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CLIENT'S COPY

Postlethwaite & Netterville
One Galleria Blvd.,
Suite 2100
Metairie, LA 70001

October 26, 2021

United Way of Southeast Louisiana
2515 Canal Street
New Orleans, LA 70119

United Way of Southeast Louisiana:

Enclosed are the original and one copy of the 2020 Exempt
Organization return, as follows...

2020 Form 990

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

Sincerely,

Postlethwaite & Netterville

TAX RETURN FILING INSTRUCTIONS

FORM 990

FOR THE YEAR ENDING

June 30, 2021

Prepared for	United Way of Southeast Louisiana 2515 Canal Street New Orleans, LA 70119
Prepared by	Postlethwaite & Netterville One Galleria Blvd., Ste 2100 Metairie, LA 70001
Amount due or refund	Not applicable
Make check payable to	Not applicable
Mail tax return and check (if applicable) to	Not applicable
Return must be mailed on or before	Not applicable
Special Instructions	This return has been prepared for electronic filing. If you wish to have it transmitted electronically to the IRS, please sign, date, and return Form 8879-EO to our office. We will then submit the electronic return to the IRS. Do not mail a paper copy of the return to the IRS.

Form **8879-EO**

IRS e-file Signature Authorization for an Exempt Organization

OMB No. 1545-0047

For calendar year 2020, or fiscal year beginning JUL 1, 2020, and ending JUN 30, 2021

2020

Department of the Treasury
Internal Revenue Service

▶ **Do not send to the IRS. Keep for your records.**
▶ **Go to www.irs.gov/Form8879EO for the latest information.**

Name of exempt organization or person subject to tax

Taxpayer identification number

UNITED WAY OF SOUTHEAST LOUISIANA

72-0471369

Name and title of officer or person subject to tax

DEBRA MODLIN
CFO

Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line **1a, 2a, 3a, 4a, 5a, 6a, or 7a** below, and the amount on that line for the return being filed with this form was blank, then leave line **1b, 2b, 3b, 4b, 5b, 6b, or 7b**, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than one line in Part I.

1a Form 990 check here	<input checked="" type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	<u>20,285,891.</u>
2a Form 990-EZ check here	<input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9)	2b	
3a Form 1120-POL check here	<input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b	
4a Form 990-PF check here	<input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b	
5a Form 8868 check here	<input type="checkbox"/>	b Balance due (Form 8868, line 3c)	5b	
6a Form 990-T check here	<input type="checkbox"/>	b Total tax (Form 990-T, Part III, line 4)	6b	
7a Form 4720 check here	<input type="checkbox"/>	b Total tax (Form 4720, Part III, line 1)	7b	

Part II Declaration and Signature Authorization of Officer or Person Subject to Tax

Under penalties of perjury, I declare that I am an officer of the above organization or I am a person subject to tax with respect to (name of organization) _____, (EIN) _____ and that I have examined a copy

of the 2020 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

PIN: check one box only

I authorize POSTLETHWAITE & NETTERVILLE to enter my PIN 12345
ERO firm name Enter five numbers, but do not enter all zeros

as my signature on the tax year 2020 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer or person subject to tax with respect to the organization, I will enter my PIN as my signature on the tax year 2020 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax ▶

Date ▶

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

72610912345

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2020 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶

Date ▶

ERO Must Retain This Form - See Instructions
Do Not Submit This Form to the IRS Unless Requested To Do So

LHA For Paperwork Reduction Act Notice, see instructions.

Form **8879-EO** (2020)

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

Department of the Treasury
Internal Revenue Service

Do not enter social security numbers on this form as it may be made public.
Go to www.irs.gov/Form990 for instructions and the latest information.

A For the 2020 calendar year, or tax year beginning **JUL 1, 2020** and ending **JUN 30, 2021**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization UNITED WAY OF SOUTHEAST LOUISIANA Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite 2515 CANAL STREET City or town, state or province, country, and ZIP or foreign postal code NEW ORLEANS, LA 70119 F Name and address of principal officer: MICHAEL WILLIAMSON SAME AS C ABOVE	D Employer identification number 72-0471369 E Telephone number 504-822-5540 G Gross receipts \$ 20,389,357. H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions 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: ▶ 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

1	Briefly describe the organization's mission or most significant activities: TO ERADICATE POVERTY IN SOUTHEAST LOUISIANA.	
2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.	
3	Number of voting members of the governing body (Part VI, line 1a)	3 25
4	Number of independent voting members of the governing body (Part VI, line 1b)	4 25
5	Total number of individuals employed in calendar year 2020 (Part V, line 2a)	5 57
6	Total number of volunteers (estimate if necessary)	6 5429
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a 0.
7b	Net unrelated business taxable income from Form 990-T, Part I, line 11	7b 0.
8	Contributions and grants (Part VIII, line 1h)	8 14,456,408. 20,025,538.
9	Program service revenue (Part VIII, line 2g)	9 77,214. 72,715.
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	10 238,087. 187,358.
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	11 -101,069. 280.
12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	12 14,670,640. 20,285,891.
13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	13 9,127,673. 6,861,574.
14	Benefits paid to or for members (Part IX, column (A), line 4)	14 0. 0.
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	15 4,327,024. 4,207,358.
16a	Professional fundraising fees (Part IX, column (A), line 11e)	16a 0. 0.
b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 1,423,788.	
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	17 1,634,823. 1,628,599.
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	18 15,089,520. 12,697,531.
19	Revenue less expenses. Subtract line 18 from line 12	19 -418,880. 7,588,360.
20	Total assets (Part X, line 16)	20 19,163,069. 28,095,586.
21	Total liabilities (Part X, line 26)	21 5,337,954. 5,219,766.
22	Net assets or fund balances. Subtract line 21 from line 20	22 13,825,115. 22,875,820.

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 DEBRA MODLIN, CFO Type or print name and title	Date
Paid Preparer Use Only	Print/Type preparer's name SHARON CASSIERE	Preparer's signature Date Check if self-employed <input type="checkbox"/> PTIN P00543368
	Firm's name ▶ POSTLETHWAITE & NETTERVILLE Firm's address ▶ ONE GALLERIA BLVD., STE 2100 METAIRIE, LA 70001	Firm's EIN ▶ 72-1202445 Phone no. (504) 837-5990

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

Part III Statement of Program Service Accomplishments

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

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

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

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

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

4a (Code:) (Expenses \$ 4,962,256. including grants of \$ 4,512,677.) (Revenue \$ 90,932.) COMMUNITY IMPACT - STRATEGIC PLANNING & FUND DISTRIBUTION:

UNITED WAY OF SOUTHEAST LOUISIANA (UWSELA) HAS A BOLD VISION FOR ERADICATING POVERTY IN SELA. GRANT-MAKING SUPPORTS THE VISION OF "EQUITABLE COMMUNITIES WHERE ALL INDIVIDUALS ARE HEALTHY, EDUCATED AND ECONOMICALLY STABLE." THIS MEANS BOTH A SHARPENED FOCUS ON POVERTY THROUGH SUPPORTING THE CRITICAL PROGRAMS THAT FORM THE BEDROCK OF SERVING OUR POPULATION, AND A SYSTEMS CHANGE APPROACH CENTERED ON COLLABORATION. OUR GRANT-MAKING IS ROOTED IN ADDRESSING THE COMPLEX INTERPLAY OF SYMPTOMS AND DRIVERS OF POVERTY IN THE REGION. IN 2016, UNITED WAY LAUNCHED ITS FIRST CYCLE OF GRANTS TO SUPPORT PROGRAMS AND GROUPS WORKING TOGETHER IN A COLLABORATIVE WAY TO ADDRESS THE OUTCOMES

4b (Code:) (Expenses \$ 1,965,582. including grants of \$ 1,035,126.) (Revenue \$) COVID-19 IMPACT:

IN MARCH 2020, UNITED WAY OF SOUTHEAST LOUISIANA (UWSELA) TRANSITIONED TO COVID-19 RESPONSE GENERATING OVER \$10 MILLION (MARCH-JUNE) AND OVER \$5 MILLION (JULY-DECEMBER). WE WERE ABLE TO RESPOND TO THE SUFFERING IN REAL TIME AND PROVIDE VITAL SERVICES FOR THOSE WHO FOUND THEMSELVES IN CRISIS MANY FOR THE FIRST TIME.

DUE TO THE GENEROSITY OF OUR SUPPORTERS YEAR ROUND, WE WERE ABLE TO QUICKLY PIVOT AND PROVIDE MUCH-NEEDED RELIEF TO VULNERABLE INDIVIDUALS AND ORGANIZATIONS.

4c (Code:) (Expenses \$ 791,941. including grants of \$ 476,866.) (Revenue \$) HURRICANE LAURA SUPPORT:

SUPPORTED 7,000+ EVACUEES BY COLLECTING \$445,000 IN SUPPLY DONATIONS, CREATING 2,000 CARE BAGS, AND DISTRIBUTING \$25,000 IN FREE UBER RIDES. ALSO RAISED OVER \$180,000 COLLECTIVELY WITH SAINTS PRO BOWLER CAM JORDAN AND PARTNERED WITH AMERICAN RED CROSS OF LOUISIANA TO PROVIDE FINANCIAL ASSISTANCE TO HELP FAMILIES RETURN HOME.

UNITED WAY OF SOUTHEAST LOUISIANA WILL CONTINUE TO UTILIZE DISASTER TO SERVE AS A CATALYST FOR INNOVATION AND CONTINUE TO UTILIZE THAT ABILITY TO REDEFINE UNITED WAY PARTNERSHIPS AND HOW WE DRIVE IMPACT ACROSS THE SEVEN PARISHES WE SERVE.

4d Other program services (Describe on Schedule O.) (Expenses \$ 2,508,664. including grants of \$ 836,905.) (Revenue \$)

4e Total program service expenses 10,228,443.

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>	1 X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	2 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>	3	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>	4 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>	5	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>	6 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>	7	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>	8	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>	9 X	
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>	10 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>	11a 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>	11b 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>	11c	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>	11d	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>	11e 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>	11f 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>	12a 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>	12b	X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	13	X
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	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>	14b	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>	15	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>	16	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>	17	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>	18 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>	19	X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a	X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21 X	

Part IV Checklist of Required Schedules (continued)

	Yes	No
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	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? If "Yes," complete Schedule J	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? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a		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), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I		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? If "Yes," complete Schedule L, Part I		X
26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	X	
27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III		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, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV		X
b A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV		X
c A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes," complete Schedule L, Part IV		X
29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	X	
31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II		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? If "Yes," complete Schedule R, Part I		X
34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1		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)? If "Yes," complete Schedule R, Part V, line 2		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2		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? If "Yes," complete Schedule R, Part VI		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O	X	

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

	Yes	No
1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	

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

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 2a through 16 regarding employee reporting, tax returns, unrelated business income, foreign accounts, prohibited transactions, and charitable contributions.

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

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

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 on Schedule O.	25	
1b	Enter the number of voting members included on line 1a, above, who are independent	25	
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, 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	a The governing body?	X	
8b	b Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O		X

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

		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	a The organization's CEO, Executive Director, or top management official	X	
15b	b 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 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records **DEBRA MODLIN - 504-822-5540**
2515 CANAL STREET, 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. See instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours 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) MICHAEL WILLIAMSON PRESIDENT/CEO	37.50			X			323,782.	0.	49,936.	
(2) CHARMAINE CACCIOPPI EXEC. VP/COO	37.50			X			265,756.	0.	31,935.	
(3) DEBRA MODLIN CHIEF FINANCIAL OFFICER	37.50			X			168,945.	0.	40,080.	
(4) MARY AMBROSE CHIEF IMPACT OFFICER	37.50					X	138,186.	0.	23,376.	
(5) JAMENE DAHMER SR. VP LONG TERM RECOVERY	37.50					X	121,123.	0.	19,969.	
(6) CAROL GSTOHL CHIEF HR OFFICER	37.50					X	118,675.	0.	19,041.	
(7) MR. ELWOOD CAHILL TRUSTEE	4.00	X					0.	0.	0.	
(8) MS. LACEY CONWAY TRUSTEE	4.00	X					0.	0.	0.	
(9) MS. MELANIE CRAIG TRUSTEE	4.00	X					0.	0.	0.	
(10) MR. MIKE EDWARDS TRUSTEE	4.00	X					0.	0.	0.	
(11) MS. ELIZABETH ELLISON-FROST TRUSTEE	4.00	X					0.	0.	0.	
(12) MR. DAVID FRANCIS TRUSTEE	4.00	X					0.	0.	0.	
(13) MS. NORMA GRACE TRUSTEE	4.00	X					0.	0.	0.	
(14) MR. ROBERT KIMBRO TRUSTEE	4.00	X					0.	0.	0.	
(15) MS. TANDRA LEMAY TRUSTEE	4.00	X					0.	0.	0.	
(16) MR. DERRICK MARTIN TRUSTEE	4.00	X					0.	0.	0.	
(17) MR. PAUL MATTHEWS 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) MR. SCOTT REITAN TRUSTEE	4.00	X						0.	0.	0.
(19) MS. TARYN ROGERS TRUSTEE	4.00	X						0.	0.	0.
(20) MR. BRYAN SCOFIELD TRUSTEE	4.00	X						0.	0.	0.
(21) MS. RACHEL SHIELDS TRUSTEE	4.00	X						0.	0.	0.
(22) MS. ADRIENNE SLACK TRUSTEE	4.00	X						0.	0.	0.
(23) MR. ROBERT TANNER TRUSTEE	4.00	X						0.	0.	0.
(24) DR. TOYA BARNES-TEAMER TRUSTEE	4.00	X						0.	0.	0.
(25) MR. MICHAEL TODD TRUSTEE	4.00	X						0.	0.	0.
(26) MR. RICK YOUNG TRUSTEE	4.00	X						0.	0.	0.
1b Subtotal								1,136,467.	0.	184,337.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								1,136,467.	0.	184,337.

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 **6**

	Yes	No
3 Did the organization list any former officer, director, 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 VIII Statement of Revenue

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c	11,325.				
	d Related organizations	1d					
	e Government grants (contributions)	1e	672,690.				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	19,341,523.				
	g Noncash contributions included in lines 1a-1f	1g	\$ 567,997.				
	h Total. Add lines 1a-1f			20,025,538.			
Program Service Revenue	2 a SERVICE FEE INCOME	Business Code	900099	72,715.	72,715.		
	b						
	c						
	d						
	e						
	f All other program service revenue						
	g Total. Add lines 2a-2f			72,715.			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			105,979.		105,979.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	6a	(i) Real	21,852.			
			(ii) Personal				
	b Less: rental expenses	6b		92,513.			
	c Rental income or (loss)	6c		-70,661.			
	d Net rental income or (loss)			-70,661.		-70,661.	
	7 a Gross amount from sales of assets other than inventory	7a	(i) Securities	54,077.	37,390.		
			(ii) Other				
b Less: cost or other basis and sales expenses	7b		0.	10,088.			
c Gain or (loss)	7c		54,077.	27,302.			
d Net gain or (loss)			81,379.		81,379.		
8 a Gross income from fundraising events (not including \$ 11,325. of contributions reported on line 1c). See Part IV, line 18	8a			8,448.			
				865.			
b Less: direct expenses	8b						
c Net income or (loss) from fundraising events			7,583.		7,583.		
9 a Gross income from gaming activities. See Part IV, line 19	9a						
b Less: direct expenses	9b						
c Net income or (loss) from gaming activities							
10 a Gross sales of inventory, less returns and allowances	10a						
b Less: cost of goods sold	10b						
c Net income or (loss) from sales of inventory							
Miscellaneous Revenue	11 a SETTLEMENT PROCEEDS	Business Code	900099	45,141.		45,141.	
	b REFUNDS/REIMBURSEMENTS		900099	18,217.	18,217.		
	c						
	d All other revenue						
	e Total. Add lines 11a-11d			63,358.			
12 Total revenue. See instructions			20,285,891.	90,932.	0.	169,421.	

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

<i>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</i>	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	5,560,937.	5,560,937.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	1,300,637.	1,300,637.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	971,189.	533,608.	312,971.	124,610.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	2,584,043.	1,415,959.	336,358.	831,726.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	164,238.	77,194.	25,572.	61,472.
9 Other employee benefits	241,282.	119,143.	34,492.	87,647.
10 Payroll taxes	246,606.	128,916.	45,474.	72,216.
11 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting	38,928.	2,421.	34,842.	1,665.
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	12,712.	5,967.	2,642.	4,103.
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	739,345.	665,895.	18,800.	54,650.
12 Advertising and promotion	33,691.	18,746.	1,230.	13,715.
13 Office expenses	281,438.	167,771.	34,758.	78,909.
14 Information technology				
15 Royalties				
16 Occupancy	203,980.	127,878.	27,051.	49,051.
17 Travel	23,535.	13,679.	2,055.	7,801.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	45,418.	25,289.	5,728.	14,401.
20 Interest				
21 Payments to affiliates	149,935.		149,935.	
22 Depreciation, depletion, and amortization	79,818.	51,246.	10,953.	17,619.
23 Insurance				
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a MEMBERSHIP DUES	17,530.	12,120.	2,022.	3,388.
b MISCELLANEOUS	2,269.	1,037.	417.	815.
c				
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	12,697,531.	10,228,443.	1,045,300.	1,423,788.
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)		(B)
		Beginning of year		End of year
Assets	1 Cash - non-interest-bearing	78,573.	1	1,124,948.
	2 Savings and temporary cash investments	5,832,781.	2	10,587,298.
	3 Pledges and grants receivable, net	3,957,036.	3	3,271,093.
	4 Accounts receivable, net		4	
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	120.	5	25.
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges		9	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 1,979,892.		
	b Less: accumulated depreciation	10b 1,421,097.	635,076.	10c 558,795.
	11 Investments - publicly traded securities	4,800,388.	11	7,851,245.
	12 Investments - other securities. See Part IV, line 11	3,545,179.	12	4,292,618.
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	313,916.	15	409,564.
16 Total assets. Add lines 1 through 15 (must equal line 33)	19,163,069.	16	28,095,586.	
Liabilities	17 Accounts payable and accrued expenses	688,441.	17	263,538.
	18 Grants payable		18	
	19 Deferred revenue	174,933.	19	112,078.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	4,474,580.	25	4,844,150.
	26 Total liabilities. Add lines 17 through 25	5,337,954.	26	5,219,766.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	9,627,788.	27	18,700,672.
	28 Net assets with donor restrictions	4,197,327.	28	4,175,148.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	13,825,115.	32	22,875,820.
33 Total liabilities and net assets/fund balances	19,163,069.	33	28,095,586.	

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	20,285,891.
2	Total expenses (must equal Part IX, column (A), line 25)	2	12,697,531.
3	Revenue less expenses. Subtract line 2 from line 1	3	7,588,360.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	13,825,115.
5	Net unrealized gains (losses) on investments	5	1,462,345.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	22,875,820.

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			
b	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			
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	X	
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		

Form 990 (2020)

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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	16,594,998.	13,048,115.	10,274,288.	14,456,408.	20,025,538.	74,399,347.
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	16,594,998.	13,048,115.	10,274,288.	14,456,408.	20,025,538.	74,399,347.
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)						18,593,821.
6 Public support. Subtract line 5 from line 4.						55,805,526.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7 Amounts from line 4	16,594,998.	13,048,115.	10,274,288.	14,456,408.	20,025,538.	74,399,347.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources ...	227,443.	312,753.	395,217.	206,753.	127,831.	1,269,997.
9 Net income from unrelated business activities, whether or not the business is regularly carried on ...					7,583.	7,583.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	1,916,406.	4,433.	18,779.	11,479.	63,358.	2,014,455.
11 Total support. Add lines 7 through 10						77,691,382.
12 Gross receipts from related activities, etc. (see instructions)					12	793,252.
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2020 (line 6, column (f), divided by line 11, column (f)).....	14	71.83 %
15 Public support percentage from 2019 Schedule A, Part II, line 14	15	78.25 %
16a 33 1/3% support test - 2020. 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 - 2019. 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 - 2020. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2019. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2020 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2019 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2020 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2019 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2020. 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 - 2019. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

	Yes	No
1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.		
1		
2		

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).		
1		

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).		
3 By reason of the relationship described in line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.		
1		
2		
3		

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).			
2 Activities Test. Answer lines 2a and 2b below.		Yes	No
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.			
b Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.			
3 Parent of Supported Organizations. Answer lines 3a and 3b below.			
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI .			
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.			
2a			
2b			
3a			
3b			

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

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

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

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i>)	5
6	Other distributions (<i>describe in Part VI</i>). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions.	8
9	Distributable amount for 2020 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2020	(iii) Distributable Amount for 2020
1 Distributable amount for 2020 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2020 (reasonable cause required - <i>explain in Part VI</i>). See instructions.			
3 Excess distributions carryover, if any, to 2020			
a From 2015			
b From 2016			
c From 2017			
d From 2018			
e From 2019			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2020 distributable amount			
i Carryover from 2015 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2020 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2020 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
6 Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7 Excess distributions carryover to 2021. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2016			
b Excess from 2017			
c Excess from 2018			
d Excess from 2019			
e Excess from 2020			

Schedule A (Form 990 or 990-EZ) 2020

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

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

INSURANCE/SETTLEMENT PROCEEDS

2016 AMOUNT: \$ 1,916,406.

2020 AMOUNT: \$ 45,141.

REFUNDS/REIMBURSEMENTS

2017 AMOUNT: \$ 4,433.

2018 AMOUNT: \$ 18,779.

2019 AMOUNT: \$ 11,479.

2020 AMOUNT: \$ 18,217.

SCHEDULE C
(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2020

Department of the Treasury
Internal Revenue Service

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

Open to Public Inspection

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

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

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

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

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

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

Name of organization UNITED WAY OF SOUTHEAST LOUISIANA	Employer identification number 72-0471369
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Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.

2 Political campaign activity expenditures ▶ \$ _____

3 Volunteer hours for political campaign activities _____

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

1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ \$ _____

2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$ _____

3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Yes No

4a Was a correction made? Yes No

b If "Yes," describe in Part IV.

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

1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$ _____

2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ \$ _____

3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b ▶ \$ _____

4 Did the filing organization file **Form 1120-POL** for this year? Yes No

5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

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

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule C (Form 990 or 990-EZ) 2020

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

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

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
1a	Total lobbying expenditures to influence public opinion (grassroots lobbying)	37,458.													
b	Total lobbying expenditures to influence a legislative body (direct lobbying)	14,074.													
c	Total lobbying expenditures (add lines 1a and 1b)	51,532.													
d	Other exempt purpose expenditures	12,645,999.													
e	Total exempt purpose expenditures (add lines 1c and 1d)	12,697,531.													
f	Lobbying nontaxable amount. Enter the amount from the following table in both columns.	784,877.													
<table border="1"> <thead> <tr> <th>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)	196,219.													
h	Subtract line 1g from line 1a. If zero or less, enter -0-	0.													
i	Subtract line 1f from line 1c. If zero or less, enter -0-	0.													
j	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		<input type="checkbox"/> Yes <input type="checkbox"/> No												

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

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) Total
2a Lobbying nontaxable amount	849,204.	756,007.	904,476.	784,877.	3,294,564.
b Lobbying ceiling amount (150% of line 2a, column(e))					4,941,846.
c Total lobbying expenditures	23,660.	33,755.	36,631.	51,532.	145,578.
d Grassroots nontaxable amount	212,301.	189,002.	226,119.	196,219.	823,641.
e Grassroots ceiling amount (150% of line 2d, column (e))					1,235,462.
f Grassroots lobbying expenditures	16,900.	24,111.	26,165.	37,458.	104,634.

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

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

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

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

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

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

Part IV Supplemental Information

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

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2020

Open to Public Inspection

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

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year	2	
2 Aggregate value of contributions to (during year)	3,000.	
3 Aggregate value of grants from (during year)	40,369.	
4 Aggregate value at end of year	6,559.	

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Yes No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Yes No

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).
 Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area
 Protection of natural habitat Preservation of a certified historic structure
 Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Yes No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? Yes No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1 ▶ \$ _____

(ii) Assets included in Form 990, Part X ▶ \$ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1 ▶ \$ _____

b Assets included in Form 990, Part X ▶ \$ _____

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

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

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

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

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	5,513,273.	5,659,498.	5,639,848.	5,440,832.	5,145,992.
b Contributions					
c Net investment earnings, gains, and losses	1,469,008.	87,000.	246,896.	422,183.	517,138.
d Grants or scholarships	236,014.	233,225.	227,246.	223,167.	222,298.
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	6,746,267.	5,513,273.	5,659,498.	5,639,848.	5,440,832.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment 63.4113 %
 - b Permanent endowment 25.8701 %
 - c Term endowment 10.7186 %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|--|-------------------------------------|-------------------------------------|
| (i) Unrelated organizations | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| (ii) Related organizations | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? | <input type="checkbox"/> | <input type="checkbox"/> |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		292,805.		292,805.
b Buildings		1,298,264.	1,072,654.	225,610.
c Leasehold improvements				
d Equipment		336,593.	312,608.	23,985.
e Other		52,230.	35,835.	16,395.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				558,795.

Part VII Investments - Other Securities.

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A) BENEFICIAL INTEREST IN		
(B) ASSETS HELD BY OTHERS	3,897,839.	END-OF-YEAR MARKET VALUE
(C) INVESTMENT IN COMMON		
(D) ENDOWMENT FUND OF GREATER		
(E) NEW ORLEANS FOUNDATION	394,779.	END-OF-YEAR MARKET VALUE
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	4,292,618.	

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

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

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) ALLOCATIONS, DESIGNATIONS AND	
(3) PROGRAMS PAYABLE	4,831,273.
(4) LEASE LIABILITY	12,877.
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	4,844,150.

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

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

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

1	Total revenue, gains, and other support per audited financial statements		1	21,057,341.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	1,462,345.	
b	Donated services and use of facilities	2b	401,318.	
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d	93,378.	
e	Add lines 2a through 2d		2e	1,957,041.
3	Subtract line 2e from line 1		3	19,100,300.
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	21,764.	
b	Other (Describe in Part XIII.)	4b	1,163,827.	
c	Add lines 4a and 4b		4c	1,185,591.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)		5	20,285,891.

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

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

1	Total expenses and losses per audited financial statements		1	12,006,636.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a	401,318.	
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d	93,378.	
e	Add lines 2a through 2d		2e	494,696.
3	Subtract line 2e from line 1		3	11,511,940.
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	21,764.	
b	Other (Describe in Part XIII.)	4b	1,163,827.	
c	Add lines 4a and 4b		4c	1,185,591.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)		5	12,697,531.

Part XIII Supplemental Information.

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

PART V, LINE 4:

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

PART X, LINE 2:

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

FASB ASC 740 PROVIDES DETAILED GUIDANCE FOR FINANCIAL STATEMENT

Part XIII Supplemental Information (continued)

RECOGNITION, MEASUREMENT, AND DISCLOSURE OF UNCERTAIN TAX POSITIONS

RECOGNIZED IN AN ENTITY'S FINANCIAL STATEMENT. AS OF JUNE 30, 2021, UWSELA HAS DETERMINED THAT IT DOES NOT HAVE ANY UNCERTAIN TAX POSITIONS THAT QUALIFY FOR EITHER RECOGNITION OR DISCLOSURE IN THE FINANCIAL STATEMENTS. TAX RETURNS GENERALLY REMAIN SUBJECT TO EXAMINATION BY THE TAXING AUTHORITIES FOR THREE YEARS.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

SPECIAL EVENT EXPENSES	865.
RENTAL EXPENSES	92,513.
TOTAL TO SCHEDULE D, PART XI, LINE 2D	93,378.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

DONOR DESIGNATIONS	1,163,827.
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PART XII, LINE 2D - OTHER ADJUSTMENTS:

SPECIAL EVENT EXPENSES	865.
RENTAL EXPENSES	92,513.
TOTAL TO SCHEDULE D, PART XII, LINE 2D	93,378.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

DONOR DESIGNATIONS	1,163,827.
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SCHEDULE G
(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No. 1545-0047

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

2020

Department of the Treasury
Internal Revenue Service

▶ **Attach to Form 990 or Form 990-EZ.**

Open to Public Inspection

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

Name of the organization

UNITED WAY OF SOUTHEAST LOUISIANA

Employer identification number

72-0471369

Part I

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

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

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

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

(i) Name and address of individual 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" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

Revenue		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		RED BEANS AND RICE COO (event type)	(event type)	1 (total number)	
1	Gross receipts	19,773.			19,773.
2	Less: Contributions	11,325.			11,325.
3	Gross income (line 1 minus line 2)	8,448.			8,448.
Direct Expenses	4	Cash prizes			
	5	Noncash prizes			
	6	Rent/facility costs			
	7	Food and beverages			
	8	Entertainment			
	9	Other direct expenses	865.		
10	Direct expense summary. Add lines 4 through 9 in column (d)				865.
11	Net income summary. Subtract line 10 from line 3, column (d)				7,583.

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

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

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

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

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2020

**Open to Public
Inspection**

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

Part I General Information on Grants and Assistance

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
504 HEALTHNET 2601 TULANE AVE. SUITE 500 NEW ORLEANS, LA 70119	26-2831459	501(C)3	40,000.	0.			GRANT FUNDING
ADAPT, INC. 216 MEMPHIS STREET BOGALUSA, LA 70427-3844	72-1274844	501(C)3	30,446.	0.			GRANT FUNDING & DESIGNATED GIFTS
AGENDA FOR THE CHILDREN P.O. BOX 51837 NEW ORLEANS, LA 70151	72-1058157	501(C)3	110,000.	0.			GRANT FUNDING
AMERICAN RED CROSS - SE LA 3131 N. I-10 SERVICE ROAD E., 4TH F METAIRIE, LA 70002	72-0408907	501(C)3	170,123.	0.			GRANT FUNDING & DESIGNATED GIFTS
THE ARC OF GREATER NEW ORLEANS 925 S. LABARRE RD. METAIRIE, LA 70001	72-0456903	501(C)3	49,127.	0.			GRANT FUNDING & DESIGNATED GIFTS
BOY SCOUTS - SOUTHEAST LOUISIANA COUNCIL - 4200 S. I-10 SERVICE RD. WEST - METAIRIE, LA 70001	72-0408954	501(C)3	46,744.	0.			GRANT FUNDING & DESIGNATED GIFTS

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **103.**

3 Enter total number of other organizations listed in the line 1 table **0.**

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Schedule I (Form 990) 2020

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BOYS & GIRLS CLUBS OF SOUTHEAST LA, INC. - 650 POYDRAS ST., STE. 2225 - NEW ORLEANS, LA 70130	72-0648695	501(C)3	43,216.	0.			GRANT FUNDING & DESIGNATED GIFTS
BOYS TOWN OF LOUISIANA, INC. 700 FRENCHMAN STREET NEW ORLEANS, LA 70116	41-2220807	501(C)3	30,143.	0.			DESIGNATED GIFTS
CADA 3520 GENERAL DEGAULLE DR., STE. 501 NEW ORLEANS, LA 70114	72-0541502	501(C)3	80,055.	0.			GRANT FUNDING & DESIGNATED GIFTS
CANCER ASSOCIATION OF GNO 824 ELMWOOD PARK BLVD., STE. 240 NEW ORLEANS, LA 70123	72-0517802	501(C)3	67,424.	0.			GRANT FUNDING & DESIGNATED GIFTS
CAPITAL AREA UNITED WAY, LA 700 LAUREL STREET BATON ROUGE, LA 70802	72-0447100	501(C)3	6,392.	0.			DESIGNATED GIFTS
CASA NEW ORLEANS 1340 POYDRAS ST., SUITE 2120 NEW ORLEANS, LA 70112	72-1054889	501(C)3	6,250.	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	218,152.	0.			GRANT FUNDING & DESIGNATED GIFTS
CENTER FOR INNOVATIVE TRAINING 1631 ELYSIAN FIELDS, SUITE 116 NEW ORLEANS, LA 70117	46-4516976	501(C)3	13,261.	0.			DESIGNATED GIFTS
CHILD ADVOCACY SERVICES 1504 W. CHURCH STREET HAMMOND, LA 70401	72-1262466	501(C)3	32,926.	0.			GRANT FUNDING & DESIGNATED GIFTS

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of 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 70130-3206	72-0408916	501(C)3	76,131.	0.			GRANT FUNDING & DESIGNATED GIFTS
CHILDREN'S HOSPITAL-LA 200 HENRY CLAY AVENUE NEW ORLEANS, LA 70118	72-0467503	501(C)3	12,340.	0.			DESIGNATED GIFTS
CITY YEAR NEW ORLEANS, INC. 805 HOWARD AVE. NEW ORLEANS, LA 70113	22-2882549	501(C)3	43,000.	0.			GRANT FUNDING & DESIGNATED GIFTS
COLLEGE TRACK 111 BROADWAY, SUITE 101 OAKLAND, CA 94607	94-3279613	501(C)3	30,600.	0.			GRANT FUNDING
COMMON GROUND HEALTH CLINIC 441 WALL BLVD. GRETNA, LA 70056	20-3723007	501(C)3	137,500.	0.			GRANT FUNDING
COMMUNITIES IN SCHOOL OF NEW ORLEANS - P.O. BOX 792800 - NEW ORLEANS, LA 70179	72-1317054	501(C)3	31,576.	0.			GRANT FUNDING & DESIGNATED GIFTS
COMMUNITY CENTER OF ST. BERNARD 1107 LEBEAU ST. ARABI, LA 70032	74-3173649	501(C)3	34,600.	0.			GRANT FUNDING & DESIGNATED GIFTS
CRESCENT CARE 1631 ELYSIAN FIELDS NEW ORLEANS, LA 70117	72-1059635	501(C)3	39,004.	0.			GRANT FUNDING
CRIME STOPPERS OF TANGIPAHOA P.O. BOX 2973 HAMMOND, LA 70404	68-0516834	501(C)3	30,040.	0.			GRANT FUNDING & DESIGNATED GIFTS

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DOLLYWOOD FOUNDATION 111 DOLLYWOOD LANE PIGEON FORGE, TN 37863	62-1348105	501(C)3	6,216.	0.			GRANT FUNDING
DRYADES YMCA 2222 ORETHA CASTLE HALEY NEW ORLEANS, LA 70113	77-0428019	501(C)3	34,840.	0.			GRANT FUNDING & DESIGNATED GIFTS
EAST ST. TAMMANY RAINBOW CHILD CARE CENTER, INC. - 121 KINGSPPOINT BLVD. - SLIDELL, LA 70461	72-1028297	501(C)3	31,979.	0.			GRANT FUNDING & DESIGNATED GIFTS
EFFORTS OF GRACE 1712 ORETHA CASTLE HALEY BLVD. NEW ORLEANS, LA 70113	72-1266819	501(C)3	80,000.	0.			GRANT FUNDING
EPWORTH PROJECT 360 ROBERT BLVD. SLIDELL, LA 70458	20-4250103	501(C)3	28,605.	0.			GRANT FUNDING
EVERGREEN LIFE SERVICES 2101 HWY 80 HAUGHTON, LA 71037	72-0537029	501(C)3	112,000.	0.			GRANT FUNDING
FAMILY PROMISE ST. TAMMANY 513 MICHIGAN AVENUE SLIDELL, LA 70458	35-2489888	501(C)3	34,200.	0.			GRANT FUNDING & DESIGNATED GIFTS
FAMILY VIOLENCE CENTER OF ST. BERNARD - 3010 JEAN LAFITTE PKWY. - CHALMETTE, LA 70043	58-1834566	501(C)3	72,414.	0.			GRANT FUNDING & DESIGNATED GIFTS
FATHER'S HOUSE KIDS 1707 ESPLANADE AVENUE NEW ORLEANS, LA 70116	72-1309470	501(C)3	5,734.	0.			DESIGNATED GIFTS

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FRIENDS OF LAKEVIEW P.O. BOX 24378 NEW ORLEANS, LA 70184	90-0606504	501(C)3	5,850.	0.			DESIGNATED GIFTS
GIGI'S PLAYHOUSE 4230 VINCENNES PLACE NEW ORLEANS, LA 70125	85-0503069	501(C)3	16,032.	0.			GRANT FUNDING & DESIGNATED GIFTS
GNO NONPROFIT KNOWLEDGE WORKS 1600 CONSTANCE ST. NEW ORLEANS, LA 70130	72-1400841	501(C)3	80,000.	0.			GRANT FUNDING
GREATER NEW ORLEANS FOUNDATION 919 ST. CHARLES AVENUE NEW ORLEANS, LA 70130	72-0408921	501(C)3	50,000.	0.			GRANT FUNDING
GRETNA UNITED METHODIST CHURCH 1309 WHITNEY AVENUE GRETNA, LA 70056	72-6077812	501(C)3	12,000.	0.			DESIGNATED GIFTS
HANDS ON NEW ORLEANS 2515 CANAL STREET NEW ORLEANS, LA 70119	26-2281213	501(C)3	177,189.	0.			GRANT FUNDING & DESIGNATED GIFTS
HEALTH AND EDUCATION ALLIANCE OF LOUISIANA - 1700 JOSEPHINE STREET - NEW ORLEANS, LA 70113	33-1159042	501(C)3	55,394.	0.			GRANT FUNDING & DESIGNATED GIFTS
INST OF WOMEN AND ETHNIC STUDIES 365 CANAL STREET, SUITE 1550 NEW ORLEANS, LA 70130	72-1244155	501(C)3	45,000.	0.			GRANT FUNDING
JERICHO ROAD EPISCOPAL HOUSING 2919 ST. CHARLES AVENUE NEW ORLEANS, LA 70115	20-8419678	501(C)3	30,000.	0.			GRANT FUNDING

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
JEWISH COMMUNITY CENTER 5342 ST. CHARLES AVE. NEW ORLEANS, LA 70115	72-0408937	501(C)3	46,871.	0.			GRANT FUNDING & DESIGNATED GIFTS
JEWISH FAMILY SERVICE 3330 W. ESPLANADE, STE. 600 METAIRIE, LA 70002	72-0851575	501(C)3	40,000.	0.			GRANT FUNDING & DESIGNATED GIFTS
JUNIOR ACHIEVEMENT OF GNO, INC. 5100 ORLEANS AVENUE NEW ORLEANS, LA 70124	72-1084132	501(C)3	37,535.	0.			GRANT FUNDING & DESIGNATED GIFTS
JUSTICE AND ACCOUNTABILITY CENTER 4035 WASHINGTON AVENUE, SUITE 203 NEW ORLEANS, LA 70125	46-1482878	501(C)3	55,059.	0.			GRANT FUNDING
KINGSLEY HOUSE 1600 CONSTANCE ST. NEW ORLEANS, LA 70130	72-0408940	501(C)3	112,207.	0.			GRANT FUNDING & DESIGNATED GIFTS
LAKE PONTCHARTRAIN BASIN FOUNDATION - P.O. BOX 6965 - METAIRIE, LA 70009	72-1152784	501(C)3	20,143.	0.			DESIGNATED GIFTS
LOUISIANA APPLESEED 909 POYDRAS ST, SUITE 550 NEW ORLEANS, LA 70112	72-1402876	501(C)3	12,065.	0.			GRANT FUNDING
LIBERTY'S KITCHEN 300 N. BROAD STREET, SUITE 101 NEW ORLEANS, LA 70119	26-2254285	501(C)3	46,650.	0.			GRANT FUNDING
LOUISIANA CENTER FOR CHILDREN'S RIGHTS - 1100-B MILTON STREET - NEW ORLEANS, LA 70122	20-5961971	501(C)3	59,270.	0.			GRANT FUNDING & DESIGNATED GIFTS

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LOUISIANA ENDOWMENT FOR THE HUMANITIES - 938 LAFAYETTE ST., SUITE 300 - NEW ORLEANS, LA 70113	72-0795568	501(C)3	30,335.	0.			GRANT FUNDING & DESIGNATED GIFTS
LOUISIANA FAIR HOUSING ACTION CENTER - 404 S. JEFFERSON DAVIS PKWAY - NEW ORLEANS, LA 70119	72-1306717	501(C)3	10,000.	0.			GRANT FUNDING
LOUISIANA GREEN CORPS 2645 TOULOUSE STREET NEW ORLEANS, LA 70119	27-2884715	501(C)3	30,000.	0.			GRANT FUNDING
LOUISIANA HOSPITALITY FOUNDATION P.O. BOX 24046 NEW ORLEANS, LA 70184	20-4728582	501(C)3	19,565.	0.			GRANT FUNDING & DESIGNATED GIFTS
LOYOLA UNIVERSITY 7214 ST. CHARLES AVENUE NEW ORLEANS, LA 70118	72-0408946	501(C)3	173,967.	0.			GRANT FUNDING & DESIGNATED GIFTS
LUKES HOUSE 2023 SIMON BOLIVAR AVENUE NEW ORLEANS, LA 70113	26-0332262	501(C)3	32,015.	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	30,000.	0.			GRANT FUNDING & DESIGNATED GIFTS
METROPOLITAN CENTER FOR COMMUNITY ADVOCACY - P.O. BOX 10775 - JEFFERSON, LA 70181	72-1062244	501(C)3	30,340.	0.			GRANT FUNDING & DESIGNATED GIFTS
NEWCORP 2533 COLUMBUS STREET, SUITE 204 NEW ORLEANS, LA 70119	72-1297875	501(C)3	35,000.	0.			GRANT FUNDING

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NEW LIFE MISSIONS 19258 NULL ROAD LORANGER, LA 70446	83-1327524	501(C)3	8,000.	0.			GRANT FUNDING
NEW ORLEANS FAMILY JUSTICE ALLIANCE - 701 LOYOLA AVENUE, SUITE 201 - NEW ORLEANS, LA 70150	26-2541029	501(C)3	85,772.	0.			GRANT FUNDING & DESIGNATED GIFTS
NORTHSHORE FOOD BANK 840 N. COLUMBIA STREET COVINGTON, LA 70433	72-1028539	501(C)3	7,000.	0.			GRANT FUNDING
OPERATION RESTORATION P.O. BOX 56894 NEW ORLEANS, LA 70156	61-1791941	501(C)3	54,248.	0.			GRANT FUNDING & DESIGNATED GIFTS
OPERATION SPARK 2539 COLUMBUS STREET NEW ORLEANS, LA 70119	47-1514606	501(C)3	40,000.	0.			GRANT FUNDING
OUR DAILY BREAD OF TANGIPAHOA P.O. BOX 1476 HAMMOND, LA 70404	72-1438651	501(C)3	34,002.	0.			GRANT FUNDING & DESIGNATED GIFTS
PLAQUEMINES COMMUNITY CARE CENTER 8480 HWY. 23 BELLE CHASSE, LA 70037	20-3884943	501(C)3	85,690.	0.			GRANT FUNDING & DESIGNATED GIFTS
QUAD AREA COMMUNITY ACTION AGENCY 45300 NORTH BAPTIST ROAD HAMMOND, LA 70401	72-0796570	501(C)3	30,000.	0.			GRANT FUNDING
ROYAL CASTLE CHILD DEVELOPMENT 3800 EAGLE ST. NEW ORLEANS, LA 70118-3404	72-1317443	501(C)3	30,050.	0.			GRANT FUNDING

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SAFE HARBOR INC. 4441 IBERVILLE ST. MANDEVILLE, LA 70471	12-1181684	501(C)3	33,740.	0.			GRANT FUNDING & DESIGNATED GIFTS
SECOND HARVEST FOOD BANK 1201 SAMS AVE. NEW ORLEANS, LA 70123	72-0956468	501(C)3	329,792.	0.			GRANT FUNDING & DESIGNATED GIFTS
SEXUAL TRAUMA AWARENESS AND RESPONSE CENTER - 5615 CORPORATE BVD., SUITE 200 - BATON ROUGE, LA 70808	45-3088168	501(C)3	5,100.	0.			GRANT FUNDING
SON OF A SAINT 2803 ST. PHILIP STREET NEW ORLEANS, LA 70119	46-5554558	501(C)3	60,101.	0.			GRANT FUNDING
SOUTHEAST LA LEGAL SERVICES CO. 1200 DEREK, STE 100 HAMMOND, LA 70403	72-0877422	501(C)3	126,435.	0.			GRANT FUNDING & DESIGNATED GIFTS
SOUTHEAST SPOUSE ABUSE PROGRAM P.O. BOX 1946 HAMMOND, LA 70404-1946	52-1243258	501(C)3	30,889.	0.			GRANT FUNDING & DESIGNATED GIFTS
ST. JOHN UNITED WAY P.O. BOX 2019 RESERVE, LA 70084	23-7204234	501(C)3	5,960.	0.			DESIGNATED GIFTS
ST. JUDE CHILDREN'S RESEARCH HOSPITAL - 14333 PERKINS ROAD, SUITE A - BATON ROUGE, LA 70810	35-1044585	501(C)3	11,714.	0.			DESIGNATED GIFTS
STARC 1541 ST. ANN PLACE SLIDELL, LA 70460	72-0727074	501(C)3	42,146.	0.			GRANT FUNDING & DESIGNATED GIFTS

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ST. TAMMANY SHERIFF PO BOX 1229 SLIDELL, LA 70459	72-6001309	501(C)3	15,000.	0.			GRANT FUNDING
SUSAN G. KOMEN BREAST CANCER NEW ORLEANS AFFILIATE - 4141 VETERANS BLVD, SUITE 202 - METAIRIE, LA 70002	72-1222127	501(C)3	20,143.	0.			DESIGNATED GIFTS
TANGIPAHOA VOLUNTARY COUNCIL ON AGING - 106 NORTH BAY ST. - AMITE, LA 70422	72-0903571	501(C)3	31,506.	0.			GRANT FUNDING & DESIGNATED GIFTS
THE GOOD SAMARITAN MINISTRY 910 CROSS GATES BLVD. SLIDELL, LA 70461	72-0947538	501(C)3	31,186.	0.			GRANT FUNDING & DESIGNATED GIFTS
THE LINKS FOUNDATION PO BOX 50832 NEW ORLEANS, LA 70150	52-1170830	501(C)3	10,000.	0.			GRANT FUNDING
THE SALVATION ARMY AREA COMMAND 4526 S. CLAIBORNE AVE. NEW ORLEANS, LA 70125	63-0288866	501(C)3	34,389.	0.			GRANT FUNDING & DESIGNATED GIFTS
TOTAL COMMUNITY ACTION 1420 S. JEFFERSON DAVIS PKWY. NEW ORLEANS, LA 70125	72-0599165	501(C)3	15,000.	0.			GRANT FUNDING
TRAVELERS AID SOCIETY 611 NORTH RAMPART ST. NEW ORLEANS, LA 70112	72-0408990	501(C)3	81,581.	0.			GRANT FUNDING & DESIGNATED GIFTS
UNITED NEGRO COLLEGE FUND 1100 POYDRAS ST., STE. 1400 NEW ORLEANS, LA 70163	13-1624241	501(C)3	55,642.	0.			GRANT FUNDING & DESIGNATED GIFTS

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNITED WAY OF ACADIANA P.O. BOX 52033 LAFAYETTE, LA 70505	72-0513639	501(C)3	6,661.	0.			DESIGNATED GIFTS
UNITED WAY OF COLLIER COUNTY 9015 STRADA STELL CT., STE 204 NAPLES, FL 34109	59-1026096	501(C)3	10,000.	0.			DESIGNATED GIFTS
UNITED WAY OF GREATER HOUSTON 50 WAUGH DRIVE HOUSTON, TX 77007	74-1167964	501(C)3	20,101.	0.			DESIGNATED GIFTS
UNITED WAY OF METRO CHICAGO 333 SOUTH WABASH AVENUE CHICAGO, IL 60604	30-0200478	501(C)3	8,060.	0.			DESIGNATED GIFTS
UNITED WAY OF MIAMI-DADE 3250 SW 3RD AVENUE MIAMI, FL 33129-2712	59-0830840	501(C)3	25,854.	0.			DESIGNATED GIFTS
UNITED WAY OF SOUTHWEST LOUISIANA 715 RYAN ST., SUITE 102 LAKE CHARLES, LA 70601-4200	72-0456901	501(C)3	50,318.	0.			GRANT FUNDING & DESIGNATED GIFTS
UNITED WAY OF THE CAPITAL AREA INC., MS - P.O. DRAWER 23169 - JACKSON, MS 39225	64-0303075	501(C)3	10,492.	0.			DESIGNATED GIFTS
UNITY OF GREATER NEW ORLEANS 2475 CANAL STREET, SUITE 300 NEW ORLEANS, LA 70119	72-1222911	501(C)3	8,602.	0.			GRANT FUNDING
UNIVERSITY OF CHICAGO 5235 S. HARPER COURT 4TH FLOOR CHICAGO, IL 60615	36-2177139	501(C)3	50,000.	0.			DESIGNATED GIFTS

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
URBAN LEAGUE OF GREATER NEW ORLEANS - 2322 CANAL ST. - NEW ORLEANS, LA 70119	72-0423627	501(C)3	56,332.	0.			GRANT FUNDING & DESIGNATED GIFTS
VIA LINK 2820 NAPOLEON AVE., STE. 550 NEW ORLEANS, LA 70115	72-0706669	501(C)3	107,375.	0.			GRANT FUNDING & DESIGNATED GIFTS
VOLUNTEERS OF AMERICA OF GNO 4152 CANAL ST. NEW ORLEANS, LA 70119	72-0709750	501(C)3	32,456.	0.			GRANT FUNDING & DESIGNATED GIFTS
YMCA BOGALUSA 411 AVENUE B BOGALUSA, LA 70427-3656	72-0441354	501(C)3	35,000.	0.			GRANT FUNDING & DESIGNATED GIFTS
YMCA OF GREATER NEW ORLEANS 1215 PRYTANIA ST., STE. 103 NEW ORLEANS, LA 70130	72-0423890	501(C)3	60,345.	0.			GRANT FUNDING & DESIGNATED GIFTS
YOUTH EMPOWERMENT PROJECT 1600 ORETHA CASTLE HALEY BLVD. NEW ORLEANS, LA 70113	42-1633060	501(C)3	46,010.	0.			GRANT FUNDING & DESIGNATED GIFTS
YOUTH SERVICE BUREAU OF ST. TAMMANY - 430 N. NEW HAMPSHIRE - COVINGTON, LA 70433	72-0933867	501(C)3	92,072.	0.			GRANT FUNDING & DESIGNATED GIFTS

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
INDIVIDUAL DEVELOPMENT ACCOUNT (IDA) PROJECT	37	118,000.	0.		
HOSPITALITY CARES COVID RELIEF	6120	10,000.	211,021.	FMV	2,400 UBER GIFT CARDS AT \$25 EACH AND DISASTER RECOVERY SUPPLIES (HOUSEHOLD ITEMS)
BET MORTGAGE ASSISTANCE	226	434,960.	0.		
LA PRISONER RE-ENTRY DIRECT SERVICE	10	17,708.	1,550.	FMV	VARIOUS GIFT CARDS FOR PPE PURCHASES
RENT/MORTGAGE ASSIST	58	159,239.	0.		

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

PART I, LINE 2:

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

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
PROSP CENTER RENT/ MORTGAGE ASSISTANCE	46.	46,902.	0.		
NOLA BUSNIESS ALLIANCE IDA	5.	10,000.	0.		
CHRISTMAS GIFTS FOR KINGSLEY HOUSE TOY DRIVE	1.	473.	0.		
HURRICANE LAURA RELIEF	7,000.	0.	290,784.	FMV	1,000 UBER GIFT CARDS AT \$25 EACH AND DISASTER RECOVERY SUPPLIES (HOUSEHOLD ITEMS)

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

2020

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

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

Part I Questions Regarding Compensation

	Yes	No
1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. <input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account <input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (such as maid, chauffeur, chef)		
b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b	
2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2	
3 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. <input checked="" type="checkbox"/> Compensation committee <input type="checkbox"/> Independent compensation consultant <input type="checkbox"/> Form 990 of other organizations <input type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee		
4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:		
a Receive a severance payment or change-of-control payment?	4a	X
b Participate in or receive payment from a supplemental nonqualified retirement plan?	4b	X
c Participate in or receive payment from an equity-based compensation arrangement?	4c	X
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.		
Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.		
5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:		
a The organization?	5a	X
b Any related organization?	5b	X
If "Yes" on line 5a or 5b, describe in Part III.		
6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:		
a The organization?	6a	X
b Any related organization?	6b	X
If "Yes" on line 6a or 6b, describe in Part III.		
7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III	7	X
8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8	X
9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9	

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

Schedule J (Form 990) 2020

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) MICHAEL WILLIAMSON PRESIDENT/CEO	(i)	320,858.	0.	2,924.	23,393.	26,543.	373,718.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) CHARMAINE CACCIOPPI EXEC. VP/COO	(i)	260,017.	0.	5,739.	21,390.	10,545.	297,691.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) DEBRA MODLIN CHIEF FINANCIAL OFFICER	(i)	166,933.	0.	2,012.	16,097.	23,983.	209,025.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) MARY AMBROSE CHIEF IMPACT OFFICER	(i)	137,133.	0.	1,053.	12,664.	10,712.	161,562.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
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	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

SCHEDULE L
(Form 990 or 990-EZ)

Transactions With Interested Persons

OMB No. 1545-0047

2020

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.**

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

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), section 501(c)(4), and section 501(c)(29) organizations only).

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

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

2 Enter the amount of tax incurred by 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
MICHAEL WILLIAM	CEO	USE OF C		X	25 .	25 .		X	X			X
Total						▶ \$	25 .					

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

SEE PART V FOR CONTINUATIONS

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2020

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

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	X		416,805.	FAIR MARKET VALUE
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	6	64,642.	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 (GIFT CARD/CER)	X	3,409	86,550.	FAIR MARKET VALUE
26 Other ()				
27 Other ()				
28 Other ()				

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

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

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

Schedule M (Form 990) 2020

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

SCHEDULE M, PART I, COLUMN (B):

THE ORGANIZATION IS REPORTING THE NUMBER CONTRIBUTORS FOR DONATED SECURITIES AND THE NUMBER OF ITEMS CONTRIBUTED FOR THE DONATED GIFT CARDS/CERTIFICATES.

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.

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

OMB No. 1545-0047

2020

Open to Public
Inspection

Name of the organization

UNITED WAY OF SOUTHEAST LOUISIANA

Employer identification number

72-0471369

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

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

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

IN OUR BLUEPRINT FOR PROSPERITY. THIS PORTION OF THE COMMUNITY IMPACT
DIVISION, AS DISTINCT FROM THE INITIATIVES AND PROGRAMS IT COORDINATES,
IS RESPONSIBLE FOR THE ANNUAL STRATEGIC GRANTS FUNDING PROCESSES. IT
DEVELOPS STRATEGIC PLANS TO GUIDE THE FUNDING PROCESSES AND PROGRAM OR
INITIATIVE DEVELOPMENT, AND ESTABLISHES AND MONITORS MEASURES OF
PROGRAM SUCCESS AND FINANCIAL ACCOUNTABILITY.

ACCOMPLISHMENTS:

PROGRAM GRANTS:

TOTAL # OF PEOPLE SERVED BY OUR 76 GRANT PARTNERS FROM JULY 1,
2020-JUNE 30, 2021 - 222,302. UWSELA FUNDED 76 PROGRAMS FROM JULY 1,
2020-JUNE 30, 2021 TO ADDRESS PRIORITIES SUCH AS HOUSING, MEDICAL AND
MENTAL HEALTH CARE, CHILD AND ADULT CARE AND ACADEMIC SUPPORTS. UWSELA
ANSWERED OVER 222,302 APPEALS FOR HELP FROM OUR COMMUNITY.

Name of the organization UNITED WAY OF SOUTHEAST LOUISIANA	Employer identification number 72-0471369
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FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:

IN TIMES OF CRISIS, IT'S NOT JUST ABOUT PROVIDING EMERGENCY FINANCIAL ASSISTANCE BUT ALSO ABOUT ENSURING HOUSEHOLDS AND COMMUNITY PARTNERS HAVE EQUITABLE ACCESS TO THE FULL SCOPE OF SUPPORTS NECESSARY TO ACHIEVE STABILITY, AND, ULTIMATELY, PROSPERITY. UWSELA IS ALREADY ON THE FRONT LINES, MOBILIZING TO PROVIDE VITAL SERVICES FOR THOSE IN NEED. UNITED WAY CONTINUES TO DO WHAT WE'VE ALWAYS DONE - TACKLE THE UNDERLYING PROBLEMS COMMUNITY BY COMMUNITY.

ALICE (ASSET LIMITED, INCOME CONSTRAINED, EMPLOYED)

WHEN COVID-19 HIT, MORE THAN 576,000 LOUISIANA HOUSEHOLDS WERE ALREADY ONE EMERGENCY AWAY FROM FINANCIAL RUIN, A 10-YEAR RECORD HIGH, SETTING THE STAGE FOR THE ECONOMIC IMPACT OF THE CRISIS -- ACCORDING TO THE STATE'S LATEST ALICE (ASSET LIMITED, INCOME CONSTRAINED, EMPLOYED) REPORT, RELEASED AUG. 6, 2020.

WITH INCOME ABOVE THE FEDERAL POVERTY LEVEL, ALICE HOUSEHOLDS EARN TOO MUCH TO QUALIFY AS "POOR" BUT ARE STILL UNABLE TO COVER THE BASICS OF HOUSING, CHILD CARE, FOOD, TRANSPORTATION, HEALTH CARE, AND TECHNOLOGY IN THE PARISHES WHERE THEY LIVE. THERE WERE OVER 262,500 HOUSEHOLDS LIVING BELOW THE ALICE THRESHOLD (ALICE AND POVERTY COMBINED) IN SOUTHEAST LOUISIANA BEFORE THE PANDEMIC HIT.

WITH HEALTH RISKS, BUSINESSES AND SCHOOLS SHUTTERING, AND UNEMPLOYMENT SPIKING, COVID-19 MADE IT HARDER THAN EVER BEFORE FOR PEOPLE TO MEET BASIC NEEDS. WE KNOW THAT INEQUITIES EXISTED BEFORE THIS PANDEMIC, AND THOSE GAPS IN ACCESS TO RESOURCES HAVE BEEN MAGNIFIED BY DISPROPORTIONATE AND DISPARATE EFFECTS OF COVID-19 ON SOME PARTS OF OUR

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COMMUNITY. UWSELA WAS UNIQUELY WELL-POSITIONED TO UNDERSTAND AND LEAD COMMUNITY MOBILIZATION THANKS TO OUR BLUEPRINT FOR PROSPERITY. OUR BLUEPRINT'S HOLISTIC APPROACH TO GENERATING IMPACT CONTINUES TO GUIDE US AS WE LEAD IMMEDIATE COVID-19 RELIEF EFFORTS AND SHIFT TOWARD LONG-TERM RECOVERY STRATEGIES DESIGNED TO STABILIZE ALICE HOUSEHOLDS THROUGHOUT OUR REGION.

\$5 MILLION IN DIRECT COMMUNITY IMPACT (JULY 2020-JUNE 2021)

HOSPITALITY CARES PANDEMIC RELIEF FUND: PHASE 2 OF OUR HOSPITALITY CARES PANDEMIC RESPONSE FUND PROVIDED LEGAL SUPPORT AND COUNSELING SERVICES FOR HOSPITALITY INDUSTRY PROFESSIONALS IN PARTNERSHIP WITH SOUTHEAST LOUISIANA LEGAL SERVICES (SLLS) AND THE LOYOLA CENTER FOR COUNSELING AND EDUCATION (LCCE). UWSELA AND PARTNERS EXPECT TO PROVIDE OVER 3,000 HOURS OF MENTAL HEALTH TREATMENT, 800 HOURS OF CIVIL LEGAL SERVICE AND TRAINING TO 150 SUPPORT STAFF AND VOLUNTEERS TO AID IN THE LONG-TERM RECOVERY OF HOSPITALITY WORKERS.

([HTTPS://WWW.UNITEDWAYSELA.ORG/NEWS/HOSPITALITY-CARES-PANDEMIC-RESPONSE-FUND-AWARDS-24M-GRANTS-OPENS-PHASE-II-SUPPORT-INDUSTRY](https://www.unitedwaysele.org/news/hospitality-cares-pandemic-response-fund-awards-24m-grants-opens-phase-ii-support-industry))

UNITED FOR EARLY CARE AND EDUCATION: IN PARTNERSHIP WITH AGENDA FOR CHILDREN AND LOYOLA UNIVERSITY NEW ORLEANS COLLEGE OF LAW, WE ARE PROVIDING TECHNICAL ASSISTANCE, EXPERTISE, AND ONE-ON-ONE COACHING TO CHILD CARE PROVIDERS IN SOUTHEAST LOUISIANA TO HELP THEM SECURE AND MANAGE FEDERAL/STATE FUNDING, WITH A FOCUS ON PPP LOANS. THIS CHILD CARE PROVIDER ASSISTANCE PROGRAM OFFERS SUPPORT TO HELP PROVIDERS NAVIGATE NEW PUBLIC FUNDING AND SUPPORTS ROLLED OUT IN RESPONSE TO THE COVID-19 PANDEMIC. TO DATE, THIS PROGRAM IS SUPPORTING OVER 68 ECE

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CENTERS ACROSS OUR SEVEN-PARISH REGION AND MANAGING OVER \$4.2 MILLION
IN PUBLIC FUNDS. ([HTTPS://WWW.UNITEDWAYSELA.ORG/ECE_OPENS_PHASE3](https://www.unitedwayse-la.org/ece_opens_phase3))

SAVING OUR SELVES, UNITED WAY & BET: OVERSAW AN ADDITIONAL \$315,000
(\$1.7M IN PRIOR FISCAL) TO FUND LOCAL NONPROFITS/PROGRAMS TO ADDRESS
THE DISPROPORTIONATE IMPACTS OF COVID-19 ON BLACK COMMUNITIES. ALL
FUNDED PROGRAMS FOCUSED ON HOUSING AND UTILITIES ASSISTANCE, WORKFORCE
DEVELOPMENT, ACCESS TO NUTRITION, ACCESS TO HEALTH CARE, ACCESS TO
STUDENT LEARNING SUPPORTS
([HTTPS://WWW.UNITEDWAYSELA.ORG/BETS-SAVING-OUR-SELVES-COVID-19-RELIEF-EFFORT](https://www.unitedwayse-la.org/bets-saving-our-selves-covid-19-relief-effort))

311 MEAL DELIVERIES VIA UNITED WAY HANDSON ENTERGY VOLUNTEER CENTER &
DOORDASH: 1,279 VOLUNTEERS ENGAGED VIA MEAL KIT PREPARATIONS AND
DELIVERIES TO HOMEBOUND OLDER ADULTS AND INDIVIDUALS. FOOD BOXES AND
HOUSEHOLD SUPPLIES WERE DELIVERED TO NEARLY 47,712 VULNERABLE SENIORS
THROUGHOUT NEW ORLEANS PARISH.

UNITED FOR GROCERY WORKERS FUND: IN PARTNERSHIP WITH ANTHONY MACKIE,
ENTERGY CORPORATION, AND THE NEW ORLEANS COUNCIL ON AGING, PROVIDED
ONE-TIME ENTERGY BILL ASSISTANCE TO GROCERY STORE WORKERS LIVING IN
ORLEANS PARISH
([HTTPS://WWW.UNITEDWAYSELA.ORG/NEWS/ANTHONY-MACKIE-PARTNERS-LAUNCH-GROCERY-WORKER-ASSISTANCE-FUND](https://www.unitedwayse-la.org/news/anthony-mackie-partners-launch-grocery-worker-assistance-fund))

MORTGAGE AND RENTAL ASSISTANCE: PROVIDED OVER \$430,000 IN MORTGAGE AND
RENTAL ASSISTANCE PROGRAM TO HOUSEHOLDS STRUGGLING TO MAKE ENDS MEET IN
SOUTHEAST LOUISIANA.

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LAUNCHED FIRST LOCAL SPANISH AND VIETNAMESE COVID-19 HOTLINES: UNITED WAY OF SOUTHEAST LOUISIANA AND 504HEALTHNET LAUNCHED THE FIRST LOCAL SPANISH AND VIETNAMESE COVID-19 HOTLINES TO REACH UNDERSERVED POPULATIONS IN THE GREATER NEW ORLEANS REGION AND PROVIDE EDUCATION ON HOW, WHERE AND WHEN RESIDENTS CAN GET COVID-19 VACCINES.

([HTTPS://WWW.UNITEDWAYSELA.ORG/UNITED-WAY-504HEALTHNET-LAUNCH-LOCAL-COVID-19-HOTLINES](https://www.unitedwayse-la.org/united-way-504healthnet-launch-local-covid-19-hotlines))

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

J. WAYNE LEONARD PROSPERITY CENTER:

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

SERVICES OFFERED ARE:

FINANCIAL EDUCATION

FINANCIAL COACHING

FINANCIAL COUNSELING

CREDIT COUNSELING

CREDIT BUILDING ACCESS TO SAFE AND AFFORDABLE FINANCIAL PRODUCTS

FREE TAX PREPARATION ASSISTANCE

ACCESS TO FEDERAL AND STATE

INCENTIVIZED SAVINGS PROGRAMS

ASSET OWNERSHIP PROGRAMS

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UNITED WAY OF SOUTHEAST LOUISIANA'S EXPERT FINANCIAL CAPABILITY TEAM DESIGNED A FINANCIAL EDUCATION CURRICULUM AND RESOURCE GUIDE TO EDUCATE AND BRING AWARENESS TO THE COMMUNITY ABOUT WHAT IT MEANS TO BE FINANCIALLY STABLE AND THE STEPS INDIVIDUALS AND FAMILIES CAN TAKE TO ACHIEVE FINANCIAL STABILITY. WE HAVE UTILIZED THE CURRICULUM WITH THE COMMUNITY, CIVIC, AND PRIVATE PARTNERS WITH UNIFORMLY OUTSTANDING RESULTS. WE HAVE USED THE GUIDE WITH THE INDIVIDUAL DEVELOPMENT ACCOUNT (IDA) PARTICIPANTS FOR THE PAST TWO AND A HALF YEARS, AND WE HAVE RECEIVED EXCELLENT FEEDBACK FROM THEM. WE ARE ALSO USING THE CURRICULUM WITH OPPORTUNITY CENTERS THROUGH NEW ORLEANS BUSINESS ALLIANCE JOB READINESS TRAINING PROGRAM THAT TARGETS THE 52% OF THE AFRICAN AMERICAN MALES WHO ARE UNEMPLOYED. ADDITIONALLY, WE CONDUCTED TRAINING FOR ENTRY-LEVEL EMPLOYEES AT A LOCAL BUSINESS, ASSOCIATED TERMINALS/TURN SERVICES. THE FEEDBACK FROM PARTICIPANTS WAS EXTREMELY POSITIVE! SINCE PARTNERING WITH OPPORTUNITY CENTERS THROUGH NEW ORLEANS BUSINESS ALLIANCE AND CITY OF NEW ORLEANS WORKFORCE INNOVATION AND OPPORTUNITY ACT (WIOA), WE HAVE EDUCATED OVER 603 PARTICIPANTS IN GROUP TRAINING ABOUT THE ESSENTIAL COMPONENTS OF FINANCIAL EDUCATION. THE TRAINING CONSISTS OF A COMPREHENSIVE CURRICULUM WHICH FOCUSES ON VARIOUS PERSONAL FINANCIAL MANAGEMENT TOPICS WITH THE GOAL OF WEALTH CREATION, ASSET DEVELOPMENT, AND LONG-TERM FINANCIAL SECURITY. THE CONTENT MATERIAL IS BASED ON UWSELA FINANCIAL EDUCATION CURRICULUM AND RESOURCE GUIDE WHICH IS INFLUENCED BY OTHER MONEY MANAGEMENT TRAINING COURSE SUCH AFI FINANCIAL LITERACY CORE COMPETENCIES, FREDDIE MAC'S CREDITSMART, FDIC'S MONEY SMART CURRICULUM, THE FEDERAL RESERVE BANK'S BUILDING WEALTH, CONSUMER ACTION'S MONEYWISE AND A VARIETY OF OTHER FINANCIAL TOOLS AND RESOURCES.

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THE OBJECTIVE OF THE GROUP TRAINING IS TO INTRODUCE FINANCIAL MANAGEMENT TO THE PARTICIPANTS WITH HOPES OF PROVIDING THEM WITH A MORE IN-DEPTH, ONE-ON-ONE COACHING SESSIONS. THESE COACHING SESSIONS EMPOWER STRIVE NOLA PARTICIPANTS TO ACHIEVE FINANCIAL STABILITY AND LONG-TERM SUCCESS. UWSELA SPECIALISTS OFFER PARTICIPANTS AND THEIR FAMILY WITH THE TOOLS TO CREATE HOUSEHOLD BUDGETS, SAVE MONEY OVER TIME, REDUCE DEBT AND IMPROVE CREDIT SCORES. IT HAS PROVEN TO BE VERY SUCCESSFUL FOR MANY OF THE PARTICIPANTS WHO HAVE TAKEN ADVANTAGE OF THE ONE-ON-ONE COACHING.

THROUGH THE PARTNERSHIP WITH NEW ORLEANS BUSINESS ALLIANCE AND CITY OF NEW ORLEANS WORKFORCE INNOVATION AND OPPORTUNITY ACT (WIOA) GRANT, UWSELA HAS PROVIDED ONE-ON-ONE COACHING TO 376 PARTICIPANTS. 89% OF THE PARTICIPANTS HAVE NOT CHECKED THEIR CREDIT REPORT IN OVER A YEAR, AND MOST OF THE TIME THEY ARE AFRAID OF THE UNKNOWN. 75% OF THE PARTICIPANTS HAVE DISPUTED INCORRECT ITEMS ON THEIR CREDIT REPORTS, OF THOSE PARTICIPANTS SEVERAL WERE INCARCERATED LEAVING THEIR CREDIT VULNERABLE FOR FRAUD AND MISUSED BY FAMILY MEMBERS. WE HAVE SEEN AN INCREASE IN CREDIT SCORES AVERAGING 91 POINTS OVER A SPAN OF THREE MONTHS, AN INCREASE IN SAVING AND AN INCREASE IN ESTABLISHING OR RE-ESTABLISHING POSITIVE CREDIT. A DECREASE IN DEBT REDUCTIONS OF \$552 ON AVERAGE, A DECREASE IN CREDIT UTILIZATION BY 47% AND A HALT IN APPLYING FOR NEW CREDIT. SEVERAL PARTICIPANTS HAVE OPENED SAVINGS AND CHECKING ACCOUNTS WITH HOPE FEDERAL CREDIT UNION. MANY OTHERS ARE PLANNING TO OPEN BANK ACCOUNTS ONCE THEY BEGIN WORKING. SEVERAL GRADUATES ARE CURRENT PARTICIPANTS IN THE UWSELA INDIVIDUAL DEVELOPMENT ACCOUNTS.

EXPENSES \$ 761,579. INCLUDING GRANTS OF \$ 491,862. REVENUE \$ 0.

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LOUISIANA PRISONER RE-ENTRY INITIATIVE (LAPRI) COLLABORATIVE:

- 2020-2021 REPRESENTED YEAR TWO OF A THREE-YEAR INITIATIVE.
- YEAR 2 OF THE LOUISIANA PRISON REENTRY INITIATIVE (LAPRI) STARTED STRONG AND ON TRACK
- THE JEFFERSON PARISH CIG PROGRAM YEAR TWO PROGRAM GOAL WAS TO INCREASE THE NUMBER OF PARTICIPANTS THAT WERE SERVED IN YEAR ONE.
- IN YEAR TWO, THE GOAL WAS TO SERVE 60 RETURNING CITIZENS THAT WERE MODERATE TO HIGH RISK OF RECIDIVATING (BEING REARRESTED AND RETURNING BACK TO PRISON).
- CLIENTS WERE TO BE REFERRED BY THE DEPARTMENT OF PUBLIC SAFETY AND CORRECTIONS (DPS&C).
- PROGRAM PARTNERS INCLUDE THE LOUISIANA DEPARTMENT OF PUBLIC SAFETY AND CORRECTIONS THAT WERE THE SOURCE OF THE REFERRALS, CATHOLIC CHARITIES TO PROVIDE CASE MANAGEMENT SERVICES, JUSTICE AND ACCOUNTABILITY CENTER, SOUTHEAST LEGAL SERVICES AND LOYOLA UNIVERSITY SCHOOL OF LAW TO PROVIDE CIVIL LEGAL SERVICES TO ADDRESS ANY LEGAL BARRIERS AN INDIVIDUAL MAY HAVE. LOUISIANA PUBLIC HEALTH INSTITUTE IS THE EVALUATION PARTNER TO EVALUATE THE EFFICACY OF THE LAPRI MODEL AND ITS IMPLEMENTATION.
- 2 ADDITIONAL STAFF MEMBERS WERE HIRED TO SUPPORT LAPRI, A PROGRAM DIRECTOR AND A PROGRAM COORDINATOR.
- FUNDING PARTNERS INCLUDE THE LOUISIANA DEPARTMENT OF PUBLIC SAFETY AND CORRECTIONS AND THE JEFFERSON PARIS COUNCIL.
- OVER THE SECOND YEAR FUNDING WAS SECURED FROM THE JEFFERSON PARISH COUNCIL AND A PORTION OF DONATED FUNDS WAS ALLOCATED TO SUPPORT THE INITIATIVE.

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- ONE MONTH INTO THE PROGRAM YEAR, THE COVID-19 PANDEMIC SWEEPED ACROSS LOUISIANA AND THE WORLD.

- LOUISIANA ENACTED A STAY-AT-HOME ORDER WHICH COMPLETELY ALTERED DAILY LIFE FOR ALL LOUISIANANS.

- DUE TO THE COVID-19 PANDEMIC CONDITIONS, COMMUNICATION CHANNELS BETWEEN CIG SERVICE PROVIDERS AND PARTICIPANTS WERE RESTRICTIVE, THE COURTS STOPPED TEMPORARILY SUSPENDED COURT PROCEEDINGS, REFERRALS FROM DPS&C WERE SUSPENDED, AND ALL SUB- CONTRACTORS OF THE GRANT BEGAN WORKING VIRTUALLY.

- ENGAGING CLIENTS VIRTUALLY AS A PART OF THE IN-REACH PROCESS WITHIN THE CORRECTIONAL FACILITY PRESENTED CHALLENGES FOR SOME OF THE CORRECTIONAL FACILITIES BECAUSE THE FACILITIES WERE NOT STRUCTURED TO ALLOW PROVIDERS TO ACCESS CLIENTS VIRTUALLY.

- THE JEFFERSON PARISH CIG PROGRAM WAS INNOVATIVE AND ADAPTIVE TO THE CHALLENGES OF OPERATING DURING A WORLDWIDE PANDEMIC.

- THE PROGRAM STRUCTURE WAS MODIFIED TO ACCEPT REFERRALS FROM THE COMMUNITY, SERVICE PROVIDERS, PROGRAM PARTICIPANTS, PROBATION AND PAROLE, ALLEN CORRECTIONAL FACILITY, RAYMOND LABORDE CORRECTIONAL FACILITY AND REENTRY TRANSITIONAL SPECIALISTS WORKING IN OTHER PARISH JAILS AND STATE CORRECTIONAL FACILITIES ACROSS LOUISIANA.

- IN SPITE OF THE CHALLENGES PRESENTED BY COVID-19, IN YEAR 2, WE RECEIVED 40 REFERRALS; 26 OF THOSE REFERRED WERE ENROLLED IN THE PROGRAM.

- THE LEGAL SERVICES TEAM CONTINUED TO SERVE OUR CLIENTS TO INCLUDE GETTING CONTEMPT(S) OF COURT WAIVED, REDUCING PARTICIPANT FINES, FEES AND CONSUMER DEBTS, APPLYING FOR DISABILITY BENEFITS AND APPEALING ANY DENIAL OF BENEFITS (SNAP, MEDICAID, HOUSING AND ETC.).

- PARTICIPANTS RECEIVING WORKFORCE SERVICES WERE CONNECTED TO

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EMPLOYMENT WITH VARIOUS SECTORS TO INCLUDE TRUCKING, CONSTRUCTION, LANDSCAPING, WAREHOUSING, RESTAURANT AND CULINARY SERVICES AND OFFSHORE EMPLOYMENT.

- WE CONTINUED TO ENGAGE THE COMMUNITY THROUGH JEFFERSON PARISH REENTRY COALITION MEETINGS HELD VIRTUALLY.

ACCOMPLISHMENTS INCLUDE:

- SERVED A TOTAL OF 38 PARTICIPANTS IN YEAR 2.
 - 100% OF THE 38 PARTICIPANTS WERE ASSESSED FOR NEEDS, RISK, AND RESPONSIVITY BY CASE MANAGEMENT.
 - 100% OF THE 38 PARTICIPANTS RECEIVED AN INTENSIVE CASE MANAGEMENT PLAN.
 - 75% WERE CONNECTED TO PERMANENT EMPLOYMENT.
 - 95% WERE ENROLLED IN BENEFITS UPON THEIR RELEASE.
 - 82% OF THE PARTICIPANTS COMPLETE THE PROGRAM SIX-MONTHS, POST RELEASE, WITHOUT A TECHNICAL VIOLATION.
 - 16 CLIENTS HAD DEBTS CLEARED AND/OR ATTACHMENTS LIFTED
 - 43 SEPARATE PAYMENT PLANS OR WAIVERS WERE GRANTED
 - 37 WARRANTS/ATTACHMENTS WERE LIFTED
 - \$22,389.50 IN TOTAL DEBT WAS WAIVED.
- EXPENSES \$ 449,364. INCLUDING GRANTS OF \$ 49,258. REVENUE \$ 0.

VITA, EITC, AND SINGLE STOP:

VITA IS THE VOLUNTEER INCOME TAX ASSISTANCE PROGRAM THAT ASSISTS LOW-TO-MODERATE INCOME WORKERS WITH FREE TAX PREPARATION SERVICES TO KEEP ALL OF THEIR TAX REFUNDS IN THEIR POCKETS. IRS TRAINED VITA VOLUNTEERS HELP THE TAXPAYERS AVOID PAYING HIGH FEES AND PREDATORY

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LENDING PRACTICES. THE VOLUNTEERS MAKE SURE THAT THE TAXPAYERS TAKE ADVANTAGE OF ALL CREDITS SUCH AS EARNED INCOME TAX CREDITS (EITC), CHILD TAX CREDITS, ETC. EITC IS THE NATION'S LARGEST ANTI-POVERTY PROGRAM THAT HELPS TO BRING LOW INCOME FAMILIES OUT OF POVERTY. UNITED WAY CONDUCTS MARKETING AND OUTREACH ON THE VITA PROGRAM AND EITC THROUGHOUT OUR SEVEN PARISH SERVICE AREA AND BEYOND. UNITED WAY PARTNERS WITH SINGLE STOP USA AND DELGADO COMMUNITY COLLEGE TO OFFER FREE TAX PREPARATION AND BENEFITS SCREENING FOR STUDENTS TO HELP THEM GET ALL THE PUBLIC BENEFITS THEY ARE ELIGIBLE FOR. THE GOAL IS TO INCREASE THE STUDENT'S INCOME SO THEY DON'T HAVE TO DROP OUT OF SCHOOL BECAUSE OF LACK OF CHILD CARE OR HAVING TO MAKE TOUGH CHOICES LIKE PAYING FOR BOOKS OR FOOD.

ACCOMPLISHMENTS:

* TOTAL NUMBER OF INCOME TAX RETURNS COMPLETED- 8,698
 * TOTAL AMOUNT OF INCOME TAX REFUNDS- \$11,701,834
 * TOTAL AMOUNT OF EARNED INCOME TAX CREDITS- \$2,991,310
 EXPENSES \$ 418,235. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

NEW ORLEANS GRADE LEVEL READING CAMPAIGN:

- 125 ORGANIZATIONS AND BUSINESSES ACTIVELY PARTICIPATING IN THE COLLABORATION.
 - 552 OF COMMUNITY MEMBERS INVOLVED THROUGH THE COLLABORATION
 - MULTIPLE PARTNERSHIPS ESTABLISHED IN ALL THREE GRADE-LEVEL READINESS DRIVER AREAS: SCHOOL READINESS, SUMMER LEARNING AND ATTENDANCE.
 PARTNERSHIPS AND THEIR PURPOSE HAVE INCLUDED: EARLY CARE AND EDUCATION FUNDING & POLICY (AN EXAMPLE OF OUR PARTNERS INCLUDE AGENDA FOR

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CHILDREN, ENTERGY NEW ORLEANS, INSTITUTE OF MENTAL HYGIENE, W.K. KELLOGG FOUNDATION, LOUISIANA POLICY INSTITUTE FOR CHILDREN, WOMEN UNITED, WYES, KINGSLEY HOUSE, URBAN LEAGUE OF LOUISIANA, LOUISIANA CHILDREN'S MUSEUM, N.O. CHILDREN AND YOUTH PLANNING BOARD, MAYOR'S OFFICE FOR YOUTH AND FAMILIES, NEW ORLEANS EARLY EDUCATION NETWORK, POWER COALITION FOR EQUITY AND JUSTICE, LOYOLA UNIVERSITY COLLEGE OF LAW, SAVE THE CHILDREN ACTION NETWORK, STAND NATIONAL); AND SUMMER LEARNING (NORDC, NEW ORLEANS PUBLIC LIBRARY, URBAN LEAGUE OF LOUISIANA, N.O. YOUTH ALLIANCE, NATIONAL SUMMER LEARNING ASSOCIATION, FIRSTBOOK, ABUNDANCE OF DESIRE, DISCOVERYFEST, COMMUNITIES IN SCHOOLS, AND KIDSMART). PARTNERSHIPS FOR OUR ATTENDANCE WORK INCLUDE NOLA PUBLIC SCHOOLS, N.O. CHILDREN AND YOUTH PLANNING BOARD, MAYOR'S OFFICE FOR YOUTH AND FAMILIES, TOTAL COMMUNITY ACTION, FAMILIES AND FRIENDS OF LOUISIANA'S INCARCERATED CHILDREN, AND HEALTH AND EDUCATION ALLIANCE OF LOUISIANA (HEAL). IN ADDITION TO A SUMMER LEARNING WORKING GROUP THAT DEVELOPED THE KAY FENNELLY LITERACY INSTITUTE, THE CAMPAIGN HAS ALSO ACTIVATED ITS SCHOOL READINESS WORKING GROUP, WHICH HAS OUTLINED A DETAILED INTERNAL COLLABORATIVE PLAN TO INCREASE ACCESS TO QUALITY ECE IN NEW ORLEANS; AND THE ATTENDANCE TASK FORCE WHICH HAS BEGUN TO IDENTIFY THE SYSTEMIC ISSUES THAT CONTRIBUTE TO CHRONIC ABSENCE IN ORLEANS SCHOOLS.

- THE EFFORTS ACCOMPLISHED IN THE SECOND HALF OF THE YEAR CONTINUED MOMENTUM TO SECURE DEDICATED FUNDING FOR THE CREATION AND SUSTAINABILITY OF HIGH-QUALITY EARLY CARE AND EDUCATION SEATS. WITHIN THE GRANT PERIOD, THE CAMPAIGN SUCCESSFULLY ADVOCATED FOR \$3 MILLION DOLLARS FROM THE NEW ORLEANS CITY COUNCIL AND THE MAYOR'S OFFICE TO CREATE 194 NEW SEATS AND SUPPORT NECESSARY WRAP-AROUND SERVICES FOR FAMILIES. IN 2020, THE KAY FENNELLY LITERACY INSTITUTE AIMED TO SERVE

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UP TO 25 SUMMER PROGRAMS FOR SUMMER 2020 BUT AT THE TIME OF REPORTING, COVID-19 WAS RAMPANT IN OUR COMMUNITY WHICH DRASTICALLY AFFECTED, HALTED OR RESULTED IN CLOSURE OF OPERATIONS FOR SEVERAL OF OUR SUMMER PROGRAM PARTNERS. ULTIMATELY WE WERE ABLE TO ENGAGE 13 SUMMER PROGRAMS SERVING AT 21 SITES AND INTERNALLY PIVOTED TO A VIRTUAL COACHING AND TRAINING MODEL FOR OUR CAMPS THAT OPERATED EITHER IN-PERSON, VIRTUAL OR HYBRID.

EXPENSES \$ 297,280. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

SNAP EMPLOYMENT AND TRAINING:

TO EXPAND OUR WORKFORCE DEVELOPMENT INVESTMENTS AND COMMUNITY-STRENGTHENING EFFORTS, UWSELA SERVES AS CONTRACTOR FOR THE LOUISIANA DEPARTMENT OF CHILDREN AND FAMILY SERVICES TO PROVIDE CAPACITY BUILDING RESOURCES, PROGRAM COMPLIANCE AND ADMINISTER REIMBURSEMENT FUNDING FROM THE SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM EMPLOYMENT AND TRAINING (SNAP E&T) PROGRAM TO LOCAL NONPROFIT PARTNERS.

THE SNAP E&T PROGRAM HELPS SNAP HOUSEHOLDS GAIN SKILLS, TRAINING, WORK, OR EXPERIENCE THAT WILL INCREASE THEIR ABILITY TO OBTAIN REGULAR EMPLOYMENT THAT LEADS TO ECONOMIC SELF-SUFFICIENCY. THE PROGRAM PROVIDES REIMBURSEMENT FUNDING FOR A PACKAGE OF SERVICES THAT INCLUDES PARTICIPANT ASSESSMENT, EMPLOYMENT AND TRAINING ACTIVITIES, AND SUPPORT SERVICES.

AS A CONTRACTOR, UWSELA LEVERAGES ITS CAPACITY BUILDING RESOURCES TO FACILITATE THE RETURN OF SNAP E&T FUNDING FOR COMMUNITY AND FAITH-BASED

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ORGANIZATIONS (SUBCONTRACTORS) PROVIDING SERVICES IN THE AREAS OF JOB SEARCH TRAINING, EDUCATION, VOCATIONAL TRAINING, AND WORK EXPERIENCE.

THIS PROGRAM ALLOWS US TO DRAW DOWN MUCH-NEEDED DOLLARS TO HELP BUILD A MORE ENGAGED AND SKILLED WORKFORCE WHILE MINIMIZING PRESSURE ON SOCIAL SERVICES.

AS OF JUNE 30, 2021, UWSELA AND THE CURRENT SEVEN SUBCONTRACTOR PARTNERS PROVIDING DIRECT SERVICE FOR WORKFORCE DEVELOPMENT TRAINING, HAVE COLLECTIVELY INVESTED \$2,773,801.94 IN PROGRAMMATIC WORK AROUND WORKFORCE READINESS AND DEVELOPMENT. PARTICIPATION IN THE SNAP E&T PROGRAM HAS ALLOWED FOR THE REIMBURSEMENT OF \$1,436,986.35 GOING BACK TO UWSELA AND ITS SUBCONTRACTOR PARTNERS, WHICH CAN THEN BE REINVESTED IN PROGRAMMATIC WORK.

EXPENSES \$ 182,344. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

INDIVIDUAL DEVELOPMENT ACCOUNT PROJECT (IDA):

AN IDA IS A MATCHED SAVINGS ACCOUNT THAT HELPS LOW-INCOME INDIVIDUALS AND FAMILIES SAVE MONEY TO ACQUIRE AN ECONOMIC ASSET THAT CAN BUILD LONG-TERM FINANCIAL STABILITY AND SELF-SUFFICIENCY. THIS PROJECT ALLOWS PARTICIPANTS TO USE THEIR IDAS FOR DOWN PAYMENT/ CLOSING COSTS ON A NEW HOME, START OR EXPAND A SMALL BUSINESS, TRANSFER IDA FOR POST-SECONDARY EDUCATION, AND VEHICLE PURCHASES. PARTICIPANTS ARE REQUIRED TO ATTEND FINANCIAL EDUCATION COURSES AND ASSET-SPECIFIC TRAINING BEFORE 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 \$350,500 ASSET FOR INDEPENDENCE (AFI) ON SEPTEMBER 30, 2018, TO START OUR THIRD

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PROGRAM.

ACCOMPLISHMENTS:

- * TOTAL NUMBER OF PARTICIPANTS ENROLLED - 38
- * 19 HOMEOWNERSHIP
- * 3 VEHICLE
- * 14 BUSINESS START-UP OR EXPANSION
- * 2 POST-SECONDARY EDUCATION
- * TOTAL NUMBER OF PARTICIPANTS THAT HAVE COMPLETED 12 HOURS OF HOMEBUYER TRAINING - 19
- * TOTAL NUMBER OF PARTICIPANTS THAT HAVE COMPLETED 12 HOURS OF FINANCIAL EDUCATION - 38
- * ASSET PURCHASES - 38 TOTAL; 19 HOMEOWNERSHIP, 14 SMALL BUSINESS, 3 VEHICLES, 2 POST-SECONDARY EDUCATION EXPENSES \$ 162,337. INCLUDING GRANTS OF \$ 118,000. REVENUE \$ 0.

RATE PAYER ENDOWMENT:

PROGRAM OVERVIEW

THE KAY FENNELLY SUMMER LITERACY INSTITUTE SEEKS TO LEVERAGE THE EXISTING ASSETS WITHIN SUMMER PROGRAMS AND INFUSE EASY-TO-IMPLEMENT LITERACY PRACTICES TO ENSURE THAT MORE CHILDREN, AGES 4-8, IN NEW ORLEANS HAVE ACCESS TO A QUALITY SUMMER PROGRAM SO THAT THEY ARE BETTER PREPARED TO ENTER THE SCHOOL YEAR AT THE END OF SUMMER. SUPPORT FOR THE INSTITUTE CAME FROM THE UWSELA'S RATE PAYERS ENDOWMENT, GPOA FOUNDATION, AND DAVID FENNELLY.

THE GOAL OF THE KAY FENNELLY SUMMER LITERACY INSTITUTE (THE INSTITUTE),

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IS AS FOLLOWS: BY 2024, 2,000 OR MORE LOW-INCOME CHILDREN, AGES 4-8, WILL PARTICIPATE IN AFFORDABLE, HIGH-QUALITY, LITERACY-RICH SUMMER PROGRAMMING.

OUR APPROACH:

- SUPPORT SUMMER PROGRAMS IN INTEGRATING PRACTICES THAT PROMOTE LITERACY AND SUMMER LEARNING INTO THEIR SUMMER CAMPS
- WORK WITH THE WILLING AND COMMITTED
- ALWAYS ADD VALUE
- BE RESPONSIVE (TO CAMPS' GOALS, NEEDS, CURRENT LITERACY PRACTICES AND CAPACITY TO GROW)
- LEARN TOGETHER

THE ORIGINAL PLAN FOR THE INSTITUTE IN 2020 WAS TO DEEPEN AND STRENGTHEN THE PARTNERSHIPS AND SUPPORTS BUILT OUT IN 2019, SO THE FENNELLY TEAM COULD GAIN FURTHER CLARITY ON THE VALUE SUMMER PROGRAMS GAIN FROM THE INSTITUTE'S SUPPORTS. MORE SPECIFICALLY, THE INSTITUTE'S THREE COMPONENTS WOULD INCLUDE WORKSHOPS ON LITERACY INTEGRATION, EMBEDDED INSTRUCTIONAL COACHING, AND STIPENDS THAT INCREASED ORGANIZATIONS' CAPACITY TO FUND LITERACY-RELATED ACTIVITIES, IN LINE WITH THEIR PARTICIPATION IN THE INSTITUTE. THE AUDIENCE WOULD, ONCE AGAIN, BE PRIMARILY INSTRUCTIONAL STAFF, BUT THE INSTITUTE WOULD REACH FURTHER TO SUPPORT ORGANIZATIONS' PROGRAM LEADERS AND EXECUTIVE DIRECTORS, WHO MIGHT NOT BE THE INDIVIDUALS DELIVERING LITERACY-INTEGRATED INSTRUCTION, BUT WHO ARE THE ONES CREATING, IMPLEMENTING, AND CONTINUALLY IMPROVING OVERALL PROGRAM DESIGN. THE INTENTION OF THIS DEEPER LEVEL OF SUPPORT FOR ORGANIZATION LEADERSHIP WAS TWOFOLD: 1) WE WANTED TO ENSURE LITERACY-INTEGRATION PRACTICES WERE

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IMPLEMENTED INCREASINGLY ACROSS ALL ASPECTS AND AGES OF SUMMER CAMPS, AND 2) SINCE SUMMER PROGRAM STAFF TURNOVER IS TYPICALLY QUITE HIGH AMONG INSTRUCTIONAL STAFF, REACHING LEADERSHIP STAFF, WHO MIGHT RETURN FOR MULTIPLE SUMMERS, WOULD INCREASE LIKELIHOOD OF MULTIYEAR PROGRESS AND CONTINUED DEVELOPMENT OF LITERACY-INTEGRATION PRACTICES.

BECAUSE OF COVID-19, THE INSTITUTE ADAPTED ITS MODEL IN ORDER TO PROVIDE THE GREATEST VALUE TO ORGANIZATIONS WITH SUMMER PROGRAMS THAT NEEDED TO PRIORITIZE HEALTH AND SAFETY OVER ALL OTHER CONCERNS, AND THAT NEEDED TO ADJUST THEIR OWN PLANS FOR STAFFING AND PROGRAM DELIVERY. THE INSTITUTE TEAM DECIDED TO STILL PROVIDE ALL THREE COMPONENTS, AND REMAIN IN FREQUENT COMMUNICATION ABOUT HOW THE COMPONENTS MIGHT NEED TO BE ADJUSTED, IN LIGHT OF THE CIRCUMSTANCES OF 2020.

THE INSTITUTE'S TEAM INCLUDED:

- CAMPAIGN MANAGER
- INSTITUTE COORDINATOR
- KID SMART: EXECUTIVE DIRECTOR, INSTRUCTIONAL COACHES (WHO WERE EVENTUALLY RETITLED LITERACY SUPPORT PARTNERS)
- THE TEAM MET WEEKLY, BEGINNING IN LATE MARCH. FREQUENT MEETINGS WERE NECESSARY, IN ORDER TO CONTINUALLY ADAPT TO THE EVER-CHANGING CIRCUMSTANCES OF COVID-19.

PARTICIPANT SELECTION METHODOLOGY:

WHO DID WE REACH OUT TO?: IN EARLY MARCH, THE 2020 REQUEST FOR APPLICATIONS TO THE INSTITUTE WAS SENT OUT BY THE CAMPAIGN FOR GRADE LEVEL READING. IT WAS DISTRIBUTED TO THE CAMPAIGN'S EMAIL LIST AND PAST

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INSTITUTE PARTICIPANTS. ADDITIONALLY, NORD RECEIVED THE APPLICATION AND AGREED TO DISTRIBUTE IT TO NORD CAMPS IN EARLY MARCH.

HOW DID WE REACH OUT?: NOTIFICATION AND APPLICATION LINK WAS SENT OUT VIA EMAIL. AS COVID-19 MANDATED STAY-AT-HOME CONDITIONS FOR ALL OF LOUISIANA, THE CAMPAIGN RE-DISTRIBUTED THE APPLICATION MULTIPLE TIMES. THE APPLICATION DEADLINE WAS ALSO EXTENDED TWICE, ADDING A MONTH TO THE APPLICATION PROCESS. THE INSTITUTE TEAM ALSO CONSIDERED ALLOWING ADDITIONAL APPLICANTS AFTER THE SECOND DEADLINE, IF IT BECAME CLEAR THAT THERE WERE MORE ORGANIZATIONS INTERESTED, BUT UNABLE TO COMMIT UNTIL THEY WERE CLEAR ABOUT THEIR OWN CAPACITY TO IMPLEMENT SUMMER PROGRAMMING. DURING THE ADDITIONAL MONTH, THE INSTITUTE COORDINATOR AND THE CAMPAIGN MANAGER CONTACTED ORGANIZATION DIRECTORS BY PHONE, IN ORDER TO RE-ESTABLISH COMMUNICATION WITH ORGANIZATION LEADS, TO DETERMINE WHETHER THEY WERE STILL PLANNING TO IMPLEMENT SUMMER PROGRAMMING AND TO PARTICIPATE IN THE INSTITUTE, AND TO UNDERSTAND THE WAYS IN WHICH THEIR SUMMER PROGRAM PLANS WERE NECESSARILY SHIFTING DUE TO COVID-19. AFTER THE FINAL DEADLINE, IT WAS DETERMINED THAT NO ADDITIONAL ORGANIZATIONS WOULD BE ABLE OR INTERESTED TO PARTICIPATE IN THE INSTITUTE.

WHO SIGNED ON TO PARTICIPATE?: FIFTEEN ORGANIZATIONS SERVING 21 SUMMER PROGRAM SITES ORIGINALLY APPLIED AND WERE INVITED TO PARTICIPATE. TWO OF THESE ORGANIZATIONS, EACH SERVING ONE SITE, NOTIFIED THE INSTITUTE THAT THEY WERE CANCELING THEIR SUMMER PROGRAM, DUE TO CIRCUMSTANCES AS A RESULT OF COVID-19. ULTIMATELY, 13 ORGANIZATIONS PARTICIPATED. FOUR ORGANIZATIONS PARTICIPATED IN THEIR THIRD INSTITUTE, 5 RETURNED FOR A SECOND YEAR, AND 4 ORGANIZATIONS WERE NEW TO THE INSTITUTE THIS YEAR.

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THESE ORGANIZATIONS IMPLEMENTED A TOTAL OF 13 IN-PERSON CAMPS, 1 HYBRID (PARTIALLY IN-PERSON AND PARTIALLY ONLINE) CAMP, AND 3 COMPLETELY ONLINE CAMPS. THE CAMPS SERVED APPROXIMATELY 800 CHILDREN, AND APPROXIMATELY 500 OF THESE CHILDREN WERE RISING THIRD GRADERS OR YOUNGER. IT WILL BE DIFFICULT TO CALCULATE AN EXACT NUMBER OF CHILDREN SERVED, AS ONLINE CAMPS SERVED CHILDREN WHO OFFICIALLY REGISTERED FOR CAMP, BUT ADDITIONAL CHILDREN ACCESSED CAMP CONTENT IN BOTH SYNCHRONOUS AND ASYNCHRONOUS ENVIRONMENTS. PARTICIPATING ORGANIZATIONS WERE ALL COMMUNITY-BASED PROGRAMS. SOME WERE INDEPENDENTLY RUN BY NONPROFIT ORGANIZATIONS, OTHERS WERE RUN BY ORGANIZATIONS IN PARTNERSHIP WITH NORD, AT NORD CENTERS, AND OTHERS WERE NORD-RUN CAMPS AT NORD CENTERS.

CAMP SELECTION PROCESS

ALTHOUGH THE INSTITUTE TEAM CONSIDERED USING THE SAME SELECTION METRICS USED IN 2019, THE TEAM ULTIMATELY DECIDED TO USE ORGANIZATIONS' RESPONSES TO BRIEF PHONE INTERVIEWS, AND TO INVITE ANY APPLYING ORGANIZATION, REGARDLESS OF PROGRAM DESIGN OR LENGTH, TO EVERY WORKSHOP. THIS DECISION WAS LARGELY BASED ON THE DESIRE TO SUPPORT AND SERVE AS MANY ORGANIZATIONS AS POSSIBLE, IN ORDER TO HELP SUMMER CAMPS INTEGRATE LITERACY-RELATED ACTIVITIES AND COMBAT THE LEARNING LOSS THAT MIGHT HAVE ALREADY OCCURRED DUE TO DISTANCE LEARNING CHALLENGES IN SPRING 2020. IN THE INTERVIEWS, ORGANIZATIONS WERE SCREENED TO DETERMINE WHETHER THEY HAD APPLIED PRIMARILY TO RECEIVE THE STIPEND, WHICH IS NOT THE INTENT OF THE INSTITUTE. ALL APPLICANTS WERE INFORMED OF THE REQUIREMENT TO PARTICIPATE IN ALL THREE COMPONENTS OF THE INSTITUTE.

INSTITUTE DESIGN

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WORKSHOPS: AS IN YEARS PAST, THE INSTITUTE INCLUDED A SERIES OF WORKSHOPS FOCUSING ON LITERACY INTEGRATION, BEFORE SUMMER PROGRAMS BEGAN. ALL PARTICIPATING ORGANIZATIONS WERE INVITED TO ATTEND ALL WORKSHOPS, THOUGH ONLY THE ORIENTATION/BUILDING A CULTURE OF LITERACY WORKSHOP WAS REQUIRED. FOR THE FIRST TIME, ALL WORKSHOPS WERE PRESENTED ONLINE, AS A ZOOM-BASED WEBINAR WITH AUDIENCE PARTICIPATION THROUGHOUT.

ADDITIONAL WORKSHOPS INCLUDED:

1. INTERACTIVE READ ALOUDS
2. LITERACY INTEGRATION INTO ENRICHMENT CLASSES AND CONTENT
3. LITERACY CENTERS AND SPACES

ALL WORKSHOPS WERE RECORDED AND SUBSEQUENTLY POSTED ON A KAY FENNELLY SUMMER LITERACY INSTITUTE YOUTUBE CHANNEL.

INSTRUCTIONAL COACHING

THE 2020 COACHING PLAN DIFFERED FROM 2019, IN THAT THE KIDSMART INSTRUCTIONAL COACHES WOULD BEGIN THEIR CONTACT WITH THEIR PAIRED ORGANIZATIONS EARLIER IN THE PROCESS. THIS WAS BECAUSE, WITH A YEAR OF EXPERIENCE, THEY WERE EQUIPPED TO HAVE INITIAL CONVERSATIONS FOR THE PURPOSE OF GATHERING INFORMATION AND BUILDING RAPPORT. THE PRELIMINARY MANAGEMENT COACHING THAT OCCURRED IN 2019 WAS REPLACED BY AN INSTRUCTIONAL SUPPORT SEQUENCE FOR SESSIONS 1 & 2 TEMPLATE THAT GUIDED THE INSTRUCTIONAL COACHES.

INSTRUCTIONAL COACHES ENDEAVORED TO WORK WITH ONE OR TWO INSTRUCTORS WITHIN EACH PROGRAM, IN ORDER TO BUILD SKILLS AND STRENGTHEN DELIVERY OF LITERACY-INTEGRATED INSTRUCTION. WHEN INSTRUCTORS COULD NOT BE IDENTIFIED, DUE TO THE CONSTRAINTS OF IMPLEMENTING CAMPS DURING

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COVID-19, COACHES WORKED WITH PROGRAM OR ORGANIZATIONAL LEADERS.

CDC REGULATIONS PROHIBITED COACHES FROM INITIALLY PLANNING IN-PERSON CONVERSATIONS, OBSERVATIONS, AND FOLLOW-UP SUPPORTS. MOST INTERACTIONS OCCURRED VIA ZOOM, FACETIME, OR OTHER ONLINE COMMUNICATION PLATFORM. CLASS OBSERVATIONS ALSO OCCURRED REMOTELY, AS COACHES WORKED WITH PROGRAM DIRECTORS AND STAFF TO ARRANGE CAMERAS TO RECORD OR OTHERWISE MAKE OBSERVATION POSSIBLE.

NEAR THE END OF THE SUMMER, AS SPECIFIC CIRCUMSTANCES ALLOWED, SOME COACHING SUPPORTS OCCURRED IN-PERSON, IN SOCIALLY DISTANT, LARGE SPACES, AND LOW-ATTENDANCE CLASSES.

EXPENSES \$ 90,800. INCLUDING GRANTS OF \$ 90,800. REVENUE \$ 0.

ALL OTHER PROGRAM SERVICES

EXPENSES \$ 146,725. INCLUDING GRANTS OF \$ 86,985. REVENUE \$ 0.

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

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

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

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

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

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

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

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

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

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

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

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

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

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A DULY CONSTITUTED COMMITTEE THEREOF.

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

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

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

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

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

FORM 990, PART XII, LINE 2C:

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