG, MS 39180	64-0330259	501(C)3	50,621.	0.			GRANT FUNDING
UNITY OF GREATER NEW ORLEANS 2475 CANAL STREET, SUITE 300 NEW ORLEANS, LA 70119	72-1222911	501(C)3	25,000.	0.			GRANT FUNDING
UPTURN ARTS 1719 TOLEDANO ST. NEW ORLEANS, LA 70115	46-2925350	501(C)3	6,000.	0.			GRANT FUNDING
URBAN LEAGUE OF GREATER NEW ORLEANS - 4640 S. CARROLLTON AVE., SUITE 210 - NEW ORLEANS, LA 70119	72-0423627	501(C)3	222,388.	0.			GRANT FUNDING & DESIGNATED GIFTS
VOLUNTEERS OF AMERICA OF GNO 4152 CANAL STREET NEW ORLEANS, LA 70119	72-0709750	501(C)3	41,518.	0.			GRANT FUNDING & DESIGNATED GIFTS

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
YMCA BOGALUSA 411 AVENUE B BOGALUSA, LA 70427	72-0441354	501(C)3	30,156.	0.			GRANT FUNDING & DESIGNATED GIFTS
YMCA OF GREATER NEW ORLEANS 320 METAIRIE HAMMOND HWY., SUITE 32 METAIRIE, LA 70005	72-0423890	501(C)3	77,734.	0.			GRANT FUNDING & DESIGNATED GIFTS
YOUTH EMPOWERMENT PROJECT 1600 ORETHA CASTLE HALEY BLVD NEW ORLEANS, LA 70113	42-1633060	501(C)3	166,530.	0.			GRANT FUNDING & DESIGNATED GIFTS
YOUTH SERVICE BUREAU OF ST. TAMMANY - 430 NORTH NEW HAMPSHIRE STREET - COVINGTON, LA 70433	72-0933867	501(C)3	36,194.	0.			GRANT FUNDING & DESIGNATED GIFTS
YOUTHFORCE NOLA 1100 POYDRAS STREET, SUITE 1405 NEW ORLEANS, LA 71063	26-3606930	501(C)3	80,000.	0.			GRANT FUNDING
AFRI MODISTE 6110 S. MUIRFIELD CIRCLE NEW ORLEANS, LA 70128	83-0579868		8,000.	0.			THRIVING AFRICAN AMERICAN SMALL BUISNESS
BRAIDS BY DENISE, LLC 6404 LAUREN DR SLIDELL, LA 70460	86-3475120		8,000.	0.			THRIVING AFRICAN AMERICAN SMALL BUISNESS
CHRISTIEL HOLISTIC HEALING CENTER 401 20TH ST APT 42 GRETNA, LA 70053	84-2290448		8,000.	0.			THRIVING AFRICAN AMERICAN SMALL BUISNESS
DANNY'S CREOLE KITCHEN, LLC 1922 AMELIA ST NEW ORLEANS, LA 70115	83-1234104		8,279.	0.			THRIVING AFRICAN AMERICAN SMALL BUISNESS

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DOMANGO TRAINING, INC 523 RIVER OAKS DR NEW ORLEANS, LA 70131	82-2198202		8,000.	0.			THRIVING AFRICAN AMERICAN SMALL BUISNESS
HIS GRACE ENTERPRISES, LLC 40227 CRESTWOOD LN PONCHATULA, LA 70454	26-4791863		8,000.	0.			THRIVING AFRICAN AMERICAN SMALL BUISNESS
NEW DAY PROPERTIES, LLC 1411 LAKE VILLAGE BLVD SLIDELL, LA 70461	61-1704734		8,000.	0.			THRIVING AFRICAN AMERICAN SMALL BUISNESS
PAPARAZZI CAM PHOTO BOOTH & PHOTOGRAPY - 5855 LOUIS PRIMA DR WEST - NEW ORLEANS, LA 70128	83-1449595		8,000.	0.			THRIVING AFRICAN AMERICAN SMALL BUISNESS
PERFECTLY VINYL PRINTS BY D&B, LLC 64494 DIXON ST ANGIE, LA 70426	86-1924569		8,000.	0.			THRIVING AFRICAN AMERICAN SMALL BUISNESS
SOCIALITE EVENTS 17325 HWY 15 BRAITHWAITE, LA 70040	82-2158362		8,000.	0.			THRIVING AFRICAN AMERICAN SMALL BUISNESS
SOCIAL STEP, INC 3436 MAGAZINE ST SUITE 445 NEW ORLEANS, LA 70115	47-5076856		8,000.	0.			THRIVING AFRICAN AMERICAN SMALL BUISNESS
THERAPIST WITH TALENT MASSAGE 606 FREMAUX AVE 6TH ST SLIDELL, LA 70458	43-6631115		8,000.	0.			THRIVING AFRICAN AMERICAN SMALL BUISNESS
TOUCHES BY TIRCUIT 3701 CONTI ST APT 3321 NEW ORLEANS, LA 70119	43-8551962		8,001.	0.			THRIVING AFRICAN AMERICAN SMALL BUISNESS

Schedule I (Form 990)

Part III **Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
INDIVIDUAL DEVELOPMENT ACCOUNT (IDA) PROJECT	24	134,000.	0.		
RENT/MORTGAGE ASSISTANCE	374	346,244.	0.		
ALGIERS FIRE - FOOD BASKETS	14	0.	2,524.	TRANSACTION VALUE	FOOD
ALGIERS FIRE - RENTAL ASSISTANCE	3	2,640.	0.		
ALGIERS FIRE - UTILITY ASSISTANCE	4	2,432.	0.		

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

PART I, LINE 2:

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

Part III Continuation of Grants and Other Assistance to Domestic Individuals (Schedule I (Form 990), Part III.)

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
MAUI 2023 FIRES - GIFT CARDS	200.	100,000.	0.		
TANGIPAHOA TORNADO RELIEF - GIFT CARDS	132.	9,900.	0.		
PLAQUEMINES SALTWATER INTRUSTION - WATER DISTRIBUTION	600.	0.	12,057.	TRANSACTION VALUE	WATER
SLIDELL TORNADO RELIEF	85.	50,915.	0.		
SLIDELL TORNADO RELIEF - ASSISTANCE ITEMS	125.	0.	4,395.	TRANSACTION VALUE	HYGIENE PRODUCTS
DECEMBER 2022 TORNADO - RENTAL ASSISTANCE	1.	1,200.	0.		
MOVING FAMILIES FORWARD - THANKSGIVING BASKETS & GIFT CARDS	30.	2,150.	1,997.	TRANSACTION VALUE	FOOD
LA PRISONER RE-ENTRY DIRECT SERVICE	134.	108,227.	0.		
UTILITY ASSISTANCE	581.	114,471.	0.		

Schedule I (Form 990)

Part III Continuation of Grants and Other Assistance to Domestic Individuals (Schedule I (Form 990), Part III.)

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
HURRICANE IDA LONG-TERM RECOVERY	36.	243,918.	0.		

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees
Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
Attach to Form 990.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2023

Open to Public
Inspection

Name of the organization

UNITED WAY OF SOUTHEAST LOUISIANA

Employer identification number

72-0471369

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|--|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input checked="" type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (such as maid, chauffeur, chef) |

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?

3 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- | | |
|--|---|
| <input checked="" type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment?
- b** Participate in or receive payment from a supplemental nonqualified retirement plan?
- c** Participate in or receive payment from an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization?
- b** Any related organization?
- If "Yes" on line 5a or 5b, describe in Part III.

6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization?
- b** Any related organization?
- If "Yes" on line 6a or 6b, describe in Part III.

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III

8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

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

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

Schedule J (Form 990) 2023

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) MICHAEL WILLIAMSON PRESIDENT/CEO	(i)	280,413.	29,500.	3,112.	21,070.	33,987.	368,082.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) CHARMAINE CACCIOPPI EVP/COO	(i)	231,178.	6,546.	6,527.	17,616.	13,094.	274,961.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) DEBRA MODLIN CHIEF FINANCIAL OFFICER	(i)	136,606.	6,731.	2,182.	11,839.	32,855.	190,213.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) MARY AMBROSE CHIEF EQUITY & IMPACT OFFICER	(i)	143,608.	7,113.	1,986.	11,038.	12,898.	176,643.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) CHIQUITA LATTIMORE SR. VP, CI-FINANCIAL CAPABILITY	(i)	112,523.	30,616.	232.	8,786.	12,669.	164,826.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

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.

PART I, LINE 1A:

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.

PART I, LINE 7:

THE ORGANIZATION PROVIDED BONUSES FOR CERTAIN GOALS BEING MET.

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2023

Open to Public Inspection

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 instructions and the latest information.

Department of the Treasury
Internal Revenue Service

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

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art	X	2	315.	FAIR MARKET VALUE
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	5	101,733.	FAIR MARKET VALUE
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles	X	5	775.	FAIR MARKET VALUE
19 Food inventory	X	10	22,874.	FAIR MARKET VALUE
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other (<u>GIFT CARD/CERTI</u>)	X	23	14,256.	FAIR MARKET VALUE
26 Other (<u>JEWELRY</u>)	X	2	745.	FAIR MARKET VALUE
27 Other (_____)				
28 Other (_____)				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement **29** 0

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least 3 years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?		X
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		X
b If "Yes," describe in Part II.		
33 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.		

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

Schedule M (Form 990) 2023

Part II **Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

SCHEDULE M, PART I, COLUMN (B):

THE ORGANIZATION IS REPORTING THE NUMBER OF INSTANCES OF CONTRIBUTIONS.

SCHEDULE M, LINE 33:

OF THE \$101,733 REPORTED ON LINE 9, ONLY \$31,733 IS REPORTED ON FORM 990, PART VIII, LING 1G. THE DIFFERENCE OF \$70,000 IS DUE TO ONE SPECIFIC STOCK DONATION BEING PARTIALLY RECOGNIZED IN FISCAL YEAR ENDED JUNE 30, 2024; THE \$70,000 IS DEFERRED REVENUE FOR FISCAL YEAR ENDED JUNE 30, 2024 UNDER THE GRANT RESTRICTIONS.

**SCHEDULE O
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.
Attach to Form 990 or Form 990-EZ.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2023

Open to Public
Inspection

Name of the organization

UNITED WAY OF SOUTHEAST LOUISIANA

Employer identification number

72-0471369

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

MISSION IS TO ERADICATE POVERTY IN SOUTHEAST LOUISIANA. UWSELA
COLLABORATES WITH GOVERNMENT, BUSINESSES, FAITH GROUPS AND OTHER
NONPROFITS IN THE SEVEN PARISH REGION TO IDENTIFY AND ADDRESS SERIOUS
ISSUES. UWSELA RAISES FUNDS THROUGH AN ANNUAL WORKPLACE CAMPAIGN,
INDIVIDUAL AND CORPORATE GIFTS, GRANTS AND PARTNERSHIPS. UWSELA
PROVIDES GRANTS TO SUPPORT PROGRAMS AND GROUPS WORKING TOGETHER IN A
COLLABORATIVE WAY THAT SUPPORTS OUR VISION OF "EQUITABLE COMMUNITIES
WHERE ALL INDIVIDUALS ARE HEALTHY, EDUCATED, AND ECONOMICALLY STABLE."

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

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:

TOTAL # OF PEOPLE SERVED BY OUR 64 GRANT PARTNERS FROM JULY 1,
2023-JUNE 30, 2024 - 225,820. UWSELA FUNDED 64 PROGRAMS, FROM JULY 1,
2023 -JUNE 30, 2024 TO ADDRESS PRIORITIES SUCH AS WORKFORCE TRAINING,
HOUSING, MEDICAL AND MENTAL HEALTH CARE, YOUTH DEVELOPMENT, EDUCATION,
CHILD AND ADULT CARE AND ACADEMIC SUPPORTS. UWSELA ANSWERED OVER
225,820 APPEALS FOR HELP FROM OUR COMMUNITY.

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

IN ADDITION TO OUR PROGRAM GRANTS, IN THE SPRING OF 2024, COMMUNITY IMPACT RE-LAUNCHED ITS COLLABORATION GRANTS WITH \$500,000 FROM THE MACKENZIE SCOTT FUNDING TO SUPPORT EIGHT (8) COLLABORATIVE EFFORTS:

- LA VOZ DE LA COMUNIDAD FUNDACION
- NORTHLAKE HOMELESS COALITION
- SECOND HARVEST FOOD BANK
- JEFFERSON FAMILY PRESERVATION CONSORTIUM
- URBAN LEAGUE OF LOUISIANA
- NEW ORLEANS CHILDREN YOUTH PLANNING BOARD
- NEW ORLEANS CYPB
- THE SPLIT SECOND FOUNDATION

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:

- CREDIT BUILDING ACCESS TO SAFE AND AFFORDABLE FINANCIAL PRODUCTS
- FREE TAX PREPARATION ASSISTANCE
- ACCESS TO FEDERAL AND STATE
- INCENTIVIZED SAVINGS PROGRAMS
- ASSET OWNERSHIP PROGRAMS

UNITED WAY OF SOUTHEAST LOUISIANA'S FINANCIAL CAPABILITY TEAM HAS DEVELOPED A COMPREHENSIVE FINANCIAL EDUCATION CURRICULUM AND RESOURCE GUIDE TO RAISE AWARENESS AND EDUCATE THE COMMUNITY ON ACHIEVING FINANCIAL STABILITY. THE CURRICULUM OUTLINES PRACTICAL STEPS FOR IMPROVING THE ECONOMIC WELL-BEING OF INDIVIDUALS AND FAMILIES. IT HAS BEEN SUCCESSFULLY IMPLEMENTED WITH COMMUNITY, CIVIC, AND PRIVATE PARTNERS, CONSISTENTLY YIELDING POSITIVE RESULTS. OVER THE PAST FOUR YEARS, THE GUIDE HAS BEEN USED WITH PARTICIPANTS IN THE INDIVIDUAL DEVELOPMENT ACCOUNT (IDA) PROGRAM, RECEIVING EXCELLENT FEEDBACK. SINCE

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

ITS INCEPTION, THE UWSELA FINANCIAL CAPABILITY TEAM HAS PROVIDED GROUP FINANCIAL EDUCATION TO OVER 13,001 PARTICIPANTS. THIS TRAINING COVERS ESSENTIAL FINANCIAL TOPICS SUCH AS WEALTH CREATION, ASSET BUILDING, AND LONG-TERM FINANCIAL SECURITY. THE CURRICULUM IS BASED ON THE UWSELA FINANCIAL EDUCATION CURRICULUM AND RESOURCE GUIDE AND IS SUPPLEMENTED BY OTHER RENOWNED FINANCIAL EDUCATION PROGRAMS, INCLUDING AFI FINANCIAL LITERACY CORE COMPETENCIES, FREDDIE MAC'S CREDITSMART, FDIC'S MONEY SMART CURRICULUM, THE FEDERAL RESERVE BANK'S BUILDING WEALTH, AND CONSUMER ACTION'S MONEYWISE, AMONG OTHER RESOURCES.

THE PRIMARY GOAL OF THESE GROUP TRAINING SESSIONS IS TO INTRODUCE PARTICIPANTS TO FINANCIAL MANAGEMENT CONCEPTS, LEADING TO MORE IN-DEPTH, PERSONALIZED ONE-ON-ONE COACHING. THESE COACHING SESSIONS ARE DESIGNED TO EMPOWER PARTICIPANTS TO ACHIEVE FINANCIAL STABILITY AND LONG-TERM SUCCESS. UWSELA SPECIALISTS WORK WITH PARTICIPANTS AND THEIR FAMILIES TO CREATE HOUSEHOLD BUDGETS, BUILD SAVINGS, REDUCE DEBT, AND IMPROVE CREDIT SCORES. THE ONE-ON-ONE COACHING HAS BEEN HIGHLY SUCCESSFUL FOR MANY PARTICIPANTS.

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:
SCHOOL ON OCTOBER 4 AND AT PHOENIX HIGH SCHOOL ON OCTOBER 11, WE PROVIDED 17 PALLETS OF WATER, TOTALING 918 CASES, ESTIMATED THAT WE SERVED 300 FAMILIES AT EACH LOCATION, TOTALING 600 HOUSEHOLDS THROUGHOUT PLAQUEMINES PARISH FACING THE WATER INTRUSION CRISIS IN SOUTHEAST LOUISIANA.

SLIDELL TORNADO RESPONSE:

ON WEDNESDAY, APRIL 10, 2024, NEARLY 700 HOMES AND MORE THAN 50

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

BUSINESSES WERE DAMAGED IN THE TORNADOS THROUGHOUT SLIDELL, LA. UWSELA SPRANG INTO ACTION AND WITHIN HOURS UPON IMPACT, WE LAUNCHED A FUND IN PARTNERSHIP WITH WWL TO DRIVE RESOURCES TO THE COMMUNITY. THE FOLLOWING DAYS, APRIL 11-14, MORE THAN \$4,000 IN HYGIENE SUPPLIES WERE DISTRIBUTED TO FAMILIES IMPACTED. APRIL 20-21, UWSELA WENT TO THE JOHN SLIDELL PARK GYM FROM TO HAND OUT 85 GIFT CARDS TOTALING \$50,915. THESE WERE GIVEN OUT TO INDIVIDUALS WHO WERE IDENTIFIED BY RED CROSS AS HAVING MAJOR OR SEVERE DAMAGE. IN ADDITION, UWSELA GRANTED GOOD SAM'S WITH \$35,000 TO SUPPORT FAMILIES WITH IMMEDIATE NEEDS LIKE FOOD, HOUSING, GAS AND OTHER ESSENTIALS TO GET BACK ON THEIR FEET. IN TOTAL, UWSELA PROVIDED MORE THAN \$95,000 IN SUPPORT DIRECTLY TO FAMILIES IN NEED.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

NEW ORLEANS GRADE LEVEL READING CAMPAIGN:

- REENGAGED MORE THAN 100+ ORGANIZATIONS AND BUSINESSES ACTIVELY PARTICIPATING IN THE NEW ORLEANS CAMPAIGN FOR GRADE LEVEL READING.
- MULTIPLE COMMUNITY MEMBERS INVOLVED; PARTNERSHIPS ESTABLISHED THROUGH THE NEW ORLEANS CAMPAIGN FOR GRADE LEVEL READING

VISION: ALL STUDENTS IN NEW ORLEANS READ AT GRADE LEVEL BY THE END OF THIRD GRADE.

10-YEAR GOAL: BY 2027, 80% OF ECONOMICALLY DISADVANTAGED NEW ORLEANS STUDENTS ARE READING ON GRADE LEVEL BY THE END OF THIRD GRADE. (1) INCREASE PUBLIC AWARENESS AND BUILD COMMUNITY SUPPORT FOR THE CAMPAIGN; (2) IMPROVE SCHOOL READINESS BY ADVOCATING FOR INCREASED FUNDING TO SUPPORT HIGH-QUALITY EARLY CARE AND EDUCATION FOR CHILDREN, BIRTH TO

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

AGE THREE, WHO ARE DEEMED "AT-RISK"; (3) IMPROVE ATTENDANCE AND REDUCE CHRONIC ABSENCE BY INCREASING KNOWLEDGE, AWARENESS, COORDINATION, AND FOCUSED ACTION TO ADDRESS THE COMMUNITY AND SYSTEMS-LEVEL FACTORS THAT CONTRIBUTE TO CHRONIC ABSENCE; (4) INCREASE SUMMER LEARNING AND PREVENT SUMMER SLIDE THROUGH THE KAY FENNELLY LITERACY INSTITUTE PROFESSIONAL DEVELOPMENT AND COACHING FOR OUT-OF-SCHOOL TIME INSTRUCTORS AND STAFF; (5) IMPROVE LITERACY INSTRUCTION ACROSS SETTINGS FOR CHILDREN, BIRTH TO EIGHT, BUILDING ON THE WORK OF THE LOUISIANA EARLY LITERACY COMMISSION.

PROGRESS ON OUR VISION:

- SCHOOL READINESS: 2023 - 33.1% OF KINDERGARTENERS MET OR EXCEEDED STANDARDS ON THE DRDP-K*

(*ONLY 170 RECORDS SUBMITTED, LDOE 2023); =8,679 AT-RISK CHILDREN, AGES 0-4, UNSERVED BY A PUBLICLY-FUNDED SEAT (CALCULATED USING AGENDA DATA FOR OCTOBER 2022 & 2023). 2024 GOAL - 80% OF NEW ORLEANS CHILDREN ENTER KINDERGARTEN READY FOR SUCCESS; NO MORE THAN 5,500 AT-RISK CHILDREN, AGES 0-4, UNSERVED BY A PUBLICLY-FUNDED SEAT.

- ATTENDANCE: 2023 - 28.6% OF NEW ORLEANS PUBLIC ELEMENTARY STUDENTS WERE CHRONICALLY ABSENT.

(LDOE, 2023). 2024 GOAL - FEWER THAN 10% OF PUBLIC SCHOOL STUDENTS IN PRE-K THROUGH 3RD GRADE ARE CHRONICALLY ABSENT.

SUMMER LEARNING: 2023 - MORE THAN 3,300 CHILDREN HAVE PARTICIPATED IN FREE/LOW-COST SUMMER PROGRAMMING WITH INSTRUCTORS SUPPORTED BY THE KAY FENNELLY LITERACY INSTITUTE SINCE 2017. (INTERNAL DATA); 2024 GOAL - 2,000 MORE LOW-INCOME CHILDREN, AGES 4-8, WILL PARTICIPATE IN AFFORDABLE, HIGH-QUALITY, LITERACY-RICH SUMMER PROGRAMMING.

THIRD GRADE READING: 2023 - 31% OF THIRD GRADERS IN NEW ORLEANS PUBLIC SCHOOLS ARE READING ON GRADE LEVEL, BASED ON ACHIEVING MASTERY OR ABOVE

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

ON LEAP ELA. (LDOE, SPRING 2023); 2024 GOAL - 70% OF THIRD GRADERS IN NEW ORLEANS PUBLIC SCHOOLS ARE READING ON GRADE LEVEL BY THE END OF THIRD GRADE.

REVISED STRATEGIC DIRECTION: (1) INCREASE AWARENESS AND COORDINATED ACTION THROUGH A CAMPAIGN THAT ENGAGES MEDIA, PARTNERS, AND PEOPLE WHO IMPACT THE LIVES OF YOUNG CHILDREN; (2) IMPROVE AVAILABLE DATA THROUGH A COORDINATED LOCAL DATA HUB AND LONGITUDINAL TRACKING OF CHILD OUTCOMES; (3) DEEPEN COORDINATED ENGAGEMENT OF PARTNERS IN IMPACTING CHRONIC ABSENCE, SCHOOL READINESS, SUMMER SLIDE, AND EARLY LITERACY THROUGH THE CAMPAIGN'S STEERING COMMITTEE, WORKING GROUPS, AND TARGETED ENGAGEMENT AND PUBLIC AWARENESS EFFORTS; (4) ADVANCE PUBLIC POLICY BY EXPLORING A STATEWIDE GRADE-LEVEL READING NETWORK AND PUBLIC POLICY ADVOCACY THAT CONNECTS PUBLIC POLICY DECISIONS TO CHILD SUCCESS.

DOLLY PARTON IMAGINATION LIBRARY:

MISSION: TO INSPIRE A LOVE OF READING IN CHILDREN FROM BIRTH TO AGE FIVE BY PROVIDING HIGH-QUALITY, AGE-APPROPRIATE BOOKS EACH MONTH.

HB 412 (2023) CREATED THE IMAGINATION LIBRARY OF LOUISIANA UNDER THE LOUISIANA EDUCATIONAL TELEVISION AUTHORITY FOR THE PURPOSE OF DEVELOPING, IMPLEMENTING, PROMOTING, AND FOSTERING A COMPREHENSIVE STATEWIDE INITIATIVE FOR ENCOURAGING CHILDREN FROM BIRTH TO FIVE YEARS OF AGE TO DEVELOP A LOVE OF READING AND LEARNING.

FUNDING: THE PROGRAM IS FREE OF CHARGE TO FAMILIES, MADE POSSIBLE WITH FUNDING BY DOLLY PARTON, THE STATE OF LOUISIANA, AND LOCAL COMMUNITY PARTNERS.

ORLEANS PARISH: TO SERVE 65% OF THE CITIES ELIGIBLE POPULATION WOULD COST \$340,162 ANNUALLY (22,024 CHILDREN) AND COULD LEVERAGE EXISTING EFFORTS BY UNITED WAY IN NEIGHBORING PARISHES AND KREWE OF DOLLY IN

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

70117 ZIP CODE.

NOLA CARES:

THROUGHOUT THE 2023 LOUISIANA LEGISLATIVE SESSION, THE NEW ORLEANS CAMPAIGN FOR GRADE-LEVEL READING (GLR) ENGAGED PARTNERS TO KEEP THE PRESSURE ON STATE ELECTED OFFICIALS TO INCREASE FUNDING FOR EARLY CARE AND EDUCATION. GLR ORGANIZED COALITION MEMBERS TO ADVOCATE FOR LOCAL ECE FUNDING, WITH A FOCUS ON (1) SUPPORTING THE IMPLEMENTATION OF THE NEW EARLY CHILDHOOD EDUCATION MILLAGE, AND (2) ADVOCATING FOR ADDITIONAL FUNDING IN THE 2024 CITY BUDGET WITH A FOCUS ON ECE TEACHER RETENTION STIPENDS. THIS INCLUDED A FORUM ON EARLY CARE AND EDUCATION ADVOCACY WITH OVER 100 PARTICIPANTS AT CLOVER ON OCTOBER 11, 2023. GLR CONTINUED ITS EFFORTS TO BETTER CENTER AND DEVELOP SUSTAINABLE AND COORDINATED PARENT AND EARLY CHILDHOOD PROVIDER VOICE IN ADVOCACY. GLR DID THIS BY COORDINATING WITH FOR PROVIDERS BY PROVIDERS (4PXP), THE NOLA CARES PARTICIPATORY ACTION RESEARCH NETWORK, AND THE POWER COALITION IN DEVELOPING AND IMPLEMENTING ADVOCACY STRATEGIES. IT ALSO ENGAGED PROVIDERS AND PARENTS IN INFORMING GLR'S ADVOCACY AGENDA AROUND THE 2024 CITY OF NEW ORLEANS BUDGET. TO ADVANCE OUR ADVOCACY EFFORTS WE ENGAGED A BROADER NETWORK OF PROVIDERS. THE PRIMARY ACTIVITIES IMPLEMENTED WITH THE GRANT EXTENSION TO ACHIEVE THE EXPECTED RESULTS INCLUDED PROVIDING CAPACITY BUILDING SUPPORT AND TECHNICAL ASSISTANCE TO READY START NETWORKS IN RURAL PARISHES SUCH AS ST. TAMMANY, PLAQUEMINES, ST. BERNARD, WASHINGTON, AND TANGIPAOHA. THIS INCLUDED 32 HOURS OF CONSULTATION ON BOARD DEVELOPMENT, COALITION BUILDING, AND FUND DEVELOPMENT WITH EACH READY START NETWORK. THE NETWORKS PARTICIPATED IN BOARD TRAINING, STAKEHOLDER IDENTIFICATION, AND ECOSYSTEM MAPPING, FOSTERING COLLABORATION AND CLARITY IN EXPANDING

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

EARLY CHILDHOOD EDUCATION ACCESS. ADDITIONALLY, ADVOCACY ACTIVITIES WERE IMPLEMENTED THROUGH PARTICIPATION IN EARLY ED DAY AT THE CAPITOL, WITH OVER 20 MEMBERS ACTIVELY ENGAGING IN LEGISLATIVE ADVOCACY, WHICH HELPED SECURE FUNDING FOR EARLY CHILDHOOD EDUCATION. LASTLY, GLR SPONSORED THE FOCUS ON THE FUTURE FORUM, HELD ON WEDNESDAY, APRIL 10, MARKING A PIVOTAL MOMENT FOR EARLY CARE AND EDUCATION (ECE) IN JEFFERSON PARISH. HOSTED BY JEFFERSON READY START NETWORK AND JEFFERSON PARISH COUNCILMEMBER AT-LARGE SCOTT WALKER, THE EVENT GATHERED BUSINESS LEADERS, COMMUNITY MEMBERS, EDUCATORS AND ADVOCATES TO DISCUSS THE TRANSFORMATIVE IMPACT OF ECE ON CHILDREN, WORKING FAMILIES, THE ECONOMY AND THE BROADER COMMUNITY.

SEVERAL KEY RESULTS WERE ACHIEVED:

- READY START NETWORKS STRENGTHENED THEIR INTERNAL CAPACITY THROUGH TECHNICAL ASSISTANCE AND BOARD DEVELOPMENT, RESULTING IN A CLEARER VISION FOR EXPANDING ACCESS TO EARLY CHILDHOOD EDUCATION.
 - PARTICIPATION IN LEGISLATIVE ADVOCACY LED TO LEGISLATIVE WINS, INCLUDING THE RESTORATION OF \$15 MILLION FOR THE CHILD CARE ASSISTANCE PROGRAM (CCAP).
 - COLLABORATION AND PEER LEARNING WERE ENHANCED ACROSS RURAL PARISHES, WITH NETWORKS SHARING BEST PRACTICES AND IMPROVING THEIR OPERATIONAL STRATEGIES.
 - INDIVIDUAL READY START NETWORKS FORMED NEW PUBLIC PRIVATE PARTNERSHIPS, INCREASED ENROLLMENT IN EARLY LEARNING CENTERS, AND PLANNED FOR NEW CENTERS ON PUBLIC SCHOOL CAMPUSES.
- EXPENSES \$ 782,283. INCLUDING GRANTS OF \$ 96,087. REVENUE \$ 0.

NEW ORLEANS MENTAL HEALTH COLLABORATIVE (MHC):

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

THE NEW ORLEANS MENTAL HEALTH COLLABORATIVE (MHC) WAS CREATED TO IDENTIFY AND FILL GAPS IN MENTAL HEALTH CARE IN THE CITY. THE INITIATIVE WAS LAUNCHED DURING A SPECIAL CITY COUNCIL SESSION ON MENTAL AND BEHAVIORAL HEALTH CONVENED BY NEW ORLEANS CITY COUNCILMEMBER JOE GIARRUSSO ON SEPT. 15, 2022.

IN 2023-2024, THE MHC CONFIRMED ITS GEOGRAPHIC TARGET POPULATION TO GO ALONG WITH ITS VISION AND AREAS OF FOCUS.

VISION: ALL NEW ORLEANIANS HAVE EQUITABLE ACCESS TO A ROBUST, WELL-COORDINATED MENTAL HEALTH SYSTEM OF HIGH-QUALITY CARE.

AREAS OF FOCUS: ACCESS TO CARE, CAPACITY BUILDING AND NEEDS ASSESSMENT

GEOGRAPHIC TARGET AREA: NEW ORLEANS EAST, LOWER 9 AND HOLY CROSS

NEIGHBORHOODS - THE AREA OF NEW ORLEANS IDENTIFIED AS A BEHAVIORAL HEALTH DESERT

ACCESS TO CARE:

- BEGAN PLANNING FOR THE BEHAVIORAL HEALTH PROVIDER EVENT FOR OUR GEOGRAPHIC TARGET AREA

- ASSISTED WITH THE COORDINATION OF EFFORTS FOR ORGANIZATIONS WHO WORK WITH SCHOOL TO DRAW DOWN MEDICAID DOLLARS

- VIA SAMHSA'S RECAST GRANT, INCREASED HOURS OF DIRECT MENTAL HEALTH SERVICES TO YOUTH IN SCHOOLS

- VIA SAMHSA'S RECAST GRANT, BEGAN THE PLANNING FOR THE RESOLVE COMMUNITY IMPACT GRANT PROCESS THAT WILL FUND PROGRAMS THAT ADDRESS GAPS IN CARE TO THE MOST VULNERABLE COMMUNITIES

CAPACITY BUILDING:

- VIA SAMHSA'S RECAST GRANT, INCREASED # OF TRAINED INDIVIDUALS WORKING WITH CHILDREN AND/OR FAMILIES ON MENTAL HEALTH FIRST AID

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

- SECURED \$100,000 TO PROVIDE MENTAL HEALTH FIRST AID TRAINING TO FAITH LEADERS IN OUR GEOGRAPHIC TARGET AREA

NEEDS ASSESSMENT:

- COMPLETED THE COMPREHENSIVE NEEDS AND RESOURCE ASSESSMENT

COMMUNITY ENGAGEMENT:

- #MENTALHEALTHMOMENT SOCIAL MEDIA CAMPAIGN

- MENTAL HEALTH COLLABORATIVE RADIO SHOW SERIES

- MHC AT COMMUNITY HEALTH FAIRS

- STARTED TO REVAMP THE MHC WEBSITE AND COLLATERAL

POLICY:

- EDUCATED OURSELVES ON THOSE BILLS IMPACTING OUR WORK

- MEMBERS OF MHC AND UWSELA'S PUBLIC POLICY COMMITTEE ENGAGED IN CALLS TO ACTION AROUND BILLS IMPACTING OUR WORK AND SOME TESTIFIED AS WELL

SAMHSA RECAST GRANT:

THE SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES ADMINISTRATION (SAMHSA) AWARDED MHC PARTNERS, LED BY UNITED WAY OF SOUTHEAST LOUISIANA, OVER \$1.9 MILLION FOR TWO YEARS TO EXPAND AND COORDINATE TRAUMA-INFORMED COMMUNITY BEHAVIORAL HEALTH RESOURCES AND SERVICES FOR YOUNG PEOPLE.

FUNDS SUPPORT THE RESILIENT, EQUITABLE SYSTEMS FOR OVERCOMING LOSS AND VIOLENCE EVERYWHERE (RESOLVE) NEW ORLEANS PROJECT, WHICH FOCUSES ON SERVING YOUTH AND FAMILIES LIVING IN COMMUNITIES OF CHRONIC POVERTY MOST IMPACTED BY COLLECTIVE TRAUMA AND COMMUNITY VIOLENCE.

IN 2023-2024, THE SAMHSA RECAST GRANT SECURED THE PROJECT COORDINATOR

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

AND EXTERNAL EVALUATOR, ACHIEVED A FULL YEAR OF IMPACT WITH ITS SERVICE PROVIDERS AND DEVELOPED THE PLAN FOR THE RESOLVE COMMUNITY IMPACT GRANT PROCESS TO TAKE PLACE IN AUGUST 2024.

EXPENSES \$ 760,789. INCLUDING GRANTS OF \$ 428,162. REVENUE \$ 0.

LOUISIANA PRISONER RE-ENTRY INITIATIVE (LAPRI) COLLABORATIVE:

YEAR 5 - JEFFERSON PARISH LAPRI:

- 2023-2024 REPRESENTED YEAR FIVE OF THE INITIATIVE. THE CONTRACT YEAR 5 IN JEFFERSON PARISH WAS MARCH 1, 2023-FEBRUARY 29, 2024.

THE DEPARTMENT OF PUBLIC SAFETY AND CORRECTIONS (DPS&C)/JRI OFFICE CONTINUED TO REFER CLIENTS IN ADDITION TO REFERRING CLIENTS HOUSED IN OTHER CORRECTIONAL FACILITIES ACROSS THE STATE. CORRECTIONAL FACILITIES ALLOWED ACCESS TO CLIENTS VIRTUALLY TO ENROLL CLIENT IN THE PROGRAM AND PROVIDE IN-REACH SERVICES. ENGAGING CLIENTS VIRTUALLY AS A PART OF THE IN-REACH PROCESS WITHIN THE CORRECTIONAL FACILITY PRESENTED CHALLENGES FOR SOME OF THE CORRECTIONAL FACILITIES BECAUSE THE FACILITIES WERE NOT STRUCTURED TO ALLOW PROVIDERS TO ACCESS CLIENTS VIRTUALLY. THE PROGRAM STRUCTURE HAS BEEN MODIFIED TO ACCEPT REFERRALS FROM THE COMMUNITY, SERVICE PROVIDERS, PROGRAM PARTICIPANTS, PROBATION AND PAROLE AND REENTRY TRANSITIONAL SPECIALISTS WORKING IN OTHER PARISH JAILS AND STATE CORRECTIONAL FACILITIES ACROSS LOUISIANA. BETWEEN MARCH OF 2023 AND FEBRUARY OF 2024, 85 PARTICIPANTS RECEIVED SERVICES WITH LA-PRI IN JEFFERSON PARISH. OVER 71% OF PARTICIPANTS WERE BLACK, WHILE 19% PERCENT WERE WHITE. MOREOVER, PARTICIPANTS SPANNED A WIDE AGE RANGE, FROM 21 TO 69 YEARS OLD. THE AVERAGE AGE OF PARTICIPANTS ENROLLED WAS 40 YEARS OLD. NEEDS SUCH AS ACQUIRING A DRIVER'S LICENSE, SECURING

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

EMPLOYMENT, AND ACCESSING FOOD ASSISTANCE WERE REPORTED. REFERRALS WERE MADE TO THE LEGAL SERVICES TEAM TO CONTINUE TO SERVE OUR CLIENTS TO INCLUDE GETTING CONTEMPT(S) OF COURT WAIVED, REDUCING PARTICIPANT FINES, FEES AND CONSUMER DEBTS, APPLYING FOR DISABILITY BENEFITS AND APPEALING ANY DENIAL OF BENEFITS (SNAP, MEDICAID, SOCIAL SECURITY (SSI)/DISABILITY (SSID), AND ETC.). PARTICIPANTS NEEDING WORKFORCE SERVICES WERE CONNECTED TO EMPLOYMENT. THOUGH LIMITED IN SCOPE, TRANSITIONAL HOUSING HAS BEEN A GREAT BACKUP PLAN FOR THOSE WHO HAVE LIMITED HOUSING OPTIONS OR CIRCUMSTANCES CHANGED WITH LITTLE NOTICE AND NO HEALTHY ALTERNATIVES. PROGRAM PARTNERS INCLUDE THE LOUISIANA DEPARTMENT OF PUBLIC SAFETY AND CORRECTIONS THAT WERE THE SOURCE OF THE REFERRALS, CATHOLIC CHARITIES TO PROVIDE CASE MANAGEMENT SERVICES, SOUTHEAST LEGAL SERVICES AND LOYOLA UNIVERSITY SCHOOL OF LAW TO PROVIDE CIVIL LEGAL SERVICES TO ADDRESS ANY LEGAL BARRIERS A JUSTICE INVOLVED INDIVIDUAL MAY HAVE. LOUISIANA PUBLIC HEALTH INSTITUTE IS THE EVALUATION PARTNER TO EVALUATE THE EFFICACY OF THE LAPRI MODEL AND ITS IMPLEMENTATION. FUNDING PARTNERS INCLUDE THE LOUISIANA DEPARTMENT OF PUBLIC SAFETY AND CORRECTIONS, THE JEFFERSON PARIS COUNCIL AND THE U.S. DEPARTMENT OF JUSTICE.

YEAR 5 OUTCOMES:

- PROVIDED 3,217 SERVICES TO 85 PARTICIPANTS BETWEEN MARCH 1, 2023, AND FEBRUARY 29, 2024
- PARTICIPANTS MOST COMMONLY REQUIRED HOUSING ASSISTANCE, EMPLOYMENT SUPPORT, AND LEGAL AID
- 87.5% OF PARTICIPANTS DID NOT RECIDIVATE DURING THEIR TIME ENROLLED IN THE INITIATIVE
- EMPLOYMENT INCREASED 46.2%

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

- INCOME INCREASED 53.8%

- LEGAL STANDING INCREASED OVERALL FOR PARTICIPANTS 35.7%

ST. TAMMANY PARISH LAPRI:

2023-2024 REPRESENTED YEAR THREE OF A TWO-YEAR INITIATIVE WITH A ONE-YEAR CONTRACT EXTENSION. YEAR 3 ENDS NOVEMBER 30, 2024.

THE DEPARTMENT OF PUBLIC SAFETY AND CORRECTIONS (DPS&C)/JRI OFFICE CONTINUED TO REFER CLIENTS HOUSED IN THE ST. TAMMANY PARISH JAIL AND OTHER CORRECTIONAL FACILITIES ACROSS THE STATE. CORRECTIONAL FACILITIES ALLOWED ACCESS TO CLIENTS VIRTUALLY TO ENROLL CLIENT IN THE PROGRAM AND PROVIDE IN-REACH SERVICES. ENGAGING CLIENTS VIRTUALLY AS A PART OF THE IN-REACH PROCESS WITHIN THE SOME OF THE CORRECTIONAL FACILITIES PRESENTED CHALLENGES FOR SOME BECAUSE THE FACILITIES WERE NOT STRUCTURED TO ALLOW PROVIDERS TO ACCESS CLIENTS VIRTUALLY. THE DEPARTMENT OF PUBLIC SAFETY AND CORRECTIONS (DPS&C) TRANSITIONAL SPECIALIST ASSIGNED TO THE ST. TAMMANY PARISH JAIL BEGAN REFERRING CLIENTS HOUSED AT THE ST. TAMMANY PARISH JAIL IN APRIL OF 2022. THE ST. TAMMANY PARISH JAIL HAS ALLOWED ACCESS TO CLIENTS VIRTUALLY TO ENROLL CLIENT IN THE PROGRAM AND PROVIDE IN-REACH SERVICES. THE PROGRAM STRUCTURE HAS BEEN MODIFIED TO ACCEPT REFERRALS FROM THE COMMUNITY, SERVICE PROVIDERS, PROGRAM PARTICIPANTS, PROBATION AND PAROLE AND REENTRY TRANSITIONAL SPECIALISTS WORKING IN OTHER PARISH JAILS AND STATE CORRECTIONAL FACILITIES ACROSS LOUISIANA. BETWEEN DECEMBER OF 2022 AND NOVEMBER OF 2023, 55 PARTICIPANTS RECEIVED SERVICES WITH LA-PRI IN ST. TAMMANY PARISH. OVER 54% OF PARTICIPANTS WERE WHITE, WHILE 44% PERCENT WERE BLACK. MOREOVER, PARTICIPANTS SPANNED A WIDE AGE RANGE, FROM 22 TO 69 YEARS OLD. THE AVERAGE AGE OF PARTICIPANTS SERVED

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

WAS 46 YEARS OLD. THE PARTICIPANTS WERE REFERRED FOR LEGAL SERVICES TO
 INCLUDE REDUCING PARTICIPANT FINES, FEES AND CONSUMER DEBTS, APPLYING
 FOR DISABILITY BENEFITS AND APPEALING ANY DENIAL OF BENEFITS (SNAP,
 MEDICAID, SOCIAL SECURITY (SSI)/DISABILITY (SSID), AND ETC.). THOUGH
 LIMITED IN SCOPE, TRANSITIONAL HOUSING HAS INCREASED FOR THOSE WHO HAVE
 LIMITED HOUSING OPTIONS. ELIGIBLE PARTICIPANTS WERE REFERRED FOR
 WORKFORCE SERVICES. PROGRAM PARTNERS INCLUDE THE LOUISIANA DEPARTMENT
 OF PUBLIC SAFETY AND CORRECTIONS THAT WERE THE SOURCE OF THE REFERRALS.
 CATHOLIC CHARITIES TO PROVIDE CASE MANAGEMENT SERVICES, NAMI-ST.
 TAMMANY TO PROVIDE TRANSPORTATION SERVICES, FIRST DISTRICT-ST. TAMMANY
 WORKFORCE DEVELOPMENT TO PROVIDE EMPLOYMENT SERVICES, SOUTHEAST LEGAL
 SERVICES AND LOYOLA UNIVERSITY SCHOOL OF LAW TO PROVIDE CIVIL LEGAL
 SERVICES TO ADDRESS ANY LEGAL BARRIERS A JUSTICE INVOLVED INDIVIDUAL
 MAY HAVE. LOUISIANA PUBLIC HEALTH INSTITUTE IS THE EVALUATION PARTNER
 TO EVALUATE THE EFFICACY OF THE LAPRI MODEL AND ITS IMPLEMENTATION.
 FUNDING PARTNERS INCLUDE THE LOUISIANA DEPARTMENT OF PUBLIC SAFETY AND
 CORRECTIONS. MACKENSIE SCOTT FUNDS WERE ALLOCATED TO SUPPORT THE
 INITIATIVE.

OUTCOMES FOR YEAR 2:

- PROVIDED 1,118 SERVICES TO 55 PARTICIPANTS IN ST. TAMMANY PARISH FROM
DECEMBER OF 2022 TO NOVEMBER OF 2023
- THE SERVICES MOST OFTEN PROVIDED TO PARTICIPANTS WERE CASE
MANAGEMENT, DIRECT ASSISTANCE, AND COLLABORATION OF CARE
- 89% OF PARTICIPANTS WERE NOT REARRESTED
- EMPLOYMENT INCREASED 110%
- INCOME SCORES INCREASED BY 160%
- ACCESS TO HEALTHCARE INCREASED BY 65%

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

YEAR 3:

ST. TAMMANY PARISH LAPRI WAS GRANTED A ONE-YEAR CONTRACT EXTENSION BY THE LOUISIANA DEPARTMENT OF PUBLIC SAFETY AND CORRECTIONS TO CONTINUE TO PROVIDING SERVICES IN ST. TAMMANY PARISH. THE CONTRACT WILL END NOVEMBER 30, 2024. THIS ALLOWED LAPRI TO CONTINUE TO PROVIDE SERVICES WITHOUT DISRUPTION TO THE PROGRAM OR THE CLIENTS THAT WERE ENROLLED IN THE PROGRAM. PROGRAM PARTNERS REMAINED THE SAME, EXCLUDING NAMI-ST. TAMMANY TO PROVIDE TRANSPORTATION SERVICES. THOUGH NOT AS RELIABLE, IT WAS MORE COST EFFECTIVE TO USE RIDESHARE SERVICES FOR CLIENTS NEEDING TRANSPORTATION. THE DEPARTMENT OF PUBLIC SAFETY AND CORRECTIONS (DPS&C)/JRI OFFICE CONTINUED TO REFER CLIENTS HOUSED IN THE ST. TAMMANY PARISH JAIL UNTIL THE END OF MARCH 2024 WHEN WE WERE INFORMED THAT THE REENTRY CENTER WAS SCHEDULED TO BE CCLOSED,AND WE WOULD NO LONGER RECEIVE REFERRALS FROM THE ST. TAMMANY PARISH JAIL. WE CONTINUE TO RECEIVE REFERRALS FROM OTHER CORRECTIONAL FACILITIES ACROSS THE STATE. WE ALSO CONTINUED TO ACCEPT REFERRALS FROM COMMUNITY, SERVICE PROVIDERS, PROGRAM PARTICIPANTS, PROBATION AND PAROLE AND REENTRY TRANSITIONAL SPECIALISTS WORKING IN OTHER PARISH JAILS AND STATE CORRECTIONAL FACILITIES ACROSS LOUISIANA. CORRECTIONAL FACILITIES ALLOWED ACCESS TO CLIENTS VIRTUALLY TO ENROLL CLIENT IN THE PROGRAM AND PROVIDE IN-REACH SERVICES.

2023-2024 REPRESENTED YEAR THREE OF A CONTRACT EXTENSION. YEAR 3 ENDS NOVEMBER 30, 2024.

LA-PRI WAS GRANTED 1 YEAR CONTRACT EXTENSION BY THE LOUISIANA DEPARTMENT OF PUBLIC SAFETY AND CORRECTIONS TO CONTINUE TO PROVIDING SERVICES IN ST. TAMMANY PARISH. THE CONTRACT WILL END NOVEMBER 30,

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

2024. THIS ALLOWED LA-PRI TO CONTINUE TO PROVIDE SERVICES WITHOUT DISRUPTION TO THE PROGRAM OR THE CLIENTS THAT WERE ENROLLED IN THE PROGRAM. PROGRAM PARTNERS REMAINED THE SAME, EXCLUDING NAMI-ST. TAMMANY TO PROVIDE TRANSPORTATION SERVICES. THOUGH NOT AS RELIABLE, IT WAS MORE COST EFFECTIVE TO USE RIDESHARE SERVICES FOR CLIENTS NEEDING TRANSPORTATION. THE DEPARTMENT OF PUBLIC SAFETY AND CORRECTIONS (DPS&C)/JRI OFFICE CONTINUED TO REFER CLIENTS HOUSED IN THE ST. TAMMANY PARISH JAIL UNTIL THE END OF MARCH 2024 WHEN WE WERE INFORMED THAT THE REENTRY CENTER WAS SCHEDULED TO BE CLOSED, AND WE WOULD NO LONGER RECEIVE REFERRALS FROM THE ST. TAMMANY PARISH JAIL. WE CONTINUE TO RECEIVE REFERRALS FROM OTHER CORRECTIONAL FACILITIES ACROSS THE STATE. WE ALSO CONTINUED TO ACCEPT REFERRALS FROM COMMUNITY, SERVICE PROVIDERS, PROGRAM PARTICIPANTS, PROBATION AND PAROLE AND REENTRY TRANSITIONAL SPECIALISTS WORKING IN OTHER PARISH JAILS AND STATE CORRECTIONAL FACILITIES ACROSS LOUISIANA. CORRECTIONAL FACILITIES ALLOWED ACCESS TO CLIENTS VIRTUALLY TO ENROLL CLIENT IN THE PROGRAM AND PROVIDE IN-REACH SERVICES.

EXPENSES \$ 747,692. INCLUDING GRANTS OF \$ 108,227. REVENUE \$ 0.

VITA, EITC, AND SINGLE STOP:

VITA, THE VOLUNTEER INCOME TAX ASSISTANCE PROGRAM, PROVIDES FREE TAX PREPARATION SERVICES TO LOW- AND MODERATE-INCOME WORKERS, HELPING THEM KEEP THEIR FULL TAX REFUNDS. IRS-CERTIFIED VITA VOLUNTEERS ASSIST TAXPAYERS BY ENSURING THEY AVOID COSTLY FEES AND PREDATORY LENDING PRACTICES WHILE ALSO CLAIMING ALL ELIGIBLE TAX CREDITS, SUCH AS THE EARNED INCOME TAX CREDIT (EITC) AND CHILD TAX CREDIT. EITC IS THE NATION'S LARGEST ANTI-POVERTY INITIATIVE, DESIGNED TO HELP LIFT

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

LOW-INCOME FAMILIES OUT OF POVERTY.

UNITED WAY IS CRUCIAL IN PROMOTING THE VITA PROGRAM AND EITC THROUGH
 MARKETING AND OUTREACH ACROSS ITS SEVEN-PARISH SERVICE AREA AND BEYOND.
 IN PARTNERSHIP WITH SINGLE STOP USA AND DELGADO COMMUNITY COLLEGE,
 UNITED WAY ALSO OFFERS FREE TAX PREPARATION AND BENEFITS SCREENING FOR
 STUDENTS, ENSURING THEY RECEIVE ALL THE PUBLIC BENEFITS THEY QUALIFY
 FOR. THE AIM IS TO BOOST STUDENTS' INCOME TO HELP THEM STAY IN SCHOOL,
 PREVENTING DIFFICULT DECISIONS BETWEEN AFFORDING CHILDCARE, BOOKS, OR
 FOOD.

ACCOMPLISHMENTS:

- TOTAL NUMBER OF INCOME TAX RETURNS COMPLETED - 8,210
 - TOTAL AMOUNT OF INCOME TAX REFUNDS - \$9,415,750
 - TOTAL AMOUNT OF EARNED INCOME TAX CREDITS - \$3,365,091
- EXPENSES \$ 384,079. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

INDIVIDUAL DEVELOPMENT ACCOUNT PROJECT (IDA):

AN IDA IS A MATCHED SAVINGS ACCOUNT THAT HELPS LOW-INCOME INDIVIDUALS
 AND FAMILIES SAVE MONEY TO ACQUIRE AN ECONOMIC ASSET THAT CAN BUILD
 LONG-TERM FINANCIAL STABILITY AND SELF-SUFFICIENCY. THIS PROJECT ALLOWS
 PARTICIPANTS TO USE THEIR IDAS FOR DOWN PAYMENT/ CLOSING COSTS ON A NEW
 HOME, START OR EXPAND A SMALL BUSINESS, POST-SECONDARY EDUCATION, HOME
 REPAIR, AND VEHICLE PURCHASES. PARTICIPANTS ARE REQUIRED TO ATTEND
 FINANCIAL EDUCATION COURSES AND ASSET-SPECIFIC TRAINING BEFORE MAKING A
 PURCHASE. IN ADDITION, THEY MUST SAVE FOR AT LEAST SIX MONTHS BEFORE
 MAKING A PURCHASE. IDA PROJECT PARTNERS PROVIDE FINANCIAL EDUCATION,

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

CREDIT COUNSELING, AND ASSET-SPECIFIC TRAINING. WE RECEIVED A \$1,000,000 MACKENZIE SCOTT CHARITABLE GIVING ON DECEMBER 15, 2020, TO START OUR FOURTH PROGRAM. THE FOURTH IDA PROJECT WILL OPERATE FROM JULY 1, 2021-JUNE 30, 2026.

ACCOMPLISHMENTS:

- TOTAL NUMBER OF PARTICIPANTS ENROLLED - 18
- 7 HOMEOWNERSHIP
- 3 VEHICLE
- 7 BUSINESS START-UP OR EXPANSION
- 1 POST-SECONDARY EDUCATION
- TOTAL NUMBER OF PARTICIPANTS THAT HAVE COMPLETED 12 HOURS OF HOMEBUYER TRAINING - 7
- TOTAL NUMBER OF PARTICIPANTS THAT HAVE COMPLETED 12 HOURS OF FINANCIAL EDUCATION - 18
- ASSET PURCHASES - 18 TOTAL: 7 HOMEOWNERSHIP, 7 SMALL BUSINESSES, 1 POST-SECONDARY AND 3 VEHICLE
- EXPENSES \$ 295,272. INCLUDING GRANTS OF \$ 134,000. REVENUE \$ 0.

WORKFORCE READINESS - EMPLOYMENT & TRAINING PROGRAMS:

TO EXPAND OUR WORKFORCE DEVELOPMENT INVESTMENTS AND COMMUNITY-STRENGTHENING EFFORTS, UWSELA WORKS WITH THE LOUISIANA DEPARTMENT OF CHILDREN AND FAMILY SERVICES WORKFORCE DIVISION TO PROVIDE CAPACITY BUILDING RESOURCES AND ASSISTANCE FOR THEIR SET FOR SUCCESS PROGRAMS. THESE PROGRAMS PROVIDE INDIVIDUALS AND FAMILIES THE OPPORTUNITY TO TRANSFORM THEIR LIVES THROUGH TRAINING AND SKILLS TO OVERCOME BARRIERS. PARTICIPANTS CAN GAIN SKILLS, EDUCATION OR WORK

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

EXPERIENCE NEEDED TO BECOME EMPLOYABLE AND EARN A LIVING WAGE.

OVER THE PAST YEAR, UWSELA HAS HELPED BUILD CAPACITY IN BOTH THE SNAP AND STEP EMPLOYMENT & TRAINING PROGRAMS BY DEVELOPING, WORKING ON, LEADING, OR PARTICIPATING IN PROJECTS SUCH AS, BUT NOT LIMITED TO: SNAP E&T: A POSITION ON THE SNAP E&T ADVISORY COUNCIL; CREATION AND PRESENTATIONS ON BEST PRACTICES PARTNER GUIDE-FISCAL AND REIMBURSEMENT GUIDELINES; DEVELOPMENT OF THE PARTNER REFERRAL STRATEGIC PLAN; ON-BOARDING APPROVED PROVIDERS INTO THE SNAP E&T PROGRAM; ASSISTING POTENTIAL CONTRACTORS IN UNDERSTANDING THE APPLICATION AND CONTRACT SUBMISSION DOCUMENTATION; RESEARCHING STATE NGO'S AND IDENTIFICATION OF POTENTIAL WORKFORCE PARTNERS; PROVIDING TECHNICAL ASSISTANCE AND PEER TO PEER LEARNING; AND PRESENTING THE INTRODUCTION TO THE CLIFF TOOL FOR PROVIDER AGENCIES.

STEP E&T: COMPLETION OF THE CATAPULT POWERED BY CLIFF TOOLS PILOT PROJECT AND THE STATEWIDE IMPLEMENTATION OF THE PROGRAM. THE CLIFF TOOLS ARE USED TO ASSIST CASE MANAGERS WITH THEIR CLIENTS AND CAN SHOW HOW AN INCREASE IN INCOME OR CAREER ADVANCEMENT CAN LEAD TO THE LOSS OF ELIGIBILITY FOR PARTICIPATION IN GOVERNMENT ASSISTANCE PROGRAMS; CLIFF PRESENTATIONS TO LA STATE LEGISLATURE AND LA GOVERNORS SUBCABINET ON WORKFORCE & EDUCATION; SELECTED FOR ATTENDANCE AT NATIONAL CLIFF CONVENING, SELECTED FOR BEYOND THE CLIFF COALITION; TRAINING OF STEP COACHES ON TOOL; UWSELA PROSPERITY CENTER STEP E&T PARTICIPATION THROUGH TARGETED AND INTEGRATED FINANCIAL CAPABILITY EDUCATION TO REFERRED STEP PARTICIPANTS. THE PROSPERITY CENTER PROVIDES EDUCATIONAL AND TRAINING OPPORTUNITIES THROUGH FINANCIAL EDUCATION (VARIOUS FINANCIAL TOPICS), FINANCIAL PROFILE (ANALYSIS OF CURRENT FINANCIAL SITUATION) AND FINANCIAL COACHING (STRATEGIC ONE-ON-ONE INTERACTIONS)

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

TO REFERRED STEP PARTICIPANTS. THROUGH THIS PROGRAM, PARTICIPANTS ARE HELPED TO BECOME KNOWLEDGEABLE AND UNDERSTANDING OF HOW THEY CAN NAVIGATE THEIR OWN FINANCIAL SITUATIONS, WHICH CAN LEAD TO A PATH OF SELF-SUFFICIENCY.

EXPENSES \$ 311,093. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

RATE PAYER ENDOWMENT:

OUT OF SCHOOL TIME PROGRAMMING AND SUMMER OPPORTUNITIES FOR YOUTH IN OUR CITY ARE ESSENTIAL TO KEEP OUR YOUNG PEOPLE ENGAGED AND OFFER SAFE SPACES FOR LEARNING AND GROWTH. THE SUMMER MONTHS ARE THE MOST CHALLENGING FOR OUR ALICE HOUSEHOLDS AS MANY OF THE SUPPORTIVE SERVICES YOUTH RECEIVE DURING THE SCHOOL YEAR ARE UNAVAILABLE. WE WANT TO ACKNOWLEDGE AND SUPPORT THE WORK OF OUR COMMUNITY PARTNERS WHO ARE COMMITTED TO PROVIDING QUALITY SUMMER PROGRAMMING THAT HELP CLOSE THE GAPS IN SUMMER LEARNING LOSS AND ECONOMIC OPPORTUNITY.

THE UNITED WAY OF SOUTHEAST LOUISIANA SOUGHT TO OFFER THIS FUNDING OPPORTUNITY TO SMALL-SIZED (BUDGET UNDER \$500,000) BIPOC-LED YOUTH-SERVING ORGANIZATIONS TO BROADEN OR ENHANCE THEIR EXISTING SUMMER 2023 PROGRAMMING FOR LOW-INCOME, VULNERABLE YOUTH AGES 11- 24 OVER THE SUMMER MONTHS. GRANT AMOUNTS RANGED FROM \$5,000 TO \$10,000. THE FUNDING WAS TO ADDRESS THE SOLUTIONS IDENTIFIED IN THE YOUTH (1) HEALTH AND WELL-BEING; (2) VOICE; (3) LEARNING; (4) ECONOMIC STABILITY; (5) SAFETY AND JUSTICE; AND (6) SPACE AND PLACE.

FUNDED SUMMER PROGRAMS:

- ABOUT F.A.C.E. (ABOUT FAMILY AND COMMUNITY ENGAGEMENT)

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

- CULTIVATING YOUTH
- ELECTRIC GIRLS
- ETERNAL SEEDS
- FRIENDS OF NEW ORLEANS PUBLIC LIBRARY
- JESUS PROJECT MINISTRIES
- PINK NAILS GIRLS MENTORING
- PHOENIX COMMUNITIES OF NOLA
- RE(AD) TREAT
- THE FOUNDATION FOR SCIENCE AND MATHEMATICS EDUCATION
- TRINITY COMMUNITY CENTER SUMMER LEADERSHIP DEVELOPMENT
- YEAH! YOGI
- THE YOUTH INITIATIVE

IMPACT AND RESULTS:

- 4,539 YOUTH SERVED
- 2,803 HOURS OF PROGRAM SERVICE HOURS PROVIDED
- 6,633 MEALS PROVIDED
- 85% OF STUDENTS FEEL MORE CONFIDENT WORKING WITH POWER-TOOLS
- 81% OF STUDENTS FEEL MORE CONFIDENT WITH PUBLIC SPEAKING AND 98%

EXPERIENCED A REDUCTION IN ANXIETY SYMPTOMS

- 98% OF PARTICIPANTS EXPERIENCED A DECREASE OF DEPRESSION; 89% HAD AN INCREASE IN THE ABILITY TO FEEL BODILY SENSATIONS; 88% HAD AN INCREASE IN OPTIMISM; 83% HAD AN INCREASE IN DISTRESS TOLERANCE
- 76% OF PARTICIPANTS REPORTED THEY HAD A CHANGED PERSPECTIVE ON EMPATHY

- 100% IMPROVEMENT BY OLDER ROOKIES IN THREE CATEGORIES
- 96% OF THE STUDENTS ADDED ADVANCED COURSEWORK TO THEIR SCHEDULES
- NEIGHBORHOOD CHILDREN READ BOOKS AND HOSTED THEIR OWN BOOK

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

DISCUSSIONS

- 70% INCREASE IN PARTICIPANT COMMUNICATION SKILLS, 68% INCREASE
DECISION-MAKING SKILLS, 60% INCREASE IN JOB READINESS, AND 83% INCREASE
SKILLS RELATED TO SETTING AND MEETING PERSONAL GOALS

- 95% OF STUDENTS WOULD LIKE TO PARTICIPATE IN FUTURE STEM PROGRAM, 88%
OF STUDENTS ARE INTERESTED IN PURSUING A STEM CAREER PATHWAY, AND 98%
OF STUDENTS FEEL MORE CONFIDENT IN THEIR STEM KNOWLEDGE

- 42 TEENS SIGNED UP FOR THE TEEN TECH CENTER

- PARTICIPANTS COMPLETED AN ART MURAL IN THE COMMUNITY

- REDUCTION IN JUVENILE JUSTICE SYSTEM INTERACTIONS AND A DECREASE IN
AT-RISK BEHAVIORS

- INCREASE IN AWARENESS OF PROFESSION ART CAREER PATHWAYS

EXPENSES \$ 101,981. INCLUDING GRANTS OF \$ 101,981. REVENUE \$ 0.

ALL OTHER PROGRAM SERVICES

EXPENSES \$ 1,177,273. INCLUDING GRANTS OF \$ 443,403. REVENUE \$ 0.

FORM 990, PART VI, SECTION A, LINE 6:

EVERY CONTRIBUTOR TO A FUND-SOLICITING CAMPAIGN CONDUCTED BY THIS
CORPORATION SHALL AUTOMATICALLY BECOME A MEMBER OF THE CORPORATION FOR THE
CALENDAR YEAR FOR WHICH SUCH CONTRIBUTION IS MADE.

AT EVERY MEETING OF THE CORPORATION MEMBERS, EACH MEMBER SHALL BE ENTITLED
TO ONE VOTE, WHICH VOTE MUST BE CAST BY THE MEMBER IN PERSON. TEN MEMBERS
SHALL CONSTITUTE A QUORUM.

FORM 990, PART VI, SECTION A, LINE 7A:

THE MEMBERS SHALL MEET ANNUALLY AT THE CALL OF THE BOARD OF TRUSTEES TO FIX

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

THE NUMBER OF TRUSTEES, TO ELECT THE BOARD OF TRUSTEES AND TO REVIEW THE PROGRAMS AND FINANCES OF THE UNITED WAY.

FORM 990, PART VI, SECTION B, LINE 11B:

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

FORM 990, PART VI, SECTION B, LINE 12C:

THE CONFLICT OF INTEREST POLICY IS DISTRIBUTED TO THE UNITED WAY STAFF AND THE BOARD OF TRUSTEES ANNUALLY. ALL COMPLETED EMPLOYEE FORMS ARE RETURNED TO THE CHIEF HUMAN RESOURCES OFFICER FOR REVIEW AND ALL BOARD/TRUSTEE FORMS ARE RETURNED TO THE OFFICE OF THE PRESIDENT FOR REVIEW.

TRANSACTIONS WITH PARTIES WITH WHOM A CONFLICTING INTEREST EXISTS MAY BE UNDERTAKEN ONLY IF ALL OF THE FOLLOWING ARE OBSERVED:

1. THE CONFLICTING INTEREST IS FULLY DISCLOSED;
2. THE PERSON WITH THE CONFLICT OF INTEREST IS EXCLUDED FROM THE DISCUSSION AND APPROVAL OF SUCH TRANSACTION;
3. A COMPETITIVE BID OR COMPARABLE VALUATION EXISTS; AND
4. THE BOARD OR A DULY CONSTITUTED COMMITTEE THEREOF HAS DETERMINED THAT THE TRANSACTION IS IN THE BEST INTEREST OF THE ORGANIZATION.

DISCLOSURE IN THE ORGANIZATION SHOULD BE MADE TO THE CHIEF EXECUTIVE OFFICER (OR IF HE OR SHE IS THE ONE WITH THE CONFLICT, THEN TO THE BOARD CHAIR), WHO SHALL BRING THE MATTER TO THE ATTENTION OF THE BOARD OR A DULY CONSTITUTED COMMITTEE THEREOF. DISCLOSURE INVOLVING DIRECTORS SHOULD BE MADE TO THE BOARD CHAIR, (OR IF HE OR SHE IS THE ONE WITH THE CONFLICT, THEN TO THE BOARD VICE-CHAIR) WHO SHALL BRING THESE MATTERS TO THE BOARD OR

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

A DULY CONSTITUTED COMMITTEE THEREOF.

THE BOARD OR A DULY CONSTITUTED COMMITTEE THEREOF SHALL DETERMINE WHETHER A CONFLICT EXISTS AND IN THE CASE OF AN EXISTING CONFLICT, WHETHER THE CONTEMPLATED TRANSACTION MAY BE AUTHORIZED AS JUST, FAIR, AND REASONABLE TO UNITED WAY. THE DECISION OF THE BOARD OR A DULY CONSTITUTED COMMITTEE THEREOF ON THESE MATTERS WILL REST IN THEIR SOLE DISCRETION, AND THEIR CONCERN MUST BE THE WELFARE OF UNITED WAY AND THE ADVANCEMENT OF ITS PURPOSE.

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 INDEPENDENT SOURCE AS WELL AS FROM UNITED WAY WORLDWIDE AND IS USED TO CREATE SALARY RANGES FOR EACH POSITION. THESE SALARY RANGES ARE ADJUSTED FOR INFLATION PERIODICALLY.

FORM 990, PART VI, SECTION C, LINE 19:

THE DOCUMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST. IN ADDITION, THE AUDIT AND TAX RETURN ARE PUBLISHED ON THE WEBSITE.

FORM 990, PART XII, LINE 2C:

THERE HAVE BEEN NO CHANGES FROM THE PRIOR YEAR IN THE OVERSIGHT OR SELECTION PROCESSES FOR THE AUDIT THAT THE ORGANIZATION'S COMMITTEE USES.