

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

2013

Department of the Treasury
Internal Revenue Service

Do not enter Social Security numbers on this form as it may be made public.

Information about Form 990 and its instructions is at www.irs.gov/form990

Open to Public Inspection

A For the 2013 calendar year, or tax year beginning **JAN 1, 2014** and ending **JUN 30, 2014**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> 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	G Gross receipts \$ 12,352,059.
	2515 CANAL STREET		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	City or town, state or province, country, and ZIP or foreign postal code NEW ORLEANS, LA 70119		H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)
F Name and address of principal officer: MICHAEL WILLIAMSON 2515 CANAL STREET, NEW ORLEANS, LA 70119		H(c) Group exemption number ▶	
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			
J Website: ▶ WWW.UNITEDWAYSELA.ORG			
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: UNITED WAY OF SOUTHEAST LOUISIANA (UWSELA) IS A NOT-FOR-PROFIT 501(C)(3) CHARITABLE
	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 40
	4 Number of independent voting members of the governing body (Part VI, line 1b) 4 40
	5 Total number of individuals employed in calendar year 2013 (Part V, line 2a) 5 47
	6 Total number of volunteers (estimate if necessary) 6 8847
	7a Total unrelated business revenue from Part VIII, column (C), line 12 7a 0.
	b Net unrelated business taxable income from Form 990-T, line 34 7b 0.

Revenue		Prior Year	Current Year
		8 Contributions and grants (Part VIII, line 1h)	14,759,601.
9 Program service revenue (Part VIII, line 2g)	0.	318,564.	
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	209,430.	70,660.	
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<10,750.>	<122,019.>	
12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	14,958,281.	12,149,838.	
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	9,524,726.	6,516,609.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	3,946,653.	2,050,338.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 937,187.		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	1,814,285.	831,778.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	15,285,664.	9,398,725.	
19 Revenue less expenses. Subtract line 18 from line 12	<327,383.>	2,751,113.	

Net Assets or Fund Balances		Beginning of Current Year	End of Year	
		20 Total assets (Part X, line 16)	14,586,783.	18,102,283.
		21 Total liabilities (Part X, line 26)	5,223,370.	5,848,616.
22 Net assets or fund balances. Subtract line 21 from line 20	9,363,413.	12,253,667.		

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
	WILLIAM G. STAMM, CPA				P01263176
	Firm's name ▶ DUPLANTIER, HRAPMANN, HOGAN & MAHER, LLP	Firm's EIN ▶ 72-0567396			
	Firm's address ▶ 1615 POYDRAS STREET, SUITE 2100	Phone no. (504) 586-8866			
	NEW ORLEANS, LA 70112				

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

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No

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 \$ 4,548,884. including grants of \$ 4,548,884.) (Revenue \$) COMMUNITY IMPACT: STRATEGIC PLANNING & FUND DISTRIBUTION: 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. ACCOMPLISHMENT: TOTAL # OF PEOPLE SERVED BY OUR GRANT PARTNERS FROM JANUARY - JUNE 2014 - 236,649. UWSELA-FUNDED PROGRAMS, FROM JANUARY - JUNE 2014 ADDRESSED PRIORITIES SUCH AS HOUSING, MEDICAL AND MENTAL HEALTH CARE, CHILD AND ADULT CARE AND ACADEMIC SUPPORTS ANSWERED OVER 236,649 APPEALS FOR HELP FROM OUR COMMUNITY.

4b (Code:) (Expenses \$ 386,850. including grants of \$) (Revenue \$) VITA, EITC AND SINGLE STOP: VITA IS THE VOLUNTEER INCOME TAX ASSISTANCE PROGRAM THAT ASSISTS LOW-TO-MODERATE INCOME WORKERS WITH FREE TAX PREPARATION SERVICES TO KEEP ALL OF THEIR TAX REFUNDS IN THEIR POCKETS. IRS TRAINED VITA VOLUNTEERS HELPS THE TAXPAYERS AVOID PAYING HIGH FEES AND PREDATORY LENDING PRACTICES. THE VOLUNTEERS MAKE SURE THAT THE TAXPAYERS TAKE ADVANTAGE OF ALL CREDITS SUCH AS EARNED INCOME TAX CREDITS (EITC), CHILD TAX CREDITS, ETC...EITC IS THE NATION'S LARGEST ANTI-POVERTY PROGRAM THAT HELPS TO BRING LOW INCOME FAMILIES OUT OF POVERTY. UNITED WAY CONDUCTS MARKETING AND OUTREACH ON THE VITA PROGRAM AND EITC THROUGHOUT OUR SEVEN PARISH SERVICE AREA AND BEYOND. UNITED WAY PARTNERS WITH SINGLE STOP USA AND DELGADO COMMUNITY COLLEGE TO OFFER FREE TAX PREPARATION AND BENEFITS SCREENING FOR STUDENTS TO HELP

4c (Code:) (Expenses \$ 320,835. including grants of \$ 140,000.) (Revenue \$) INDIVIDUAL DEVELOPMENT ACCOUNT PROJECT (IDA): AN IDA IS A MATCHED SAVINGS ACCOUNT THAT HELPS LOW-INCOME INDIVIDUALS AND FAMILIES SAVE MONEY TO ACQUIRE AN ECONOMIC ASSET THAT CAN BE A FOUNDATION FOR LONG-TERM FINANCIAL STABILITY AND SELF-SUFFICIENCY. THIS PROJECT ALLOWS PARTICIPANTS TO USE THEIR IDAS FOR A DOWN PAYMENT/ CLOSING COSTS ON A NEW HOME, TO START OR EXPAND A SMALL BUSINESS, TRANSFER IDA FOR POST-SECONDARY EDUCATION, AND VEHICLE PURCHASES. PARTICIPANTS ARE REQUIRED TO ATTEND FINANCIAL EDUCATION COURSES AND ASSET SPECIFIC TRAINING PRIOR TO MAKING A PURCHASE. THEY ARE ALSO REQUIRED TO SAVE FOR AT LEAST SIX MONTHS BEFORE MAKING A PURCHASE. IDA PROJECT PARTNERS PROVIDE FINANCIAL EDUCATION, CREDIT COUNSELING, AND ASSET SPECIFIC TRAINING. WE RECEIVED A \$250,000 ASSET FOR INDEPENDENCE (AFI) ON

4d Other program services (Describe in Schedule O.) (Expenses \$ 2,617,605. including grants of \$ 1,827,725.) (Revenue \$ 318,564.)

4e Total program service expenses 7,874,174.

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

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

Note. All Form 990 filers are required to complete Schedule O

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

Main form area containing questions 1a through 14b with columns for Yes/No and numerical input fields.

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 in Schedule O. See instructions.

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
	40		
1b	Enter the number of voting members included in line 1a, above, who are independent		
	40		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	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:		
8a	The governing body?	X	
8b	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 in Schedule O		X

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

		Yes	No
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 in Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	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 in 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?		
15a	The organization's CEO, Executive Director, or top management official	X	
15b	Other officers or key employees of the organization	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		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?		

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 (or 1024 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.
 Own website Another's website Upon request Other (explain in Schedule O)
- 19** Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, physical address, and telephone number of the person who possesses the books and records of the organization: **DEBRA MODLIN - 504-827-6841**
2515 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 instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, 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.

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) KEVIN ALKER TRUSTEE	4.00	X					0.	0.	0.	
(2) DANICA ANSARDI TRUSTEE	4.00	X					0.	0.	0.	
(3) LORI BARTHELEMY TRUSTEE	4.00	X					0.	0.	0.	
(4) KARIN STAFFORD BIRD TRUSTEE	4.00	X					0.	0.	0.	
(5) ANH "JOSEPH" CAO TRUSTEE	4.00	X					0.	0.	0.	
(6) CHARLES A. CERISE, JR TRUSTEE	4.00	X					0.	0.	0.	
(7) CHRISTOPHER J. CLAUS TRUSTEE	4.00	X					0.	0.	0.	
(8) KAREN NABONNE COAXUM TRUSTEE	4.00	X					0.	0.	0.	
(9) JOSEPH EXNICIOS TRUSTEE	4.00	X					0.	0.	0.	
(10) MATT FAUST TRUSTEE	4.00	X					0.	0.	0.	
(11) JOHN FOLEY TRUSTEE	4.00	X					0.	0.	0.	
(12) MIKE GILL TRUSTEE	4.00	X					0.	0.	0.	
(13) CAPTAIN SCOTT GOOTEE TRUSTEE	4.00	X					0.	0.	0.	
(14) NORMA GRACE TRUSTEE	4.00	X					0.	0.	0.	
(15) RICHARD HAASE TRUSTEE	4.00	X					0.	0.	0.	
(16) AL HAMAEUI TRUSTEE	4.00	X					0.	0.	0.	
(17) ROBERT HAMMOND TRUSTEE	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)	(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			
(18) MICHAEL HECHT TRUSTEE	4.00	X						0.	0.	0.
(19) DREW HEAPHY TRUSTEE	4.00	X						0.	0.	0.
(20) ALEXIS D. HOCEVAR TRUSTEE	4.00	X						0.	0.	0.
(21) JOHN HOLLOWELL TRUSTEE	4.00	X						0.	0.	0.
(22) CHRIS KAUFFMANN TRUSTEE	4.00	X						0.	0.	0.
(23) EDWARD J. KRAUSE TRUSTEE	4.00	X						0.	0.	0.
(24) RICKY R. MATHEWS TRUSTEE	4.00	X						0.	0.	0.
(25) MARIAN H. PIERRE TRUSTEE	4.00	X						0.	0.	0.
(26) CHARLES L. RICE, JR. TRUSTEE	4.00	X						0.	0.	0.
1b Sub-total								0.	0.	0.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								0.	0.	0.

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 **0**

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		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? If "Yes," complete Schedule J for such individual		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? If "Yes," complete Schedule J for such person		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
NONE		

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **0**

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) TARA RICHARD TRUSTEE	4.00	X						0.	0.	0.
(28) COLEMEN RIDLEY TRUSTEE	4.00	X						0.	0.	0.
(29) FLORENCE SCHORNSTEIN TRUSTEE	4.00	X						0.	0.	0.
(30) TOM SHAW TRUSTEE	4.00	X						0.	0.	0.
(31) JOHN SILLARS TRUSTEE	4.00	X						0.	0.	0.
(32) TODD SLACK TRUSTEE	4.00	X						0.	0.	0.
(33) TOD SMITH TRUSTEE	4.00	X						0.	0.	0.
(34) CAROL A. SOLOMON TRUSTEE	4.00	X						0.	0.	0.
(35) KIM SPORT TRUSTEE	4.00	X						0.	0.	0.
(36) ROBERT TANNER TRUSTEE	4.00	X						0.	0.	0.
(37) JESSICA VERMILYEA TRUSTEE	4.00	X						0.	0.	0.
(38) YVONNE VONDERHARR TRUSTEE	4.00	X						0.	0.	0.
(39) CAROL B. WISE TRUSTEE	4.00	X						0.	0.	0.
(40) BARBARA TURNER WINDHORST TRUSTEE	4.00	X						0.	0.	0.
(41) MICHAEL WILLIAMSON PRESIDENT/CEO	40.00			X				0.	0.	0.
(42) CHARMAINE CACCIOPPI CHIEF OPERATING OFFICER	40.00			X				0.	0.	0.
(43) DEBRA MODLIN CHIEF FINANCIAL OFFICER	40.00			X				0.	0.	0.
(44) BETH TERRY EXECUTIVE VICE PRESIDENT	40.00			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 121,297.					
	b Membership dues	1b					
	c Fundraising events	1c 13,495.					
	d Related organizations	1d					
	e Government grants (contributions)	1e 651,871.					
	f All other contributions, gifts, grants, and similar amounts not included above	1f 11,095,970.					
	g Noncash contributions included in lines 1a-1f: \$	43,090.					
	h Total. Add lines 1a-1f		11,882,633.				
	Program Service Revenue	2 a SERVICE FEE INCOME	Business Code 900099	318,564.	318,564.		
b							
c							
d							
e							
f All other program service revenue							
g Total. Add lines 2a-2f			318,564.				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		41,143.			41,143.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	(i) Real	73,105.				
		(ii) Personal					
		b Less: rental expenses	172,977.				
		c Rental income or (loss)	<99,872.>				
	d Net rental income or (loss)		<99,872.>			<99,872.>	
	7 a Gross amount from sales of assets other than inventory	(i) Securities	29,517.				
		(ii) Other					
		b Less: cost or other basis and sales expenses	0.				
		c Gain or (loss)	29,517.				
	d Net gain or (loss)		29,517.			29,517.	
	8 a Gross income from fundraising events (not including \$ 13,495. of contributions reported on line 1c). See Part IV, line 18	a	7,097.				
		b Less: direct expenses	29,244.				
c Net income or (loss) from fundraising events			<22,147.>			<22,147.>	
9 a Gross income from gaming activities. See Part IV, line 19	a						
	b Less: direct expenses						
	c Net income or (loss) from gaming activities						
10 a Gross sales of inventory, less returns and allowances	a						
	b Less: cost of goods sold						
	c Net income or (loss) from sales of inventory						
Miscellaneous Revenue		Business Code					
11 a							
	b						
	c						
	d All other revenue						
	e Total. Add lines 11a-11d						
12 Total revenue. See instructions.			12,149,838.	318,564.	0.	<51,359.>	

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 governments and organizations in the United States. See Part IV, line 21	6,268,499.	6,268,499.		
2 Grants and other assistance to individuals in the United States. See Part IV, line 22	248,110.	248,110.		
3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees				
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	1,647,766.	754,726.	356,794.	536,246.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	126,711.	48,820.	30,373.	47,518.
9 Other employee benefits	163,150.	62,858.	39,108.	61,184.
10 Payroll taxes	112,711.	45,129.	26,726.	40,856.
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	22,750.		22,750.	
d Lobbying	25,504.	25,504.		
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	5,281.	5,281.		
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	280,559.	210,208.	10,218.	60,133.
12 Advertising and promotion	17,666.	8,371.	1,168.	8,127.
13 Office expenses	152,339.	65,551.	16,934.	69,854.
14 Information technology				
15 Royalties				
16 Occupancy	34,737.	9,443.	6,567.	18,727.
17 Travel	49,432.	20,801.	4,183.	24,448.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	127,840.	73,774.	7,901.	46,165.
20 Interest				
21 Payments to affiliates	54,983.		54,983.	
22 Depreciation, depletion, and amortization	44,930.	22,016.	8,087.	14,827.
23 Insurance				
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a EQUIPMENT PURCHASE	5,914.	2,412.	578.	2,924.
b MEMBERSHIP DUES	5,353.	1,512.	398.	3,443.
c MISCELLANEOUS	4,490.	1,159.	596.	2,735.
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	9,398,725.	7,874,174.	587,364.	937,187.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here if following SOP 98-2 (ASC 958-720)

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	1,500.	1	1,500.		
	2 Savings and temporary cash investments	5,068,052.	2	7,296,188.		
	3 Pledges and grants receivable, net	3,113,672.	3	4,356,850.		
	4 Accounts receivable, net		4			
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5			
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L		6			
	7 Notes and loans receivable, net		7			
	8 Inventories for sale or use		8			
	9 Prepaid expenses and deferred charges		9			
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 2,346,371.				
	b Less: accumulated depreciation	10b 1,598,971.	750,055.	10c	747,400.	
	11 Investments - publicly traded securities	1,929,915.	11	1,950,256.		
	12 Investments - other securities. See Part IV, line 11	3,495,745.	12	3,488,354.		
	13 Investments - program-related. See Part IV, line 11		13			
	14 Intangible assets		14			
	15 Other assets. See Part IV, line 11	227,844.	15	261,735.		
16 Total assets. Add lines 1 through 15 (must equal line 34)	14,586,783.	16	18,102,283.			
Liabilities	17 Accounts payable and accrued expenses	424,804.	17	741,147.		
	18 Grants payable		18			
	19 Deferred revenue		19	72,822.		
	20 Tax-exempt bond liabilities		20			
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21			
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22			
	23 Secured mortgages and notes payable to unrelated third parties		23			
	24 Unsecured notes and loans payable to unrelated third parties		24			
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	4,798,566.	25	5,034,647.		
	26 Total liabilities. Add lines 17 through 25	5,223,370.	26	5,848,616.		
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.					
	27 Unrestricted net assets	3,147,491.	27	4,852,128.		
	28 Temporarily restricted net assets	2,374,413.	28	3,548,657.		
	29 Permanently restricted net assets	3,841,509.	29	3,852,882.		
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.					
	30 Capital stock or trust principal, or current funds		30			
	31 Paid-in or capital surplus, or land, building, or equipment fund		31			
	32 Retained earnings, endowment, accumulated income, or other funds		32			
	33 Total net assets or fund balances	9,363,413.	33	12,253,667.		
34 Total liabilities and net assets/fund balances	14,586,783.	34	18,102,283.			

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	12,149,838.
2	Total expenses (must equal Part IX, column (A), line 25)	2	9,398,725.
3	Revenue less expenses. Subtract line 2 from line 1	3	2,751,113.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	9,363,413.
5	Net unrealized gains (losses) on investments	5	139,141.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	12,253,667.

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 in 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 in Schedule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		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 in Schedule O and describe any steps taken to undergo such audits		

Form 990 (2013)

SCHEDULE A
(Form 990 or 990-EZ)

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.

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

OMB No. 1545-0047

2013

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 11, 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.)
 - 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 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.)
 - 10 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
 - 11 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 that describes the type of supporting organization and complete lines 11e through 11h.
 - a Type I b Type II c Type III - Functionally integrated d Type III - Non-functionally integrated
 - e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
 - f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
 - g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

	Yes	No
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?	11g(i)	
(ii) A family member of a person described in (i) above?	11g(ii)	
(iii) A 35% controlled entity of a person described in (i) or (ii) above?	11g(iii)	
 - h Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of monetary support
			Yes	No	Yes	No	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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	19,003,235.	17,743,689.	19,879,691.	15,879,305.	26,586,683.	99,092,603.
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	19,003,235.	17,743,689.	19,879,691.	15,879,305.	26,586,683.	99,092,603.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						12,700,359.
6 Public support. Subtract line 5 from line 4.						86,392,244.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7 Amounts from line 4	19,003,235.	17,743,689.	19,879,691.	15,879,305.	26,586,683.	99,092,603.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	553,942.	362,831.	319,157.	296,821.	358,806.	1,891,557.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11 Total support. Add lines 7 through 10						100,984,160.
12 Gross receipts from related activities, etc. (see instructions)					12	573,193.
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f))	14	85.55	%
15 Public support percentage from 2012 Schedule A, Part II, line 14	15	88.23	%
16a 33 1/3% support test - 2013. 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 - 2012. 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 - 2013. 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 IV 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 - 2012. 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 IV 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 9 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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2012 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2012 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2013. 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 - 2012. 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 Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12.

Also complete this part for any additional information. (See instructions).

SHORT YEAR EXPLANATION

THE CURRENT YEAR IS A SHORT YEAR ENDING 06/30/14. INCLUDED IN COLUMN (E) OF SCHEDULE A, PART III, ARE AMOUNTS FOR THE SIX MONTHS OF THE SHORT PERIOD FROM JANUARY, 1 2014 TO JUNE 30, 2014, AS WELL AS THE AMOUNTS FOR FULL YEAR ENDING DECEMBER 31, 2013.

Multiple horizontal lines for providing additional information.

Schedule B
(Form 990, 990-EZ,
or 990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.
▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and
its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2013

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, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

Special Rules

For a section 501(c)(3) organization 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) and received from any one contributor, during the year, a contribution 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 a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not total to 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. Do not complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions of \$5,000 or more during the year ▶ \$ _____

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), 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 does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2013)

Name of organization UNITED WAY OF SOUTHEAST LOUISIANA	Employer identification number 72-0471369
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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	SHELL EXPLORATION & PRODUCTION COMPANY 701 POYDRAS STREET NEW ORLEANS, LA 70139	\$ 1,473,718.	Person <input checked="" type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	ENTERGY CORPORATION 639 LOYOLA AVENUE NEW ORLEANS, LA 70113	\$ 929,367.	Person <input checked="" type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	WHITNEY NATIONAL BANK 228 ST. CHARLES AVE., SUITE 200 NEW ORLEANS, LA 70130	\$ 687,483.	Person <input checked="" type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	VALERO MERAUX REFINERY 1615 E. JUDGE PEREZ DRIVE CHARMETTE, LA 70044	\$ 310,151.	Person <input checked="" type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	LATTER & BLUM INC. 430 NOTRE DAME STREET NEW ORLEANS, LA 70130	\$ 1,000,145.	Person <input checked="" type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	OFFICE OF GRANTS MANAGEMENT (AFI) 37 L'ENFANT PROMENADE, 6TH FLOOR WASHINGTON, DC 20447	\$ 250,000.	Person <input checked="" type="checkbox"/> Payroll <input checked="" 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
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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
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Part III Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations that total more than \$1,000 for the year. 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 information 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	
(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	
(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	
(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	

SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

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

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

OMB No. 1545-0047

2013

Open to Public Inspection

If the organization answered "Yes," to 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," to 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," to Form 990, Part IV, line 5 (Proxy Tax) or Form 990-EZ, Part V, line 35c (Proxy Tax), 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 expenditures ▶ \$ _____
- 3 Volunteer hours _____

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

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

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

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

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

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule C (Form 990 or 990-EZ) 2013

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												
1 a	Total lobbying expenditures to influence public opinion (grass roots lobbying)	18,217.													
b	Total lobbying expenditures to influence a legislative body (direct lobbying)	7,287.													
c	Total lobbying expenditures (add lines 1a and 1b)	25,504.													
d	Other exempt purpose expenditures	9,373,221.													
e	Total exempt purpose expenditures (add lines 1c and 1d)	9,398,725.													
f	Lobbying nontaxable amount. Enter the amount from the following table in both columns.	619,936.													
<table border="1" style="width: 100%;"> <thead> <tr> <th style="width: 30%;">If the amount on line 1e, column (a) or (b) is:</th> <th>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)	154,984.													
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 instructions for lines 2a through 2f on page 4.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) Total
2a Lobbying nontaxable amount	1,000,000.	1,000,000.	927,334.	1,574,688.	4,502,022.
b Lobbying ceiling amount (150% of line 2a, column(e))					6,753,033.
c Total lobbying expenditures	756.	803.	944.	26,139.	28,642.
d Grassroots nontaxable amount	250,000.	250,000.	231,834.	393,672.	1,125,506.
e Grassroots ceiling amount (150% of line 2d, column (e))					1,688,259.
f Grassroots lobbying expenditures				18,718.	18,718.

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

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

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

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

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

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

Part IV Supplemental Information

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

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2013

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" to Form 990, Part IV, line 6.

Table with 3 columns: Line number, (a) Donor advised funds, (b) Funds and other accounts. Includes rows for total number at end of year, aggregate contributions, aggregate grants, aggregate value, and two questions about donor advisement.

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

Form for Part II Conservation Easements. Includes questions about purpose of easements, acreage restricted, number of easements, and monitoring requirements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

Form for Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Includes questions about reporting works of art and assets.

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

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items

(check all that apply):

- a Public exhibition
- b Scholarly research
- c Preservation for future generations
- d Loan or exchange programs
- e Other _____

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to 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? 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" to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	5,415,650.	4,902,319.	4,351,305.	4,469,331.	4,110,656.
b Contributions	11,217.	18,750.	205,000.	3,900.	32,844.
c Net investment earnings, gains, and losses	194,564.	687,214.	514,169.	50,675.	501,321.
d Grants or scholarships	194,686.	82,396.	158,733.	77,522.	84,256.
e Other expenditures for facilities and programs		100,051.		86,024.	82,540.
f Administrative expenses		10,186.	9,422.	9,055.	8,694.
g End of year balance	5,426,745.	5,415,650.	4,902,319.	4,351,305.	4,469,331.

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a Board designated or quasi-endowment 23.00 %
- b Permanent endowment 71.00 %
- c Temporarily restricted endowment 6.00 %

The percentages in 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" to 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" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		302,893.		302,893.
b Buildings		1,181,053.	818,343.	362,710.
c Leasehold improvements				
d Equipment		827,886.	767,750.	60,136.
e Other		34,539.	12,878.	21,661.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				747,400.

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" to 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	3,168,970.	END-OF-YEAR MARKET VALUE
(C) INVESTMENT IN COMMON		
(D) ENDOWMENT OF GNO		
(E) FOUNDATION	319,384.	END-OF-YEAR MARKET VALUE
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	3,488,354.	

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" to 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, col. (B) line 13.)		

Part IX Other Assets.

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

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

Part X Other Liabilities.

Complete if the organization answered "Yes" to 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 AND DESIGNATIONS	
(3) PAYABLE TO MEMBER AGENCIES	5,034,647.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	5,034,647.

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

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

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

1	Total revenue, gains, and other support per audited financial statements	1	10,589,148.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	139,141.
b	Donated services and use of facilities	2b	273,175.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	<1,967,725.>
e	Add lines 2a through 2d	2e	<1,555,409.>
3	Subtract line 2e from line 1	3	12,144,557.
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	5,281.
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	5,281.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	12,149,838.

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

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

1	Total expenses and losses per audited financial statements	1	7,698,894.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	273,175.
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	273,175.
3	Subtract line 2e from line 1	3	7,425,719.
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	5,281.
b	Other (Describe in Part XIII.)	4b	1,967,725.
c	Add lines 4a and 4b	4c	1,973,006.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	9,398,725.

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 X, LINE 2:

INCOME TAXES - FASB ASC 740 PROVIDES DETAILED GUIDANCE FOR FINANCIAL STATEMENT RECOGNITION, MEASUREMENT, AND DISCLOSURE OF UNCERTAIN TAX POSITIONS RECOGNIZED IN AN ENTITY'S FINANCIAL STATEMENT. AS OF JUNE 30, 2014 AND DECEMBER 31, 2013, THE 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 FIVE YEARS.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

DONOR DESIGNATIONS TO AGENCIES -1,967,725.

Part XIII Supplemental Information (continued)

PART XII, LINE 4B - OTHER ADJUSTMENTS:

DONOR DESIGNATIONS TO AGENCIES 1,967,725.

FROM SCH. D, PART V:

IN A PRIOR YEAR, THE UNITED WAY ESTABLISHED ENDOWMENT FUNDS TO RECEIVE AND INVEST FUNDS FOR THE BENEFIT OF THE UNITED WAY. MOST INCOME RECEIVED FROM THE ENDOWMENTS IS UNRESTRICTED AND WILL BE USED TO COVER OPERATING EXPENSES. THE ORIGINAL TRANSFERS ARE CONSIDERED TO BE PERMANENTLY RESTRICTED BECAUSE THEY ARE IRREVOCABLE GIFTS TO PERMANENT ENDOWMENTS.

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

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2013

Open To Public Inspection

Name of the organization

UNITED WAY OF SOUTHEAST LOUISIANA

Employer identification number

72-0471369

Part I

Fundraising Activities.

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

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a Mail solicitations
- b Internet and email solicitations
- c Phone solicitations
- d In-person solicitations
- e Solicitation of non-government grants
- f Solicitation of government grants
- g Special fundraising events

2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
Total						

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

Part II Fundraising Events. Complete if the organization answered "Yes" to 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	
		GUMBO	PLAQUEMINES JAMBALAYA	2	(add col. (a) through col. (c))	
		(event type)	(event type)	(total number)		
Revenue	1	Gross receipts	11,496.	8,096.	1,000.	20,592.
	2	Less: Contributions	8,215.	4,280.	1,000.	13,495.
	3	Gross income (line 1 minus line 2)	3,281.	3,816.		7,097.
Direct Expenses	4	Cash prizes				
	5	Noncash prizes				
	6	Rent/facility costs				
	7	Food and beverages				
	8	Entertainment				
	9	Other direct expenses	2,594.	8,126.	18,524.	29,244.
	10	Direct expense summary. Add lines 4 through 9 in column (d)				29,244.
	11	Net income summary. Subtract line 10 from line 3, column (d)				<22,147.>

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

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

9 Enter the state(s) in which the organization operates gaming activities: _____
 a Is the organization licensed to operate 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 operate 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 operated 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 complete this part to 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" to Form 990, Part IV, line 21 or 22.
▶ **Attach to Form 990.**

OMB No. 1545-0047

2013

**Open to Public
Inspection**

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

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

Part I General Information on Grants and Assistance

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? **Yes** **No**
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to 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 non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ALTON OCHSNER MEDICAL FOUNDATION 216 MEMPHIS STREET BOGALUSA, LA 70427	72-0502505	501 (C) 3	26,000.	0.			DESIGNATED GIFTS
AMERICAN RED CROSS - SE LA 3131 N. I-10 SERVICE ROAD E., 4TH F METAIRIE, LA 70002	72-0408907	501 (C) 3	175,800.	0.			GRANT FUNDING & DESIGNATED GIFTS
ARC OF GREATER NEW ORLEANS, THE 925 S. LABARRE RD. METAIRIE, LA 70001	72-0456903	501 (C) 3	34,779.	0.			GRANT FUNDING & DESIGNATED GIFTS
BOYS HOPE GIRLS HOPE OF GNO P.O. BOX 19307 NEW ORLEANS, LA 70179	72-0905785	501 (C) 3	11,839.	0.			DESIGNATED GIFTS
BOY SCOUTS - SOUTHEAST LOUISIANA COUNCIL - 4200 S. I-10 SERVICE RD. WEST - METAIRIE, LA 70001	72-0408954	501 (C) 3	54,019.	0.			GRANT FUNDING & DESIGNATED GIFTS
BOYS & GIRLS CLUBS OF SOUTHEAST LA, INC. - 650 POYDRAS ST., STE. 2225 - NEW ORLEANS, LA 70130	72-0648695	501 (C) 3	15,010.	0.			GRANT FUNDING & DESIGNATED GIFTS

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

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

Schedule I (Form 990) (2013)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (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 non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BOYS TOWN OF LOUISIANA, INC. 700 FRENCHMEN STREET NEW ORLEANS, LA 70116	41-2220807	501 (C) 3	6,825.	0.			DESIGNATED GIFTS
BRES DREAM FOUNDATION 1360 E. 9TH ST, SUITE 1100 CLEVELAND, OH 44114	56-2380198	501 (C) 3	92,156.	0.			GRANT FUNDING & DESIGNATED GIFTS
BRIGHT PRESCHOOL FOR THE DEAF 1636 TOLEDANO ST. NEW ORLEANS, LA 70115	72-0538259	501 (C) 3	12,583.	0.			GRANT FUNDING & DESIGNATED GIFTS
CADA 3520 GENERAL DEGAULLE DR., STE. 501 NEW ORLEANS, LA 70114	72-0541502	501 (C) 3	21,214.	0.			GRANT FUNDING & DESIGNATED GIFTS
CANCER ASSOCIATION OF GNO 824 ELMWOOD PARK BLVD., STE. 240 NEW ORLEANS, LA 70123	72-0517802	501 (C) 3	81,430.	0.			GRANT FUNDING & DESIGNATED GIFTS
CAPITAL AREA UNITED WAY ,LA 700 LAUREL STREET BATON ROUGE, LA 70802	72-0447100	501 (C) 3	198,458.	0.			GRANT FUNDING & DESIGNATED GIFTS
CASA NEW ORLEANS 1340 POYDRAS ST., STE. 2120 NEW ORLEANS, LA 70112	72-1054889	501 (C) 3	9,849.	0.			GRANT FUNDING & DESIGNATED GIFTS
CATHOLIC CHARITIES, ARCHDIOCESE OF NEW ORLEANS - 1000 HOWARD AVE., STE. 1000 - NEW ORLEANS, LA 70113	72-0408911	501 (C) 3	191,762.	0.			GRANT FUNDING & DESIGNATED GIFTS
CHILD ADVOCACY SERVICES 1504 W. CHURCH STREET HAMMOND, LA 70401	72-1262466	501 (C) 3	18,867.	0.			GRANT FUNDING & DESIGNATED GIFTS

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (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 non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHILDREN'S BUREAU OF NEW ORLEANS 400 LAFAYETTE ST. STE. 140 NEW ORLEANS, LA 70130	72-0408916	501 (C) 3	135,074.	0.			GRANT FUNDING & DESIGNATED GIFTS
CHILDREN'S HOSPITAL-LA 200 HENRY CLAY AVENUE NEW ORLEANS, LA 70118	72-0467503	501 (C) 3	9,837.	0.			DESIGNATED GIFTS
CITY YEAR, INC. 805 HOWARD AVE. NEW ORLEANS, LA 70113	22-2882549	501 (C) 3	5,508.	0.			GRANT FUNDING & DESIGNATED GIFTS
COMMUNITIES IN SCHOOL OF NEW ORLEANS - P.O. BOX 792800 - NEW ORLEANS, LA 70179	72-1317054	501 (C) 3	7,649.	0.			GRANT FUNDING & DESIGNATED GIFTS
COMMUNITY CENTER OF ST. BERNARD 1107 LEBEAU ST. ARABI, LA 70032	74-3173649	501 (C) 3	12,110.	0.			GRANT FUNDING & DESIGNATED GIFTS
COMMUNITY CHRISTIAN CONCERN SLIDELL - 2228 SECOND ST. - SLIDELL, LA 70458	72-1050312	501 (C) 3	9,819.	0.			GRANT FUNDING & DESIGNATED GIFTS
COMMUNITY HEALTH CHARITIES-NATIONAL - P.O. BOX 75153 - BALTIMORE, MD 21275	13-6167225	501 (C) 3	19,439.	0.			DESIGNATED GIFTS
COMMUNITY HEALTH CHARITIES OF LA-LOCAL - 3717 BARBARA PLACE - METAIRIE, LA 70002	72-0812884	501 (C) 3	58,653.	0.			DESIGNATED GIFTS
COMMUNITY SERVICE CENTER, INC. 4000 MAGAZINE ST. NEW ORLEANS, LA 70115	22-0626773	501 (C) 3	30,099.	0.			GRANT FUNDING & DESIGNATED GIFTS

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (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 non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DENTAL LIFELINE NETWORK 1800 15TH STREET, UNIT 100 DENVER, CO 80202	74-2537604	501 (C) 3	6,516.	0.			GRANT FUNDING & DESIGNATED GIFTS
DRYADES YMCA 2222 ORETHA CASTLE HALEY NEW ORLEANS, LA 70113	77-0428019	501 (C) 3	63,800.	0.			GRANT FUNDING & DESIGNATED GIFTS
EAST ST. TAMMANY RAINBOW CHILD CARE CENTER, INC. - 121 KINGSPPOINT BLVD. - SLIDELL, LA 70461	72-1028297	501 (C) 3	16,685.	0.			GRANT FUNDING & DESIGNATED GIFTS
EDUCATION'S NEXT HORIZON 412 N. 4TH ST., SUITE 240 BATON ROUGE, LA 70802	20-8286694	501 (C) 3	5,000.	0.			GRANT FUNDING
FAMILY SERVICE OF GNO 2515 CANAL ST., 2ND FL. NEW ORLEANS, LA 70119	72-0408931	501 (C) 3	155,445.	0.			GRANT FUNDING & DESIGNATED GIFTS
FOUNDATION FOR THE LSU HEALTH SCIENCES CENTER - 450A S. CLAIBORNE AVE. - NEW ORLEANS, LA 70112	72-1115391	501 (C) 3	12,484.	0.			GRANT FUNDING & DESIGNATED GIFTS
GNO NONPROFIT KNOWLEDGE WORKS 1600 CONSTANCE ST. NEW ORLEANS, LA 70130	72-1400841	501 (C) 3	36,875.	0.			GRANT FUNDING & DESIGNATED GIFTS
GOOD SAMARITAN MINISTRY 910 CROSS GATES BLVD. SLIDELL, LA 70461	72-0947538	501 (C) 3	16,196.	0.			GRANT FUNDING & DESIGNATED GIFTS
GREATER NEW ORLEANS FOUNDATION 1055 ST. CHARLES AVENUE, SUITE 100 NEW ORLEANS, LA 70130	72-0408921	501 (C) 3	36,231.	0.			GRANT FUNDING & DESIGNATED GIFTS

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (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 non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GREATER OTTAWA COUNTY UNITED WAY P.O. BOX 1349 HOLLAND, MI 49422	38-3522782	501 (C) 3	5,416.	0.			GRANT FUNDING
HANDS ON NEW ORLEANS 4153 CANAL STREET NEW ORLEANS, LA 70119	26-2281213	501 (C) 3	20,177.	0.			GRANT FUNDING & DESIGNATED GIFTS
HARRISON COUNTY UNITED WAY 301 W. MAIN ST., RM 608 CLARKSBURG, WV 26301	55-0421431	501 (C) 3	5,942.	0.			GRANT FUNDING
HEALING HEARTS FOR COMMUNITY DEVELOP - 2701 TRANSCONTINENTAL DRIVE - METAIRIE, LA 70006	76-0792803	501 (C) 3	5,595.	0.			GRANT FUNDING & DESIGNATED GIFTS
HEART OF ARKANSAS UNITED WAY P.O. BOX 798 LITTLE ROCK, AR 72115	71-0329790	501 (C) 3	96,532.	0.			GRANT FUNDING
JEWISH COMMUNITY CENTER 5342 ST. CHARLES AVE. NEW ORLEANS, LA 70115	72-0408937	501 (C) 3	25,563.	0.			GRANT FUNDING & DESIGNATED GIFTS
JEWISH FAMILY SERVICE 3330 W. ESPLANADE, STE. 600 METAIRIE, LA 70002	72-0851575	501 (C) 3	48,126.	0.			GRANT FUNDING & DESIGNATED GIFTS
JUNIOR ACHIEVEMENT OF GNO, INC. 5100 ORLEANS AVENUE NEW ORLEANS, LA 70124	72-1084132	501 (C) 3	20,337.	0.			DESIGNATED GIFTS
JUST THE RIGHT ATTITUDE 13150 I-10 SERVICE ROAD NEW ORLEANS, LA 70128	72-1446982	501 (C) 3	9,459.	0.			GRANT FUNDING & DESIGNATED GIFTS

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (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 non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
KINGSLEY HOUSE 1600 CONSTANCE ST. NEW ORLEANS, LA 70130	72-0408940	501 (C) 3	201,263.	0.			GRANT FUNDING & DESIGNATED GIFTS
LOUISIANA CHILDREN'S MUSEUM 420 JULIA ST. NEW ORLEANS, LA 70130	72-0929068	501 (C) 3	55,968.	0.			GRANT FUNDING & DESIGNATED GIFTS
LOWER 9TH WARD NEIGHBORHOOD 1120 LAMANCHE STREET NEW ORLEANS, LA 70117	76-0827045	501 (C) 3	6,849.	0.			GRANT FUNDING & DESIGNATED GIFTS
MARY QUEEN OF VIETNAM COMMUNITY DEVELOPMENT CORP, INC. - 4626 ALCEE FORTIER BLVD - NEW ORLEANS, LA 70129	20-4929600	501 (C) 3	6,363.	0.			GRANT FUNDING & DESIGNATED GIFTS
METROPOLITAN CENTER FOR WOMEN P.O. BOX 10775 JEFFERSON, LA 70181	72-1062244	501 (C) 3	7,063.	0.			GRANT FUNDING & DESIGNATED GIFTS
MONADNOCK UNITED WAY 23 CENTER STREET KEENE, NH 03431	02-0236885	501 (C) 3	15,919.	0.			GRANT FUNDING
MONTGOMERY COUNTY UNITED WAY P.O. BOX 352 VIDALIA, GA 30475	58-1872000	501 (C) 3	108,480.	0.			GRANT FUNDING & DESIGNATED GIFTS
NEIGHBORHOOD HOUSING SERVICES 4700 FRERET ST. NEW ORLEANS, LA 70115	72-0801513	501 (C) 3	6,095.	0.			GRANT FUNDING & DESIGNATED GIFTS
NEW ORLEANS FAMILY JUSTICE ALLIANCE - 701 LOYOLA AVENUE, SUITE 201 - NEW ORLEANS, LA 70150	26-2541029	501 (C) 3	50,595.	0.			GRANT FUNDING & DESIGNATED GIFTS

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (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 non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NEW HEIGHTS THERAPY CENTER P.O. BOX 1283 FOLSOM, LA 70437	72-1420620	501 (C) 3	10,496.	0.			GRANT FUNDING & DESIGNATED GIFTS
NEW HORIZONS YOUTH SERVICE BUREAU 47257 RIVER ROAD HAMMOND, LA 70401	72-0794639	501 (C) 3	17,899.	0.			GRANT FUNDING & DESIGNATED GIFTS
NEW ORLEANS NEIGHBORHOOD DEVELOPMENT - 4528 FRERET STREET - NEW ORLEANS, LA 70115	72-0801513	501 (C) 3	6,000.	0.			GRANT FUNDING
NEW ORLEANS POLICE & JUSTICE FOUNDATION - P.O. BOX 6524 - METAIRIE, LA 70009	72-1311151	501 (C) 3	25,613.	0.			DESIGNATED GIFTS
NEW ORLEANS SPEECH & HEARING CENTER - 1636 TOLEDANO - NEW ORLEANS, LA 70115	72-0443103	501 (C) 3	23,951.	0.			GRANT FUNDING & DESIGNATED GIFTS
NO/AIDS TASK FORCE 2601 TULANE AVENUE, STE. 500 NEW ORLEANS, LA 70119	72-1059635	501 (C) 3	48,266.	0.			GRANT FUNDING & DESIGNATED GIFTS
NOLA YOUTH WORKS - CITY OF NEW ORLEANS - 3400 TULANE AVENUE, SUITE 2000 - NEW ORLEANS, LA 70119	72-6000969	CITY OF NEW ORLEANS	51,405.	0.			GRANT FUNDING & DESIGNATED GIFTS
NORTHSHORE DISASTER RECOVERY 360 ROBERT BLVD. SLIDELL, LA 70458	20-4250103	501 (C) 3	70,240.	0.			GRANT FUNDING & DESIGNATED GIFTS
ODYSSEY HOUSE LOUISIANA, INC. 1125 N. TONTI ST. NEW ORLEANS, LA 70119	72-0743677	501 (C) 3	17,008.	0.			GRANT FUNDING & DESIGNATED GIFTS

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (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 non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
OPTIONS, INC. 19362 W. SHELTON ROAD HAMMOND, LA 70401	72-1161001	501 (C) 3	9,739.	0.			GRANT FUNDING & DESIGNATED GIFTS
OUR DAILY BREAD OF TANGIPAHOA P.O. BOX 1476 HAMMOND, LA 70404	72-1438651	501 (C) 3	11,772.	0.			GRANT FUNDING & DESIGNATED GIFTS
PENNINGTON BIOMEDICAL RESEARCH 6400 PERKINS ROAD BATON ROUGE, LA 70808	58-1767810	501 (C) 3	100,000.	0.			DESIGNATED GIFTS
PLAQUEMINES COMMUNITY CARE CENTER 8480 HWY. 23 BELLE CHASSE, LA 70037	20-3884943	501 (C) 3	28,537.	0.			GRANT FUNDING & DESIGNATED GIFTS
PROJECT HOMECOMING 2221 FILMORE AVENUE NEW ORLEANS, LA 70122	32-0312933	501 (C) 3	77,779.	0.			GRANT FUNDING
PROJECT LAZARUS P.O. BOX 3906 NEW ORLEANS, LA 70177	72-1154192	501 (C) 3	11,520.	0.			GRANT FUNDING & DESIGNATED GIFTS
RAINTREE CHILDREN AND FAMILY SERVICES - 1233 EIGHT STREET - NEW ORLEANS, LA 70115	72-0456905	501 (C) 3	10,988.	0.			GRANT FUNDING & DESIGNATED GIFTS
REGINA COELI CHILD DEVELOPMENT 22476 HIGHWAY 190 EAST ROBERT, LA 70455	72-0680604	501 (C) 3	11,640.	0.			GRANT FUNDING & DESIGNATED GIFTS
RIVER VALLEY UNITED WAY, INC. P.O. BOX 636 RUSSELLVILLE, AR 72811-0636	71-0410894	501 (C) 3	107,460.	0.			GRANT FUNDING

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (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 non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ROSARY CHILD DEVELOPMENT 5100 WILLOW BROOK DRIVE NEW ORLEANS, LA 70129	20-0525080	501 (C) 3	5,533.	0.			GRANT FUNDING & DESIGNATED GIFTS
ROYAL CASTLE CHILD DEVELOPMENT 3800 EAGLE ST. NEW ORLEANS, LA 70118-3404	72-1317443	501 (C) 3	17,954.	0.			GRANT FUNDING & DESIGNATED GIFTS
SAFE HARBOR INC. 4441 IBERVILLE ST. MANDEVILLE, LA 70471	12-1181684	501 (C) 3	10,849.	0.			GRANT FUNDING & DESIGNATED GIFTS
SALVATION ARMY AREA COMMAND, THE 4526 S. CLAIBORNE AVE. NEW ORLEANS, LA 70125	63-0288866	501 (C) 3	39,000.	0.			GRANT FUNDING & DESIGNATED GIFTS
SECOND HARVEST FOOD BANK 1201 SAMS AVE. NEW ORLEANS, LA 70123	72-0956468	501 (C) 3	68,984.	0.			GRANT FUNDING & DESIGNATED GIFTS
SOUTHEAST LA LEGAL SERVICES CO. 1200 DEREK, STE 100 HAMMOND, LA 70403	72-0877422	501 (C) 3	55,603.	0.			GRANT FUNDING & DESIGNATED GIFTS
SOUTHEAST SPOUSE ABUSE PROGRAM P.O. BOX 1946 HAMMOND, LA 70404-1946	52-1243258	501 (C) 3	10,005.	0.			GRANT FUNDING & DESIGNATED GIFTS
ST. BERNARD PROJECT 8324 PARC PLACE CHALMETTE, LA 70043	33-0767921	501 (C) 3	35,094.	0.			GRANT FUNDING & DESIGNATED GIFTS
ST. BERNARD BATTERED WOMEN 3010 JEAN LAFITTE PKWY. CHALMETTE, LA 70043	58-1834566	501 (C) 3	19,072.	0.			GRANT FUNDING & DESIGNATED GIFTS

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (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 non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ST. JOHN UNITED WAY P.O. BOX 2019 RESERVE, LA 70084	23-7204234	501 (C) 3	11,028.	0.			GRANT FUNDING & DESIGNATED GIFTS
ST. JUDE CHILDREN'S RESEARCH HOSPITAL - 5010 ST. JUDE PLACE - MEMPHIS, TN 38105	62-0646012	501 (C) 3	109,956.	0.			GRANT FUNDING & DESIGNATED GIFTS
ST. MARTIN'S EPISCOPAL SCHOOL 225 GREEN ACRES ROAD METAIRIE, LA 70003	72-0475552	501 (C) 3	25,000.	0.			DESIGNATED GIFTS
STARC 1541 ST. ANN PLACE SLIDELL, LA 70460	72-0727074	501 (C) 3	53,649.	0.			GRANT FUNDING & DESIGNATED GIFTS
TANGI FOOD PANTRY P.O. BOX 3081 HAMMOND, LA 70404-3081	58-1788937	501 (C) 3	5,622.	0.			GRANT FUNDING & DESIGNATED GIFTS
TARC 201 EAST CHURCH STREET HAMMOND, LA 70401	72-0736593	501 (C) 3	11,865.	0.			GRANT FUNDING & DESIGNATED GIFTS
TANGIPAHOA VOLUNTARY COUNCIL ON AGING - 106 NORTH BAY ST. - AMITE, LA 70422	72-0903571	501 (C) 3	20,701.	0.			GRANT FUNDING & DESIGNATED GIFTS
TEACH FOR AMERICA 1055 ST. CHARLES AVENUE, SUITE 600 NEW ORLEANS, LA 70130	13-3541913	501 (C) 3	10,020.	0.			DESIGNATED GIFTS
TIPITINA'S FOUNDATION 4040 TULANE AVENUE NEW ORLEANS, LA 70119	56-2343978	501 (C) 3	5,656.	0.			GRANT FUNDING & DESIGNATED GIFTS

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (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 non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TRAVELERS AID SOCIETY 611 NORTH RAMPART ST. NEW ORLEANS, LA 70112	72-0408990	501 (C) 3	139,875.	0.			GRANT FUNDING & DESIGNATED GIFTS
UNIVERSITY OF NEW ORLEANS FOUNDATION - 2000 LAKESHORE DR. - NEW ORLEANS, LA 70148	72-1051326	501 (C) 3	25,000.	0.			DESIGNATED GIFTS
UNITED CEREBRAL PALSY OF GNO 2200 VETERANS BLVD., STE. 103 KENNER, LA 70062	72-0437695	501 (C) 3	8,335.	0.			GRANT FUNDING & DESIGNATED GIFTS
UNITED NEGRO COLLEGE FUND 1100 POYDRAS ST., STE. 1400 NEW ORLEANS, LA 70163	13-1624241	501 (C) 3	24,776.	0.			GRANT FUNDING & DESIGNATED GIFTS
UNITED WAY FOR SOUTH LOUISIANA 7910 MAIN STREET, SUITE 460 HOUMA, LA 70360	72-0867661	501 (C) 3	8,647.	0.			GRANT FUNDING & DESIGNATED GIFTS
UNITED WAY OF GREATER HOUSTON 50 WAUGH DRIVE HOUSTON, TX 77007	74-1167964	501 (C) 3	44,262.	0.			GRANT FUNDING & DESIGNATED GIFTS
UNITED WAY OF SOUTHWEST LOUISIANA 715 RYAN STREET, ROOM 102 LAKE CHARLES, LA 70601-4242	72-0456901	501 (C) 3	37,102.	0.			GRANT FUNDING & DESIGNATED GIFTS
UNITED WAY OF ACADIANA P.O. BOX 52033 LAFAYETTE, LA 70505	72-0513639	501 (C) 3	17,037.	0.			GRANT FUNDING & DESIGNATED GIFTS
UNITED WAY OF BEAUMONT & NORTH 700 NORTH ST., SUITE H BEAUMONT, TX 77701-1834	74-1200117	501 (C) 3	43,796.	0.			GRANT FUNDING

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (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 non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNITED WAY OF GARLAND COUNTY 233 HOBSON AVENUE HOT SPRINGS, AR 71913-3724	71-0264296	501 (C) 3	11,615.	0.			GRANT FUNDING
UNITED WAY OF SOUTHEAST ARKANSAS P.O. BOX 8702 PINE BLUFF, AR 71611-8702	71-0236869	501 (C) 3	13,821.	0.			GRANT FUNDING
UNITED WAY OF GREATER PLYMOUTH 934 W. CHESNUT STREET BROCKTON, MA 02301-5538	04-2103940	501 (C) 3	20,748.	0.			GRANT FUNDING
UNITED WAY OF WINDHAM COUNTY 28 VERNON STREET, SUITE 312 BRATTLEBORO, VT 05301-3668	03-6003074	501 (C) 3	25,825.	0.			GRANT FUNDING
UNITED WAY OF WHITE COUNTY, IN P.O. BOX 907 SEARCY, AR 72145-0907	71-0525401	501 (C) 3	11,312.	0.			GRANT FUNDING
UNITED WAY OF WASHINGTON COUNTY P.O. BOX 115 GREENVILLE, MS 38702-0115	64-0386459	501 (C) 3	8,989.	0.			GRANT FUNDING
UNITED WAY OF THE BATTLE CREEK 709 S. WESTNEDGE KALAMAZOO, MI 49007-6003	38-1359193	501 (C) 3	7,449.	0.			GRANT FUNDING
VAN BUREN COUNTY UNITED WAY 181 W. MICHIGAN AVENUE PAW PAW, MI 49079	23-7113927	501 (C) 3	35,996.	0.			GRANT FUNDING
UNITED WAY OF WESTCHESTER & PU 336 CENTRAL PARK AVENUE WHITE PLAINS, NY 10606-1502	13-1997636	501 (C) 3	21,798.	0.			GRANT FUNDING

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (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 non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNITED WAY OF WEST CENTRAL MIS P.O. BOX 203 VICKSBURG, MS 39181-0203	64-0330259	501 (C) 3	64,524.	0.			GRANT FUNDING
UNITED WAY OF UNION COUNTY (AR) 200 N. JEFFERSON AVE., SUITE 103 EL DORADO, AR 71730-5842	71-0338355	501 (C) 3	5,512.	0.			GRANT FUNDING
UNITED WAY OF CENTRAL ARKANSAS P.O. BOX 489 CONWAY, AR 72033-0489	23-7222534	501 (C) 3	8,423.	0.			GRANT FUNDING
UNITED WAY OF INDEPENDENCE COUNTY P.O. BOX 2639 BATESVILLE, AR 72503-2639	71-0548432	501 (C) 3	13,686.	0.			GRANT FUNDING
UNITED WAY OF MIAMI-DADE 3250 SW 3RD AVENUE MIAMI, FL 33129-2712	59-0830840	501 (C) 3	11,296.	0.			DESIGNATED GIFTS
UNITED WAY OF MID & S. JEFFERSON 7980 ANCHOR DR., SUITE 600 PORT ARTHUR, TX 77642-8280	74-1187386	501 (C) 3	5,778.	0.			GRANT FUNDING
UNITED WAY OF NORTHEAST LOUISIANA 1201 HUDSON LANE MONROE, LA 71201-6005	72-0498515	501 (C) 3	21,725.	0.			GRANT FUNDING
UNITED WAY OF ORANGE COUNTY P.O. BOX 1583 ORANGE, TX 77631-1583	74-6023140	501 (C) 3	15,026.	0.			GRANT FUNDING
UNITED WAY OF GREATER OSWEGO COUNTY - ONE SOUTH FIRST STREET - FULTON, NY 13069-1704	15-0532224	501 (C) 3	47,412.	0.			GRANT FUNDING

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (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 non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNITED WAY OF SOUTHWEST MICHIGAN 2015 LAKEVIEW AVENUE ST. JOSEPH, MI 49085-1648	38-1358411	501 (C) 3	24,238.	0.			GRANT FUNDING
UNITED WAY OF THE CAPITAL AREA INC., MS - P.O. DRAWER 23169 - JACKSON, MS 39225	64-0303075	501 (C) 3	58,356.	0.			GRANT FUNDING
UNITED WAY OF ST. CHARLES 13207 RIVER ROAD LULING, LA 70070	72-0928066	501 (C) 3	40,764.	0.			GRANT FUNDING & DESIGNATED GIFTS
URBAN LEAGUE OF GREATER NEW ORLEANS - 2322 CANAL ST. - NEW ORLEANS, LA 70119	72-0423627	501 (C) 3	32,127.	0.			GRANT FUNDING & DESIGNATED GIFTS
VIA LINK 2820 NAPOLEON AVE., STE. 550 NEW ORLEANS, LA 70115	72-0706669	501 (C) 3	105,571.	0.			GRANT FUNDING & DESIGNATED GIFTS
VOLUNTEERS OF AMERICA OF GNO 4152 CANAL ST. NEW ORLEANS, LA 70119	72-0709750	501 (C) 3	28,911.	0.			DESIGNATED GIFTS
YMCA OF GREATER NEW ORLEANS 1215 PRYTANIA ST., STE. 103 NEW ORLEANS, LA 70130	72-0423890	501 (C) 3	52,566.	0.			GRANT FUNDING & DESIGNATED GIFTS
YOUTH SERVICE BUREAU OF ST. TAMMANY - 430 N. NEW HAMPSHIRE - COVINGTON, LA 70433	72-0933867	501 (C) 3	46,523.	0.			GRANT FUNDING & DESIGNATED GIFTS

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
ASSET FOR INDEPENDENCE	25	140,000.	0.		
CRISIS ASSISTANCE	5	3,747.	0.		
REBUILDING HOMES	7	104,363.	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.

SCHEDULE L

(Form 990 or 990-EZ)

Transactions With Interested Persons

OMB No. 1545-0047

2013

Department of the Treasury
Internal Revenue Service

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.**
▶ **Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.**
▶ **Information about Schedule L (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.**

Open To Public Inspection

Name of the organization
UNITED WAY OF SOUTHEAST LOUISIANA

Employer identification number
72-0471369

Part I Excess Benefit Transactions (section 501(c)(3) and section 501(c)(4) organizations only).

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

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

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

Part II Loans to and/or From Interested Persons.

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

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
			To	From			Yes	No	Yes	No	Yes	No

Total ▶ \$ _____

Part III Grants or Assistance Benefiting Interested Persons.

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

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

Part IV Business Transactions Involving Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
HARTWIG-MOSS INSURANCE AGENCY	OFFICER OF THE ORGANIZATION	59,211.	UWSELA PURCHASE		X

Part V Supplemental Information

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

SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS:

(A) NAME OF PERSON: HARTWIG-MOSS INSURANCE AGENCY

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

OFFICER OF THE ORGANIZATION

(C) AMOUNT OF TRANSACTION \$ 59,211.

(D) DESCRIPTION OF TRANSACTION: UWSELA PURCHASED GENERAL LIABILITY, AND

UMBRELLA INSURANCE POLICIES FROM HARTWIG-MOSS INSURANCE AGENCY. ROBBY

MOSS IS A MEMBER OF THE UWSELA FINANCE AND OPERATIONS COMMITTEE AND IS

THE PRESIDENT OF HARTWIG-MOSS. PROPOSALS WERE OBTAINED FROM OTHER LOCAL

AGENCIES OF SIMILAR SIZE, THROUGH A BID PROCESS AND THE BID FROM

HARTWIG-MOSS WAS THE LOWEST. MR. MOSS WAS NOT PRESENT FOR THE DISCUSSION

OF THE BIDS, AND WAS NOT PRESENT FOR THE VOTE.

(E) SHARING OF ORGANIZATION REVENUES? = NO

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2013

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990

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

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	4	43,090.	FAIR MARKET VALUE
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ()				
26 Other ()				
27 Other ()				
28 Other ()				

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

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 - 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?		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 non-standard 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 did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

Part II

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

Multiple horizontal lines for supplemental information.

SCHEDULE O
(Form 990 or 990-EZ)

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 990-EZ.

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

OMB No. 1545-0047

2013

Open to Public
Inspection

Name of the organization

UNITED WAY OF SOUTHEAST LOUISIANA

Employer identification number

72-0471369

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

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 MISSION IS TO

INCREASE THE ORGANIZED CAPACITY OF PEOPLE TO CARE FOR ONE ANOTHER IN

ORDER TO CREATE A STRONGER COMMUNITY FOR ALL. UWSELA COLLABORATES WITH

GOVERNMENT, BUSINESS, FAITH GROUPS AND OTHER NONPROFITS IN THE

SEVENPARISH REGION TO IDENTIFY AND ADDRESS SERIOUS ISSUES. UWSELA

RAISES FUNDS THROUGH AN ANNUAL WORKPLACE

CAMPAIGN, INDIVIDUAL AND CORPORATE GIFTS, GRANTS AND PARTNERSHIPS.

UWSELA FUNDS NEEDED HEALTH AND HUMAN COMMUNITY SERVICES BASED ON BEST

PRACTICES, AND ASSESSES THE SUCCESS OF THOSE PROGRAMS BASED ON THE

ACHIEVEMENT OF PRE-DEFINED OUTCOMES.

UWSELA ALSO SERVES AS A CAMPAIGN AGENT FOR THE SOLICITATION OF

CONTRIBUTIONS FROM FEDERAL CIVILIAN AND UNIFORMED SERVICE PERSONNEL.

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

MISSION IS TO INCREASE THE ORGANIZED CAPACITY OF PEOPLE TO CARE FOR ONE

ANOTHER IN ORDER TO CREATE A STRONGER COMMUNITY FOR ALL. UWSELA

COLLABORATES WITH GOVERNMENT, BUSINESS, FAITH GROUPS AND OTHER

NONPROFITS IN THE SEVENPARISH REGION TO IDENTIFY AND ADDRESS SERIOUS

ISSUES. UWSELA RAISES FUNDS THROUGH AN ANNUAL WORKPLACE

CAMPAIGN, INDIVIDUAL AND CORPORATE GIFTS, GRANTS AND PARTNERSHIPS.

UWSELA FUNDS NEEDED HEALTH AND HUMAN COMMUNITY SERVICES BASED ON BEST

PRACTICES, AND ASSESSES THE SUCCESS OF THOSE PROGRAMS BASED ON THE

Name of the organization UNITED WAY OF SOUTHEAST LOUISIANA	Employer identification number 72-0471369
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ACHIEVEMENT OF PRE-DEFINED OUTCOMES.

UWSELA ALSO SERVES AS A CAMPAIGN AGENT FOR THE SOLICITATION OF CONTRIBUTIONS FROM FEDERAL CIVILIAN AND UNIFORMED SERVICE PERSONNEL.

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

THEM GET ALL THE PUBLIC BENEFITS THEY ARE ELIGIBLE FOR. THE GOAL IS TO INCREASE THE STUDENT'S INCOME SO THEY DON'T HAVE TO DROP OUT OF SCHOOL BECAUSE OF LACK OF CHILD CARE OR HAVING TO MAKE TOUGH CHOICES LIKE PAYING FOR BOOKS OR FOOD.

ACCOMPLISHMENTS: TOTAL NUMBER OF INCOME TAX RETURNS COMPLETED, 11,558; TOTAL AMOUNT OF INCOME TAX REFUNDS--\$15,685,303; TOTAL AMOUNT OF EARNED INCOME TAX CREDITS--\$6,099,805; TOTAL AMOUNT OF CHILD TAX CREDITS--\$3,957,041.

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

SEPTEMBER 30, 2013 TO START OUR SECOND PROGRAM.

ACCOMPLISHMENTS: TOTAL NUMBER OF PARTICIPANTS ENROLLED, 25; 18 HOMEOWNERSHIP; 6 VEHICLE; 1 BUSINESS START-UP OR EXPANSION; 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, 9; TOTAL AMOUNT OF SAVINGS BY PARTICIPANTS--\$5,937.65.

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

Name of the organization UNITED WAY OF SOUTHEAST LOUISIANA	Employer identification number 72-0471369
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HOMEBUYER ASSISTANCE PROGRAM - PLAQUEMINES INITIATIVE (HAPPI): HAPPI IS A SOFT SECOND MORTGAGE PROGRAM DESIGNED TO ASSIST PLAQUEMINES PARISH INDIVIDUALS AND FAMILIES TO BECOME FIRST-TIME HOMEOWNERS. ALL AREAS OF PLAQUEMINES PARISH ARE ELIGIBLE FOR THIS LOAN PROGRAM. UWSELA HAS BEEN AUTHORIZED BY PLAQUEMINES PARISH COUNCIL RESOLUTION NO. 09-82 TO UNDERTAKE THE ADMINISTRATION OF THIS PROGRAM, AND HAD RECEIVED \$2,676,976 IN FUNDING UNDER THE LOUISIANA DISASTER RECOVERY CDBG PROGRAMS.

ACCOMPLISHMENTS: AS OF JUNE 30, 2014, THERE HAVE BEEN 137 CLIENTS WHO APPLIED FOR THE HAPPI PROGRAM. TWO (2) HOME BUYERS WERE APPROVED AND CLOSED IN JUNE 2014. THERE WERE 19 CLIENTS WHO ARE DEEMED "READY" TO PROCEED TO IDENTIFY AN EXISTING HOUSE OR SELECT A CONTRACTOR TO BUILD A NEW HOUSE, AND SECURE FINANCING FROM A LENDING INSTITUTION. AN ADDITIONAL 30 CLIENTS ARE IN PROCESS, REQUIRING TRAINING AND COUNSELING AND CREDIT REPAIR ASSISTANCE. 19 CLIENTS HAVE COMPLETED FINANCIAL EDUCATION TRAINING, AND 15 CLIENTS HAVE COMPLETED FIRST TIME HOME BUYERS TRAINING. THERE ARE 72 CLIENTS WHO ARE NO LONGER BEING CONSIDERED BECAUSE THEY HAVE DROPPED OUT OR BEEN TERMINATED FROM THE PROGRAM. 16 SECURED ALTERNATE HOUSING WITHOUT HAPPI. EXPENSES \$ 205,952. INCLUDING GRANTS OF \$ 145,062. REVENUE \$ 0.

NO PLACE LIKE HOME (NPLH): THE NPLH INITIATIVE BUILDS UPON THE WORK OF THE LONG TERM RECOVERY INITIATIVE AND WAS ESTABLISHED IN MID-2010. IT CONTINUES TO COORDINATE DISASTER RECOVERY SERVICES IN THE REGION REBUILDING HOUSING TO MEET THE RECOVERY NEEDS OF RESIDENTS.

THE NPLH WORKS TO MEET THE PRIMARY GOAL OF UWSELA'S SAFETY NET/

Name of the organization UNITED WAY OF SOUTHEAST LOUISIANA	Employer identification number 72-0471369
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FINANCIAL STABILITY IMPACT AREA, PEOPLE ARE LIVING IN SAFE AND PERMANENT HOUSING IN VITAL NEIGHBORHOODS. THE NPLH, WITH ITS COMMUNITY PARTNERS, SUPPORTS THE COORDINATION OF THE NECESSARY RESOURCES TO FULFILL HOUSING-RELATED UNMET NEEDS. ONCE RESOURCES ARE SECURED TO MEET A CLIENT'S UNMET NEEDS, PARTICIPATING REBUILD AGENCIES USE THEIR VOLUNTEER LABOR AND PROJECT MANAGEMENT TO REBUILD HOMES. CASH CONTRIBUTIONS FROM GOVERNMENTAL, PRIVATE, AND CORPORATE DONORS ARE USED TO PAY FOR LICENSED CONTRACTORS, APPLIANCES AND FURNISHINGS; OTHER HOUSING-RELATED MATERIALS AND GOODS HELP TO BUILD AND FURNISH HOMES. IN 2012, A TOTAL OF 35 HOUSES WERE REPAIRED, REBUILT, OR NEWLY CONSTRUCTED WITH THE CONTRIBUTION OF 79,000 HOURS IN VOLUNTEER LABOR.

THE NPLH WAS AWARDED TWO MAJOR GRANTS IN 2009 THAT CONTINUED IN 2012 INCLUDING; NON PROFIT REBUILDING PILOT PROGRAM FOR ORLEANS AND JEFFERSON PARISH (18 HOUSES) AND THE NON PROFIT REBUILDING PILOT PROGRAM FOR PLAQUEMINES PARISH (8 HOUSES). EXPENSES \$ 160,993. INCLUDING GRANTS OF \$ 134,363. REVENUE \$ 0.

SUCCESS BY 6 (SB6): SINCE 2002 SUCCESS BY 6 (SB6) PARTNERS HAVE WORKED TOGETHER TO ENSURE THAT ALL CHILDREN WILL BE HEALTHY, SAFE, AND FUNCTIONING OPTIMALLY BY AGE SIX. SB6'S 84 MEMBERS COLLABORATIVE INCLUDE PARENTS, CHILDCARE PROVIDERS, EARLY CHILDHOOD EXPERTS, AND FUNDERS. PAST SB6 SUCCESSES INCLUDE PASSAGE OF THREE STATE BILLS. CURRENTLY SB6 IS FOCUSED ON IMPROVING THE SAFETY AND QUALITY OF CARE IN SMALL CHILDCARE SETTINGS. UNITED WAY OF SOUTHEAST LOUISIANA (UWSELA), SUCCESS BY 6, WHICH RECEIVED A ROADMAPS TO HEALTH COMMUNITY GRANT IN 2012, WANTS TO ENSURE THAT ALL CHILD CARE SETTINGS IN THE STATE PROVIDE HIGH-QUALITY EARLY CARE SO THAT CHILDREN ARE PREPARED FOR KINDERGARTEN.

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UWSELA HAS PREVIOUSLY SUCCESSFULLY ADVOCATED FOR OF THE INCLUSION OF A QUALITY RATING SYSTEM (LOUISIANA QUALITY START) FOR LARGE CHILD CARE FACILITIES, AND NOW THEY ARE ADVOCATING FOR LICENSING STANDARDS FOR SO-CALLED FAMILY CHILD CARE FACILITIES THAT WOULD CREATE A BASE-LEVEL OF REGULATION AND ALLOW THEM TO PARTICIPATE IN THE CURRENT QUALITY RATING SYSTEM. THESE SMALL CENTERS ARE LOCATED IN THE PROVIDER'S HOME, AND LOUISIANA IS ONLY ONE OF THREE STATES IN THE COUNTRY THAT DO NOT REGULATE THEM. BECAUSE ONE-THIRD OF PRESCHOOLERS ATTEND THESE SMALL CHILD CARE FACILITIES, ENSURING THE QUALITY OF THESE PROGRAMS IS CRITICAL TO IMPROVING SCHOOL READINESS FOR LOUISIANA'S CHILDREN.

ACCOMPLISHMENTS: ROAD MAP TO SUCCESS EXECUTIVE SUMMARY COMPLETE; DISTRIBUTED EXECUTIVE SUMMARY TO POLICY MAKERS, COORDINATING COUNCIL COMMITTEE, WLC, LDOE, GNOF, ETC; RECEIVED SUPPORT AND BY-IN FROM LDOE, ETC; WORKED WITH RWJ FOUNDATION TO DOCUMENT WORK UTILIZING FOCUS GROUPS FOR PUBLICATION.

EXPENSES \$ 95,638. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

OTHER PROGRAM SERVICES

EXPENSES \$ 2,155,022. INCL GRANTS OF \$ 1,548,300. REVENUE \$ 318,564.

FORM 990, PART VI, SECTION A, LINE 4:

SEE ATTACHED FOR CHANGES TO THE ORGANIZATIONS ARTICLES OF INCORPORATION.

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

THE FIRST DRAFT OF THE FORM 990 IS PREPARED BY AN INDEPENDENT PUBLIC ACCOUNTING FIRM, AND REVIEWED BY THE CFO AND CONTROLLER OF THE

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UNITED WAY. AFTER ANY CHANGES ARE MADE, THE FINAL DRAFT IS PRESENTED TO THE BOARD OF TRUSTEES AT THEIR MONTHLY MEETING FOR ACKNOWLEDGEMENT AND RECEIPT, PRIOR TO MAILING.

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 VICE-PRESIDENT OF HUMAN RESOURCES FOR REVIEW AND ALL BOARD/TRUSTEE FORMS ARE RETURNED TO THE PRESIDENT'S EXECUTIVE ASSISTANT FOR REVIEW.

FORM 990, PART VI, SECTION B, LINE 15:

THE CEO'S SALARY IS DETERMINED BY THE EXECUTIVE COMMITTEE WHICH IS MADE UP OF INDIVIDUALS FROM OUR VOLUNTEER BOARD OF TRUSTEES. OTHER TOP MANAGEMENT SALARIES ARE DETERMINED BY THE CEO. COMPARABILITY DATA IS OBTAINED FROM INDEPENDENT SOURCES AS WELL AS FROM UNITED WAY WORLDWIDE AND IS USED TO CREATE SALARY RANGES FOR EACH POSITION. THESE SALARY RANGES ARE PERIODICALLY REVIEWED AND ADJUSTED FOR INFLATION.

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

THE UNITED WAY OF SOUTHEAST LOUISIANA MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST. IT ALSO PROVIDES ITS ANNUAL AUDIT AND TAX RETURN TO THE PUBLIC THROUGH THEIR WEBSITE, ONLINE THROUGH GUIDESTAR AND AVAILABLE UPON REQUEST.

PART XII, LINE 2C:

NEITHER THE ORGANIZATION'S OVERSIGHT PROCESS NOR ITS

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AUDITOR SELECTION PROCESS HAS CHANGED FROM THE PRIOR YEAR.

Multiple horizontal lines for additional text or notes.