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CLIENT'S COPY

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

October 31, 2022

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

United Way of Southeast Louisiana:

Enclosed are the original and one copy of the 2021 Exempt Organization return, as follows...

2021 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, 2022

Prepared For:

United Way of Southeast Louisiana
2401 Canal St
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-TE 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. Return Form 8879-TE to us by November 15, 2022.

Form **8879-TE**

IRS e-file Signature Authorization for a Tax Exempt Entity

OMB No. 1545-0047

For calendar year 2021, or fiscal year beginning JUL 1, 2021, and ending JUN 30, 2022

2021

Department of the Treasury
Internal Revenue Service

▶ **Do not send to the IRS. Keep for your records.**
▶ **Go to www.irs.gov/Form8879TE for the latest information.**

Name of filer

UNITED WAY OF SOUTHEAST LOUISIANA

EIN or SSN

72-0471369

Name and title of officer or person subject to tax **DEBRA MODLIN
CFO**

Part I Type of Return and Return Information

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line **1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a** 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, 7b, 8b, 9b, or 10b**, 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>7,838,416.</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 V, 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 _____
8a Form 5227 check here	<input type="checkbox"/>	b FMV of assets at end of tax year (Form 5227, Item D)	8b _____
9a Form 5330 check here	<input type="checkbox"/>	b Tax due (Form 5330, Part II, line 19)	9b _____
10a Form 8038-CP check here ▶	<input type="checkbox"/>	b Amount of credit payment requested (Form 8038-CP, Part III, line 22)	10b _____

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 entity or I am a person subject to tax with respect to (name of entity) _____, (EIN) _____ and that I have examined a copy of the 2021 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 2021 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 entity, I will enter my PIN as my signature on the tax year 2021 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 2021 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 ▶ SHARON CASSIERE

Date ▶ _____

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

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

Form **8879-TE** (2021)

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

2021

Open to Public Inspection

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 2021 calendar year, or tax year beginning **JUL 1, 2021** and ending **JUN 30, 2022**

B Check if applicable: <input checked="" 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 2401 CANAL ST 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 \$ 18,822,226. 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.	
Activities & Governance	3 Number of voting members of the governing body (Part VI, line 1a)	29
	4 Number of independent voting members of the governing body (Part VI, line 1b)	29
	5 Total number of individuals employed in calendar year 2021 (Part V, line 2a)	56
	6 Total number of volunteers (estimate if necessary)	4356
	7a Total unrelated business revenue from Part VIII, column (C), line 12	0.
	7b Net unrelated business taxable income from Form 990-T, Part I, line 11	0.
Revenue	8 Contributions and grants (Part VIII, line 1h)	20,025,538.
	9 Program service revenue (Part VIII, line 2g)	72,715.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	187,358.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	280.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	20,285,891.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	6,861,574.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	4,207,358.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 1,465,196.	
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	1,628,599.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	12,697,531.
19 Revenue less expenses. Subtract line 18 from line 12	7,588,360.	
Net Assets or Fund Balances		
	20 Total assets (Part X, line 16)	28,095,586.
	21 Total liabilities (Part X, line 26)	5,219,766.
22 Net assets or fund balances. Subtract line 21 from line 20	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 <input type="checkbox"/> if self-employed 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 \$ 4,693,434. including grants of \$ 4,342,997.) (Revenue \$ 124,098.) 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 \$ 3,770,326. including grants of \$ 1,255,077.) (Revenue \$) UNITED WAY OF SOUTHEAST LOUISIANA'S DISASTER IMPACT:

HURRICANE IDA: ON AUG. 29, 2021, HURRICANE IDA STRUCK LOUISIANA AS ONE OF THE STRONGEST STORMS TO EVER HIT THE STATE. WITHIN A WEEK AFTER LANDFALL, UNITED WAY OF SOUTHEAST LOUISIANA WAS ON THE GROUND PROVIDING SUPPORT. WE WORKED ALONGSIDE COMMUNITY MEMBERS AND PARTNERS, OFFERING MEALS, ESSENTIAL SUPPLIES, GIFT CARDS AND FREE CIVIL LEGAL AID TO VULNERABLE HOUSEHOLDS ACROSS OUR SERVICE AREA AND BEYOND - GENERATING OVER \$5.3 MILLION IN LOCAL COMMUNITY IMPACT.

AS FAMILIES RETURNED HOME TO BEGIN TO REBUILD, NEEDS SHIFTED. WE

4c (Code:) (Expenses \$ 419,463. including grants of \$ 15,159.) (Revenue \$) LOUISIANA PRISONER RE-ENTRY INITIATIVE (LAPRI) COLLABORATIVE:

- 2021-2022 REPRESENTED YEAR THREE OF A THREE-YEAR INITIATIVE. YEAR 3 ENDED FEBRUARY 28, 2022 - COVID SURGES AND HURRICANE IDA PRESENTED CHALLENGES THIS YEAR, FROM REFERRALS TO SERVICES. CONSISTENT COMMUNICATION BETWEEN CIG SERVICE PROVIDERS AND PARTICIPANTS WAS DISRUPTED. THERE WERE FREQUENT DISRUPTIONS IN COURT PROCEEDINGS, REFERRALS FROM DPS&C. TO ENSURE THE SAFETY AND HEALTH OF OUR CLIENTS AND THE STAFF OF OUR SUBCONTRACTORS, OUR SUBCONTRACTORS REVERTED TO AN INSTITUTED HYBRID WORK MODEL THAT INCLUDED BOTH VIRTUAL AND IN OFFICE SCHEDULES. THE DEPARTMENT OF PUBLIC SAFETY AND CORRECTIONS (DPS&C)/JRI OFFICE CONTINUED TO REFER CLIENTS IN

4d Other program services (Describe on Schedule O.) (Expenses \$ 2,436,222. including grants of \$ 843,910.) (Revenue \$)

4e Total program service expenses 11,319,445.

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

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

	Yes	No
1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	1a	37
b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1b	0
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c 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 17 regarding employee counts, 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.		
	1a	29	
b	Enter the number of voting members included on line 1a, above, who are independent		
	1b	29	
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	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O		X

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

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	X	
b	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	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done	X	
13	Did the organization have a written whistleblower policy?	X	
14	Did the organization have a written document retention and destruction policy?	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a	The organization's CEO, Executive Director, or top management official	X	
b	Other officers or key employees of the organization	X	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
b	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**
2401 CANAL ST, NEW ORLEANS, LA 70119

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See the instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) MICHAEL WILLIAMSON PRESIDENT/CEO	37.50			X				297,021.	0.	48,510.
(2) CHARMAINE CACCIOPPI EXEC. VP/COO	37.50			X				236,857.	0.	27,577.
(3) DEBRA MODLIN CHIEF FINANCIAL OFFICER	37.50			X				144,268.	0.	38,493.
(4) MARY AMBROSE CHIEF IMPACT OFFICER	37.50					X		137,900.	0.	21,068.
(5) JAMENE DAHMER SR. VP STRATEGIC WORKFORCE PARTNERSH	37.50					X		126,975.	0.	21,034.
(6) CAROL GSTOHL CHIEF HR OFFICER	37.50					X		126,252.	0.	18,575.
(7) MICHELLE PAYNE CHIEF STRATEGY OFFICER	37.50					X		100,239.	0.	14,903.
(8) DR. TOYA BARNES-TEAMER TRUSTEE	4.00	X						0.	0.	0.
(9) MR. ELWOOD CAHILL TRUSTEE	4.00	X						0.	0.	0.
(10) MS. LACEY CONWAY TRUSTEE	4.00	X						0.	0.	0.
(11) MS. AYAME DINKLER TRUSTEE	4.00	X						0.	0.	0.
(12) MR. MIKE EDWARDS TRUSTEE	4.00	X						0.	0.	0.
(13) MS. ELIZABETH ELLISON-FROST TRUSTEE	4.00	X						0.	0.	0.
(14) MR. KEN FLOWER TRUSTEE	4.00	X						0.	0.	0.
(15) MS BEATRICE FORLANO TRUSTEE	4.00	X						0.	0.	0.
(16) MR. DAVID FRANCIS TRUSTEE	4.00	X						0.	0.	0.
(17) MS. NORMA GRACE 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/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) MR. ROBERT KIMBRO TRUSTEE	4.00	X					0.	0.	0.	
(19) MS. TANDRA LEMAY TRUSTEE	4.00	X					0.	0.	0.	
(20) MR. GARY LORIO TRUSTEE	4.00	X					0.	0.	0.	
(21) MR. PAUL MATTHEWS TRUSTEE	4.00	X					0.	0.	0.	
(22) MRS. SHELLY MAYER TRUSTEE	4.00	X					0.	0.	0.	
(23) MR. SCOTT REITAN TRUSTEE (THRU 06/2022)	4.00	X					0.	0.	0.	
(24) MS. TARA RICHARD TRUSTEE	4.00	X					0.	0.	0.	
(25) MS. TARYN ROGERS TRUSTEE	4.00	X					0.	0.	0.	
(26) MR. BRYAN SCOFIELD TRUSTEE	4.00	X					0.	0.	0.	
1b Subtotal							1,169,512.	0.	190,160.	
c Total from continuation sheets to Part VII, Section A							0.	0.	0.	
d Total (add lines 1b and 1c)							1,169,512.	0.	190,160.	

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **7**

	Yes	No
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		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	97,350.				
	d Related organizations	1d					
	e Government grants (contributions)	1e	994,326.				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	11,844,377.				
	g Noncash contributions included in lines 1a-1f	1g	\$ 826,603.				
	h Total. Add lines 1a-1f			12,936,053.			
Program Service Revenue	2 a SERVICE FEE INCOME	Business Code					
		900099	103,923.	103,923.			
	b						
	c						
	d						
	e						
	f All other program service revenue						
g Total. Add lines 2a-2f			103,923.				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		492,399.			492,399.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	6a	(i) Real	3,642.			
			(ii) Personal				
	b Less: rental expenses	6b	74,358.				
	c Rental income or (loss)	6c	-70,716.				
	d Net rental income or (loss)			-70,716.		-70,716.	
	7 a Gross amount from sales of assets other than inventory	7a	(i) Securities	11,777.	3420890.		
			(ii) Other				
	b Less: cost or other basis and sales expenses	7b	0.	874,128.			
	c Gain or (loss)	7c	11,777.	2546762.			
	d Net gain or (loss)			2,558,539.		2558539.	
8 a Gross income from fundraising events (not including \$ 97,350. of contributions reported on line 1c). See Part IV, line 18	8a		26,164.				
b Less: direct expenses	8b	34,759.					
c Net income or (loss) from fundraising events			-8,595.		-8,595.		
9 a Gross income from gaming activities. See Part IV, line 19	9a		1,130.				
b Less: direct expenses	9b	565.					
c Net income or (loss) from gaming activities			565.		565.		
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 INSURANCE PROCEEDS	Business Code					
		900099	1,806,073.			1806073.	
	b REFUNDS/REIMBURSEMENTS	900099	20,175.	20,175.			
	c						
	d All other revenue						
e Total. Add lines 11a-11d			1,826,248.				
12 Total revenue. See instructions			17,838,416.	124,098.	0.	4778265.	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	5,018,804.	5,018,804.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	1,438,339.	1,438,339.		
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	760,304.	439,325.	189,308.	131,671.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	3,011,317.	2,006,129.	334,805.	670,383.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	146,465.	90,521.	16,127.	39,817.
9 Other employee benefits	303,510.	192,011.	32,167.	79,332.
10 Payroll taxes	247,152.	160,270.	32,736.	54,146.
11 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting	127,391.	85,674.	39,260.	2,457.
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	32,655.	18,992.	5,101.	8,562.
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	757,107.	718,092.	1,114.	37,901.
12 Advertising and promotion	62,460.	33,246.	3,765.	25,449.
13 Office expenses	464,734.	296,335.	45,298.	123,101.
14 Information technology				
15 Royalties				
16 Occupancy	886,455.	528,618.	130,876.	226,961.
17 Travel	69,889.	48,200.	4,937.	16,752.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	230,111.	179,381.	19,887.	30,843.
20 Interest				
21 Payments to affiliates	214,350.		214,350.	
22 Depreciation, depletion, and amortization	63,570.	44,002.	6,921.	12,647.
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	26,625.	20,363.	1,939.	4,323.
b MISCELLANEOUS	2,201.	1,143.	207.	851.
c				
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	13,863,439.	11,319,445.	1,078,798.	1,465,196.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				
Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	1,124,948.	1	1,004,558.
	2 Savings and temporary cash investments	10,587,298.	2	9,463,875.
	3 Pledges and grants receivable, net	3,271,093.	3	2,798,424.
	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	25.	5	0.
	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 210,227.		
	b Less: accumulated depreciation	10b 161,169.	558,795.	10c 49,058.
	11 Investments - publicly traded securities	7,851,245.	11	12,444,354.
	12 Investments - other securities. See Part IV, line 11	4,292,618.	12	3,786,074.
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	409,564.	15	423,114.
16 Total assets. Add lines 1 through 15 (must equal line 33)	28,095,586.	16	29,969,457.	
Liabilities	17 Accounts payable and accrued expenses	263,538.	17	343,051.
	18 Grants payable		18	
	19 Deferred revenue	112,078.	19	790,151.
	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	4,844,150.	25	3,786,454.
	26 Total liabilities. Add lines 17 through 25	5,219,766.	26	4,919,656.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	18,700,672.	27	19,640,177.
	28 Net assets with donor restrictions	4,175,148.	28	5,409,624.
	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	22,875,820.	32	25,049,801.
33 Total liabilities and net assets/fund balances	28,095,586.	33	29,969,457.	

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	17,838,416.
2	Total expenses (must equal Part IX, column (A), line 25)	2	13,863,439.
3	Revenue less expenses. Subtract line 2 from line 1	3	3,974,977.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	22,875,820.
5	Net unrealized gains (losses) on investments	5	-1,800,996.
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	25,049,801.

Part XII Financial Statements and Reporting

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

- 1 Accounting method used to prepare the Form 990: Cash Accrual Other _____
If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.
- 2a Were the organization's financial statements compiled or reviewed by an independent accountant?
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- b Were the organization's financial statements audited by an independent accountant?
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
If the organization changed either its oversight process or selection process during the tax year, explain 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?
- 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

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

Form 990 (2021)

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) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	13048115.	10274288.	14456408.	20025538.	12936053.	70740402.
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	13048115.	10274288.	14456408.	20025538.	12936053.	70740402.
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)						18758981.
6 Public support. Subtract line 5 from line 4.						51981421.

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7 Amounts from line 4	13048115.	10274288.	14456408.	20025538.	12936053.	70740402.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	312,753.	395,217.	206,753.	127,831.	496,041.	1538595.
9 Net income from unrelated business activities, whether or not the business is regularly carried on				7,583.	565.	8,148.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	4,433.	18,779.	11,479.	63,358.	1826248.	1924297.
11 Total support. Add lines 7 through 10						74211442.
12 Gross receipts from related activities, etc. (see instructions)					12	402,210.
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 2021 (line 6, column (f), divided by line 11, column (f))	14	70.05 %
15 Public support percentage from 2020 Schedule A, Part II, line 14	15	71.83 %
16a 33 1/3% support test - 2021. 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 - 2020. 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 - 2021. 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 - 2020. 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

Table with 7 columns: (a) 2017, (b) 2018, (c) 2019, (d) 2020, (e) 2021, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 8 Public support.

Section B. Total Support

Table with 7 columns: (a) 2017, (b) 2018, (c) 2019, (d) 2020, (e) 2021, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on; 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.); 13 Total support.

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

Table with 2 columns: Description, Percentage. Row 15: Public support percentage for 2021 (line 8, column (f), divided by line 13, column (f)) 15%. Row 16: Public support percentage from 2020 Schedule A, Part III, line 15 16%.

Section D. Computation of Investment Income Percentage

Table with 2 columns: Description, Percentage. Row 17: Investment income percentage for 2021 (line 10c, column (f), divided by line 13, column (f)) 17%. Row 18: Investment income percentage from 2020 Schedule A, Part III, line 17 18%.

19a 33 1/3% support tests - 2021. 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 - 2020. 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).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)?

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

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

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

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

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

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

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

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

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - <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 2021 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-2021	(iii) Distributable Amount for 2021
1 Distributable amount for 2021 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2021 (reasonable cause required - <i>explain in Part VI</i>). See instructions.			
3 Excess distributions carryover, if any, to 2021			
a From 2016			
b From 2017			
c From 2018			
d From 2019			
e From 2020			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2021 distributable amount			
i Carryover from 2016 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2021 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2021 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2021, 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 2021. 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 2022. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2017			
b Excess from 2018			
c Excess from 2019			
d Excess from 2020			
e Excess from 2021			

Schedule A (Form 990) 2021

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

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

INSURANCE/SETTLEMENT PROCEEDS

2020 AMOUNT: \$ 45,141.

2021 AMOUNT: \$ 1,806,073.

REFUNDS/REIMBURSEMENTS

2017 AMOUNT: \$ 4,433.

2018 AMOUNT: \$ 18,779.

2019 AMOUNT: \$ 11,479.

2020 AMOUNT: \$ 18,217.

2021 AMOUNT: \$ 20,175.

SCHEDULE C
(Form 990)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2021

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

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

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

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

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

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

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

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

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)	43,056.													
b	Total lobbying expenditures to influence a legislative body (direct lobbying)	13,659.													
c	Total lobbying expenditures (add lines 1a and 1b)	56,715.													
d	Other exempt purpose expenditures	13,806,724.													
e	Total exempt purpose expenditures (add lines 1c and 1d)	13,863,439.													
f	Lobbying nontaxable amount. Enter the amount from the following table in both columns.	843,172.													
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 50%;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width: 50%;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e.														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.														
Over \$17,000,000	\$1,000,000.														
g	Grassroots nontaxable amount (enter 25% of line 1f)	210,793.													
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) 2018	(b) 2019	(c) 2020	(d) 2021	(e) Total
2a Lobbying nontaxable amount	756,007.	904,476.	784,877.	843,172.	3,288,532.
b Lobbying ceiling amount (150% of line 2a, column(e))					4,932,798.
c Total lobbying expenditures	33,755.	36,631.	51,532.	56,715.	178,633.
d Grassroots nontaxable amount	189,002.	226,119.	196,219.	210,793.	822,133.
e Grassroots ceiling amount (150% of line 2d, column (e))					1,233,200.
f Grassroots lobbying expenditures	24,111.	26,165.	37,458.	43,056.	130,790.

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

Table with 4 columns: Description, (a) Yes, (a) No, (b) Amount. Rows include: 1 During the year, did the filing organization attempt to influence foreign, national, state, or local legislation... 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?

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

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

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

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

Part IV Supplemental Information

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

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

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2021

Open to Public Inspection

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

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

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

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

Form with multiple sections: 1. Purpose(s) of conservation easements (checkboxes for land, habitat, open space, historic area, structure). 2. Conservation contribution details (2a-2d table). 3-9. Monitoring and enforcement questions (Yes/No).

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

Form with sections 1a-1b and 2. 1a: Footnote text for art collection. 1b: Revenue and assets for art collection. 2: Revenue and assets for art collection for financial gain.

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	6,746,267.	5,513,273.	5,659,498.	5,639,848.	5,440,832.
b Contributions					
c Net investment earnings, gains, and losses	-631,687.	1,469,008.	87,000.	246,896.	422,183.
d Grants or scholarships	248,769.	236,014.	233,225.	227,246.	223,167.
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	5,865,811.	6,746,267.	5,513,273.	5,659,498.	5,639,848.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment 64.2940 %
 - b Permanent endowment 29.7530 %
 - c Term endowment 5.9530 %
- 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"/> | <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				
b Buildings				
c Leasehold improvements				
d Equipment		157,997.	116,558.	41,439.
e Other		52,230.	44,611.	7,619.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				49,058.

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	3,437,584.	END-OF-YEAR MARKET VALUE
(C) INVESTMENT IN COMMON		
(D) ENDOWMENT FUND OF GREATER		
(E) NEW ORLEANS FOUNDATION	348,490.	END-OF-YEAR MARKET VALUE
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	3,786,074.	

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	3,784,017.
(4) LEASE LIABILITY	2,437.
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	3,786,454.

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	15,633,706.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	-1,800,996.	
b	Donated services and use of facilities	2b	191,701.	
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d	314,020.	
e	Add lines 2a through 2d	2e	-1,295,275.	
3	Subtract line 2e from line 1	3	16,928,981.	
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	51,306.	
b	Other (Describe in Part XIII.)	4b	858,129.	
c	Add lines 4a and 4b	4c	909,435.	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	17,838,416.	

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	13,459,725.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a	191,701.	
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d	314,020.	
e	Add lines 2a through 2d	2e	505,721.	
3	Subtract line 2e from line 1	3	12,954,004.	
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	51,306.	
b	Other (Describe in Part XIII.)	4b	858,129.	
c	Add lines 4a and 4b	4c	909,435.	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	13,863,439.	

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, 2022, 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	34,409.
RENTAL EXPENSES	74,358.
COMMISSION ON SALE OF PROPERTY	205,253.
TOTAL TO SCHEDULE D, PART XI, LINE 2D	314,020.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

DONOR DESIGNATIONS	858,129.
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PART XII, LINE 2D - OTHER ADJUSTMENTS:

SPECIAL EVENT EXPENSES	34,409.
RENTAL EXPENSES	74,358.
COMMISSION ON SALE OF PROPERTY	205,253.
TOTAL TO SCHEDULE D, PART XII, LINE 2D	314,020.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

DONOR DESIGNATIONS	858,129.
--------------------	----------

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))	
		DE TOCQUEVILLE (event type)	RED BEANS AND RICE COO (event type)	NONE (total number)		
Revenue	1	Gross receipts	92,464.	31,050.		123,514.
	2	Less: Contributions	73,901.	23,449.		97,350.
	3	Gross income (line 1 minus line 2)	18,563.	7,601.		26,164.
Direct Expenses	4	Cash prizes				
	5	Noncash prizes	4,775.	1,271.		6,046.
	6	Rent/facility costs		850.		850.
	7	Food and beverages	10,771.			10,771.
	8	Entertainment	8,760.			8,760.
	9	Other direct expenses	7,532.	800.		8,332.
	10	Direct expense summary. Add lines 4 through 9 in column (d)				34,759.
11	Net income summary. Subtract line 10 from line 3, column (d)				-8,595.	

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

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1	Gross revenue			
	2	Cash prizes			
Direct Expenses	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: _____

Part IV Supplemental Information *(continued)*

Multiple horizontal lines for supplemental information.

**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

2021

**Open to Public
Inspection**

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

Part I General Information on Grants and Assistance

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
ABOUT FACE 3901 MACARTHUR BLVD NEW ORLEANS, LA 70114	86-3662144	501(C)3	6,400.	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	61,223.	0.			GRANT FUNDING & DESIGNATED GIFTS
THE ARC OF GREATER NEW ORLEANS 925 S. LABARRE RD. METAIRIE, LA 70001	72-0456903	501(C)3	66,718.	0.			GRANT FUNDING & DESIGNATED GIFTS
ARISE ACADEMY 6701 CURRAN BLVD NEW ORLEANS, LA 70126	26-3240588	501(C)3	20,000.	0.			GRANT FUNDING
ARTS COUNCIL OF NEW ORLEANS P.O. BOX 58379 NEW ORLEANS, LA 70158	72-0778258	501(C)3	20,000.	0.			GRANT FUNDING
BARD EARLY COLLEGE 3820 ST. CLAUDE AVENUE NEW ORLEANS, LA 70119	14-1713034	501(C)3	10,000.	0.			GRANT FUNDING

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ **138.**

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

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

Schedule I (Form 990) 2021

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BOY SCOUTS - SOUTHEAST LOUISIANA COUNCIL - 4200 S. I-10 SERVICE RD. WEST - METAIRIE, LA 70001	72-0408954	501(C)3	9,267.	0.			GRANT FUNDING & DESIGNATED GIFTS
BOYS & GIRLS CLUBS OF SOUTHEAST LA, INC. - 650 POYDRAS ST., STE. 2225 - NEW ORLEANS, LA 70130	72-0648695	501(C)3	25,755.	0.			GRANT FUNDING & DESIGNATED GIFTS
BOYS TOWN OF LOUISIANA, INC. 700 FRENCHMAN STREET NEW ORLEANS, LA 70116	41-2220807	501(C)3	40,196.	0.			GRANT FUNDING & DESIGNATED GIFTS
BRILLIANT MINDZ 1607 HILLSDALE ST BOGALUSA, LA 70427	83-1107395	501(C)3	25,000.	0.			GRANT FUNDING
BROTHERS EMPOWERED TO TEACH 2533 COLUMBUS STREET, SUITE 102 NEW ORLEANS, LA 70119	46-4812536	501(C)3	25,000.	0.			GRANT FUNDING
CADA 3520 GENERAL DEGAULLE DR., STE. 501 NEW ORLEANS, LA 70114	72-0541502	501(C)3	45,600.	0.			GRANT FUNDING & DESIGNATED GIFTS
CANCER ASSOCIATION OF GNO 824 ELMWOOD PARK BLVD., STE. 240 NEW ORLEANS, LA 70123	72-0517802	501(C)3	65,197.	0.			GRANT FUNDING & DESIGNATED GIFTS
CAPITAL AREA UNITED WAY, LA 700 LAUREL STREET BATON ROUGE, LA 70802	72-0447100	501(C)3	11,435.	0.			DESIGNATED GIFTS
CATHOLIC CHARITIES, ARCHDIOCESE OF NEW ORLEANS - 1000 HOWARD AVE., STE. 1000 - NEW ORLEANS, LA 70113	72-0408911	501(C)3	35,802.	0.			GRANT FUNDING & DESIGNATED GIFTS

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CENTER FOR INNOVATIVE TRAINING 1631 ELYSIAN FIELDS, SUITE 116 NEW ORLEANS, LA 70117	46-4516976	501(C)3	101,733.	0.			GRANT FUNDING & DESIGNATED GIFTS
CHILD ADVOCACY SERVICES 1504 W. CHURCH STREET HAMMOND, LA 70401	72-1262466	501(C)3	37,031.	0.			GRANT FUNDING & DESIGNATED GIFTS
CHILDREN'S BUREAU OF NEW ORLEANS 400 LAFAYETTE ST. STE. 140 NEW ORLEANS, LA 70130-3206	72-0408916	501(C)3	53,219.	0.			GRANT FUNDING & DESIGNATED GIFTS
CITY YEAR NEW ORLEANS, INC. 805 HOWARD AVE. NEW ORLEANS, LA 70113	22-2882549	501(C)3	75,000.	0.			GRANT FUNDING & DESIGNATED GIFTS
COLLEGE TRACK 111 BROADWAY, SUITE 101 OAKLAND, CA 94607	94-3279613	501(C)3	48,067.	0.			GRANT FUNDING & DESIGNATED GIFTS
COMMUNITIES IN SCHOOL OF NEW ORLEANS - P.O. BOX 792800 - NEW ORLEANS, LA 70179	72-1317054	501(C)3	26,911.	0.			GRANT FUNDING & DESIGNATED GIFTS
COMMUNITY CENTER OF ST. BERNARD 1107 LEBEAU ST. ARABI, LA 70032	74-3173649	501(C)3	10,252.	0.			GRANT FUNDING & DESIGNATED GIFTS
COVENANT HOUSE NEW ORLEANS 611 N. RAMPART STREET NEW ORLEANS, LA 70112	58-1669937	501(C)3	10,000.	0.			GRANT FUNDING
CRESCENT CARE 1631 ELYSIAN FIELDS NEW ORLEANS, LA 70117	72-1059635	501(C)3	31,504.	0.			GRANT FUNDING & DESIGNATED GIFTS

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CRIME STOPPERS OF TANGIPAHOA P.O. BOX 2973 HAMMOND, LA 70404	68-0516834	501(C)3	25,000.	0.			GRANT FUNDING & DESIGNATED GIFTS
DANCING GROUNDS 3705 SAINT CLAUDE AVE NEW ORLEANS, LA 70117	45-5084235	501(C)3	20,000.	0.			GRANT FUNDING
DENTAL LIFELINE NETWORK 1800 15TH STREET, UNIT 100 DENVER, CO 80202	74-2537604	501(C)3	25,048.	0.			GRANT FUNDING & DESIGNATED GIFTS
DINERRAL SHAVERS EDUCATIONAL FUND P.O. BOX 6832 NEW ORLEANS, LA 70174	20-8749943	501(C)3	20,000.	0.			GRANT FUNDING
DIRECTED INITIATIVES FOR YOUTH, INC. - 4949 BULLARD AVENUE, STE A - NEW ORLEANS, LA 70128	26-4459825	501(C)3	16,750.	0.			GRANT FUNDING
DRYADES YMCA 2222 ORETHA CASTLE HALEY BLVD. NEW ORLEANS, LA 70113	77-0428019	501(C)3	5,235.	0.			GRANT FUNDING & DESIGNATED GIFTS
EAST ST. TAMMANY RAINBOW CHILD CARE CENTER, INC. - 121 KINGSPPOINT BLVD. - SLIDELL, LA 70461	72-1028297	501(C)3	26,562.	0.			GRANT FUNDING & DESIGNATED GIFTS
EDUCARE 320 JULIA STREET NEW ORLEANS, LA 70130	45-3788164	501(C)3	6,935.	0.			GRANT FUNDING
EDUCATORS FOR QUALITY ALTERNATIVES 1614 ORETHA CASTLE HALEY BLVD. NEW ORLEANS, LA 70113	27-0588087	501(C)3	10,000.	0.			GRANT FUNDING

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
EFFORTS OF GRACE 1712 ORETHA CASTLE HALEY BLVD. NEW ORLEANS, LA 70113	72-1266819	501(C)3	43,000.	0.			GRANT FUNDING
EPWORTH PROJECT 360 ROBERT BLVD. SLIDELL, LA 70458	20-4250103	501(C)3	6,832.	0.			GRANT FUNDING
EVERGREEN LIFE SERVICES 2101 HWY 80 HAUGHTON, LA 71037	72-0537029	501(C)3	25,000.	0.			GRANT FUNDING
FAMILY PROMISE ST. TAMMANY 513 MICHIGAN AVENUE SLIDELL, LA 70458	35-2489888	501(C)3	30,689.	0.			GRANT FUNDING & DESIGNATED GIFTS
FAMILY VIOLENCE CENTER OF ST. BERNARD - 3010 JEAN LAFITTE PKWY. - CHALMETTE, LA 70043	58-1834566	501(C)3	54,708.	0.			GRANT FUNDING & DESIGNATED GIFTS
FIRST 72 2915 PERDIDO STREET NEW ORLEANS, LA 70119	47-1833909	501(C)3	25,000.	0.			GRANT FUNDING
FOOD RESCUE US 1127 HIGH RIDGE ROAD, STE 338 STAMFORD, CT 06905	24-4486556	501(C)3	10,000.	0.			GRANT FUNDING
FREE ALAS 3612 BANKS ST NEW ORLEANS, LA 70119	84-2544330	501(C)3	20,000.	0.			GRANT FUNDING
FRIENDS OF GRAND ISLE 104 CLIPPER COVE LAFAYETTE, LA 70508	20-4280405	501(C)3	10,223.	0.			GRANT FUNDING

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FRIENDS OF LAFITTE GREENWAY P.O. BOX 791727 NEW ORLEANS, LA 70179	20-5295500	501(C)3	19,000.	0.			GRANT FUNDING
FRIENDS OF LAKEVIEW P.O. BOX 24378 NEW ORLEANS, LA 70184	90-0606504	501(C)3	5,850.	0.			DESIGNATED GIFTS
FULLER CENTER DISASTER REBUILDERS 10 ARROWHEAD ROAD DANVERS, MA 01923	26-3704583	501(C)3	50,000.	0.			GRANT FUNDING
GENERATION SUCCESS 4650 GENERAL DEGAULLE DR. NEW ORLEANS, LA 70131	82-1071284	501(C)3	20,000.	0.			GRANT FUNDING
GIVING HOPE 13040 I-10 SERVICE ROAD NEW ORLEANS, LA 70128	46-3449360	501(C)3	125,000.	0.			GRANT FUNDING
GNO NONPROFIT KNOWLEDGE WORKS 1600 CONSTANCE ST. NEW ORLEANS, LA 70130	72-1400841	501(C)3	75,000.	0.			GRANT FUNDING
GREATER LITTLE ROCK BAPTIST CHURCH 10201 DWYER ROAD NEW ORLEANS, LA 70127	20-5101650	501(C)3	32,439.	0.			GRANT FUNDING
GRETNA UNITED METHODIST CHURCH 1309 WHITNEY AVENUE GRETNA, LA 70056	72-6077812	501(C)3	10,000.	0.			DESIGNATED GIFTS
GROW DAT YOUTH FARM 150 ZACHARY TAYLOR DRIVE NEW ORLEANS, LA 70124	45-3142732	501(C)3	20,000.	0.			GRANT FUNDING

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HANDS ON NEW ORLEANS 2515 CANAL STREET NEW ORLEANS, LA 70119	26-2281213	501(C)3	68,558.	0.			GRANT FUNDING & DESIGNATED GIFTS
HEALTH AND EDUCATION ALLIANCE OF LOUISIANA - 1700 JOSEPHINE STREET - NEW ORLEANS, LA 70113	33-1159042	501(C)3	50,000.	0.			GRANT FUNDING
HEROES OF NEW ORLEANS 3712 HERSCHEL STREET NEW ORLEANS, LA 70114	81-3135532	501(C)3	10,000.	0.			GRANT FUNDING
INST OF WOMEN AND ETHNIC STUDIES 365 CANAL STREET, SUITE 1550 NEW ORLEANS, LA 70130	72-1244155	501(C)3	30,000.	0.			GRANT FUNDING
JERICHO ROAD EPISCOPAL HOUSING 2919 ST. CHARLES AVENUE NEW ORLEANS, LA 70115	20-8419678	501(C)3	25,000.	0.			GRANT FUNDING
JESUS PROJECT MINISTRIES 8401 APPLE ST. NEW ORLEANS, LA 70118	27-0413281	501(C)3	10,000.	0.			GRANT FUNDING
JEWISH COMMUNITY CENTER 5342 ST. CHARLES AVE. NEW ORLEANS, LA 70115	72-0408937	501(C)3	26,145.	0.			GRANT FUNDING & DESIGNATED GIFTS
JEWISH FAMILY SERVICE 3330 W. ESPLANADE, STE. 600 METAIRIE, LA 70002	72-0851575	501(C)3	66,090.	0.			GRANT FUNDING & DESIGNATED GIFTS
JUNIOR ACHIEVEMENT OF GNO, INC. 5100 ORLEANS AVENUE NEW ORLEANS, LA 70124	72-1084132	501(C)3	8,520.	0.			GRANT FUNDING & DESIGNATED GIFTS

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
KEDILA FAMILY LEARNING CENTER 1917 MARTIN LUTHER KING BLVD. NEW ORLEANS, LA 70113-1336	51-0536539	501(C)3	17,000.	0.			GRANT FUNDING
KINGSLEY HOUSE 1600 CONSTANCE ST. NEW ORLEANS, LA 70130	72-0408940	501(C)3	91,087.	0.			GRANT FUNDING & DESIGNATED GIFTS
LAKE PONTCHARTRAIN BASIN FOUNDATION - P.O. BOX 6965 - METAIRIE, LA 70009	72-1152784	501(C)3	15,196.	0.			DESIGNATED GIFTS
LIBERTY'S KITCHEN 300 N. BROAD STREET, SUITE 101 NEW ORLEANS, LA 70119	26-2254285	501(C)3	41,955.	0.			GRANT FUNDING & DESIGNATED GIFTS
LIVING SCHOOL 6003 BULLARD AVENUE, SUITE 16 NEW ORLEANS, LA 70128	82-1949714	501(C)3	16,750.	0.			GRANT FUNDING
LOOP NOLA 1 PALM DRIVE NEW ORLEANS, LA 70124	47-5432248	501(C)3	15,000.	0.			GRANT FUNDING
LOUISIANA ASSOCIATION OF UNITED WAYS - P.O. BOX 3416 - BATON ROUGE, LA 70821	20-4586416	501(C)3	18,229.	0.			GRANT FUNDING
LOUISIANA CENTER FOR CHILDREN'S RIGHTS - 1100-B MILTON STREET - NEW ORLEANS, LA 70122	20-5961971	501(C)3	61,794.	0.			GRANT FUNDING & DESIGNATED GIFTS
LOUISIANA CHAMBER OF COMMERCE FOUNDATION - 3541 RUE MICHELLE - NEW ORLEANS, LA 70131	83-2128501	501(C)3	25,000.	0.			GRANT FUNDING

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LOUISIANA FIRST FOUNDATION 1001 CAPITOL ACCESS ROAD BATON ROUGE, LA 70802	81-5192457	501(C)3	25,000.	0.			GRANT FUNDING
LOUISIANA GREEN CORPS 2645 TOULOUSE STREET NEW ORLEANS, LA 70119	27-2884715	501(C)3	25,000.	0.			GRANT FUNDING
LOUISIANA HOSPITALITY FOUNDATION P.O. BOX 24046 NEW ORLEANS, LA 70184	20-4728582	501(C)3	9,577.	0.			GRANT FUNDING & DESIGNATED GIFTS
LOUISIANA POLICY INSTITUTE P.O. BOX 13552 NEW ORLEANS, LA 70185	46-4487461	501(C)3	15,000.	0.			GRANT FUNDING
LOYOLA UNIVERSITY 7214 ST. CHARLES AVENUE NEW ORLEANS, LA 70118	72-0408946	501(C)3	81,563.	0.			GRANT FUNDING & DESIGNATED GIFTS
LUKE'S HOUSE 2023 SIMON BOLIVAR AVENUE NEW ORLEANS, LA 70113	26-0332262	501(C)3	25,608.	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	50,293.	0.			GRANT FUNDING & DESIGNATED GIFTS
METROPOLITAN CENTER FOR COMMUNITY ADVOCACY - P.O. BOX 10775 - JEFFERSON, LA 70181	72-1062244	501(C)3	25,510.	0.			GRANT FUNDING & DESIGNATED GIFTS
MILNE INSPIRATION CENTER 2827 FOURTH ST. NEW ORLEANS, LA 70113	43-9374266	501(C)3	16,750.	0.			GRANT FUNDING

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MOUNT ZION BAPTIST CHURCH 2200 DUMAINE STREET NEW ORLEANS, LA 70119	72-0005865	501(C)3	32,078.	0.			GRANT FUNDING
NAMI ST. TAMMANY P.O. BOX 2055 MANDEVILLE, LA 70470	58-1866671	501(C)3	10,000.	0.			GRANT FUNDING
NEW HOPE COMMUNITY DEVELOPMENT 1807 REV JOHN RAPHAEL JR WAY NEW ORLEANS, LA 70113	31-1542975	501(C)3	39,253.	0.			GRANT FUNDING
NEW ORLEANS BALLET FOUNDATION 935 GRAVIER ST. SUITE 800 NEW ORLEANS, LA 70112	23-7122403	501(C)3	6,500.	0.			DESIGNATED GIFTS
NEW ORLEANS BUSINESS ALLIANCE 1250 POYDRAS STREET, STE 2150 NEW ORLEANS, LA 70113	27-3654312	501(C)3	10,000.	0.			GRANT FUNDING
NEW ORLEANS FAMILY JUSTICE ALLIANCE - 701 LOYOLA AVENUE, SUITE 201 - NEW ORLEANS, LA 70150	26-2541029	501(C)3	65,956.	0.			GRANT FUNDING & DESIGNATED GIFTS
NEW ORLEANS HABITAT FOR HUMANITY P.O. BOX 15052 NEW ORLEANS, LA 70175	72-0973161	501(C)3	50,000.	0.			GRANT FUNDING
NEW ORLEANS YOUTH ALLIANCE 1705 A SOUTH WHITE STREET NEW ORLEANS, LA 70125	82-4252541	501(C)3	50,000.	0.			GRANT FUNDING
NEW ORLEANS WOMEN AND CHILDREN SHELTER - 2020 S. LIBERTY STREET - NEW ORLEANS, LA 70113	26-0859964	501(C)3	25,000.	0.			GRANT FUNDING

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NORTHSHORE DISASTER RECOVERY 360 ROBERT BLVD. SLIDELL, LA 70458	20-4250103	501(C)3	50,000.	0.			GRANT FUNDING
NORTHSHORE FOOD BANK 840 N. COLUMBIA STREET COVINGTON, LA 70433	72-1028539	501(C)3	30,000.	0.			GRANT FUNDING
NOTEP 6601 FRANKLIN AVE NEW ORLEANS, LA 70122	82-4600914	501(C)3	10,000.	0.			GRANT FUNDING
OPERATION RESTORATION P.O. BOX 56894 NEW ORLEANS, LA 70156	61-1791941	501(C)3	31,400.	0.			GRANT FUNDING & DESIGNATED GIFTS
OPERATION SPARK 2539 COLUMBUS STREET NEW ORLEANS, LA 70119	47-1514606	501(C)3	12,724.	0.			GRANT FUNDING
OUR DAILY BREAD OF TANGIPAHOA P.O. BOX 1476 HAMMOND, LA 70404	72-1438651	501(C)3	30,257.	0.			GRANT FUNDING & DESIGNATED GIFTS
PINKNAILSSENT ONE GALLERIA BLVD, SUITE 1900 METAIRIE, LA 70001	46-2104221	501(C)3	15,000.	0.			GRANT FUNDING
PLAQUEMINES COMMUNITY CARE CENTER 8480 HWY. 23 BELLE CHASSE, LA 70037	20-3884943	501(C)3	83,818.	0.			GRANT FUNDING & DESIGNATED GIFTS
RECONCILE NEW ORLEANS, INC. 1631 ORETHA CASTLE HALEY BLVD. NEW ORLEANS, LA 70113	72-1341294	501(C)3	41,250.	0.			GRANT FUNDING

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ROCK OF AGES BAPTIST CHURCH 1921 N. TONTI STREET NEW ORLEANS, LA 70019	72-1211265	501(C)3	36,533.	0.			GRANT FUNDING
SAFE HARBOR INC. 4441 IBERVILLE ST. MANDVILLE, LA 70471	12-1181684	501(C)3	32,336.	0.			GRANT FUNDING & DESIGNATED GIFTS
SECOND HARVEST FOOD BANK 1201 SAMS AVE. NEW ORLEANS, LA 70123	72-0956468	501(C)3	88,633.	0.			GRANT FUNDING & DESIGNATED GIFTS
SILENCE IS VIOLENCE 2000 LAKESHORE DRIVE UNO NEW ORLEANS, LA 70148	06-1713685	501(C)3	10,000.	0.			GRANT FUNDING
SKILLZ ACADEMY C/O CAMELBACK VENTURES - 612 ANDREW HIGGINS BLVD - NEW ORLEANS, LA 70130	46-3169470	501(C)3	25,000.	0.			GRANT FUNDING
SON OF A SAINT 2803 ST. PHILIP STREET NEW ORLEANS, LA 70119	46-5554558	501(C)3	69,121.	0.			GRANT FUNDING & DESIGNATED GIFTS
SOUTHEAST LA LEGAL SERVICES CO. 1200 DEREK, STE 100 HAMMOND, LA 70403	72-0877422	501(C)3	110,735.	0.			GRANT FUNDING & DESIGNATED GIFTS
SOUTHEAST SPOUSE ABUSE PROGRAM P.O. BOX 1946 HAMMOND, LA 70404-1946	52-1243258	501(C)3	11,137.	0.			GRANT FUNDING & DESIGNATED GIFTS
SPECIAL OLYMPICS OF LOUISIANA 46 LOUIS PRIMA DRIVE, SUITE A COVINGTON, LA 70433	72-0706608	501(C)3	25,087.	0.			GRANT FUNDING & DESIGNATED GIFTS

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ST. JOHN UNITED WAY P.O. BOX 2019 RESERVE, LA 70084	23-7204234	501(C)3	12,983.	0.			DESIGNATED GIFTS
ST. JUDE CHILDREN'S RESEARCH HOSPITAL - 14333 PERKINS ROAD, SUITE A - BATON ROUGE, LA 70810	35-1044585	501(C)3	5,394.	0.			DESIGNATED GIFTS
STARC 1541 ST. ANN PLACE SLIDELL, LA 70460	72-0727074	501(C)3	29,740.	0.			GRANT FUNDING & DESIGNATED GIFTS
SUSAN G. KOMEN BREAST CANCER NEW ORLEANS AFFILIATE - 4141 VETERANS BLVD, SUITE 202 - METAIRIE, LA 70002	72-1222127	501(C)3	15,196.	0.			DESIGNATED GIFTS
TANGIPAHOA VOLUNTARY COUNCIL ON AGING - 106 NORTH BAY ST. - AMITE, LA 70422	72-0903571	501(C)3	35,807.	0.			GRANT FUNDING & DESIGNATED GIFTS
THE 18TH WARD 3329 BELL ST. NEW ORLEANS, LA 70119	84-2353703	501(C)3	20,000.	0.			GRANT FUNDING
THE BEAUTIFUL FOUNDATION P.O. BOX 8844 NEW ORLEANS, LA 70182	72-1517535	501(C)3	10,000.	0.			GRANT FUNDING
THE GOOD SAMARITAN MINISTRY 910 CROSS GATES BLVD. SLIDELL, LA 70461	72-0947538	501(C)3	25,350.	0.			GRANT FUNDING & DESIGNATED GIFTS
THE LEVEL UP CAMPAIGN 2401 ANNETTE ST. NEW ORLEANS, LA 70119	83-3082819	501(C)3	10,000.	0.			GRANT FUNDING

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THRIVE NEW ORLEANS 2025 ST. CLAUDE AVE. NEW ORLEANS, LA 70116	26-1824498	501(C)3	15,000.	0.			GRANT FUNDING
TRAININGGROUNDS 1597 CUTTYSARK COVE SLIDELL, LA 70458	81-3353953	501(C)3	50,000.	0.			GRANT FUNDING
TRAVELERS AID SOCIETY 611 NORTH RAMPART ST. NEW ORLEANS, LA 70112	72-0408990	501(C)3	90,030.	0.			GRANT FUNDING & DESIGNATED GIFTS
TRINITY CHRISTIAN COMMUNITY P.O. BOX 13665 NEW ORLEANS, LA 70130	72-0689114	501(C)3	20,000.	0.			GRANT FUNDING
UNCOMMON CONSTRUCTION P.O. BOX 791438 NEW ORLEANS, LA 70119	47-3623284	501(C)3	10,000.	0.			GRANT FUNDING
UNITED FELLOWSHIP FULL GOSPEL BAPTIST CHURCH - 2401 ANNETTE STREET - NEW ORLEANS, LA 70119	72-0818866	501(C)3	35,159.	0.			GRANT FUNDING
UNITED NEGRO COLLEGE FUND 1100 POYDRAS ST., STE. 1400 NEW ORLEANS, LA 70163	13-1624241	501(C)3	54,068.	0.			GRANT FUNDING & DESIGNATED GIFTS
UNITED WAY FOR SOUTH LOUISIANA 7910 MAIN STREET, SUITE 460 HOUMA, LA 70360	72-0867661	501(C)3	82,500.	0.			GRANT FUNDING
UNITED WAY OF ACADIANA P.O. BOX 52033 LAFAYETTE, LA 70505	72-0513639	501(C)3	11,583.	0.			DESIGNATED GIFTS

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNITED WAY OF GREATER HOUSTON 50 WAUGH DRIVE HOUSTON, TX 77007	74-1167964	501(C)3	20,029.	0.			DESIGNATED GIFTS
UNITED WAY OF METRO CHICAGO 333 SOUTH WABASH AVENUE CHICAGO, IL 60604	30-0200478	501(C)3	6,121.	0.			DESIGNATED GIFTS
UNITED WAY OF MIAMI-DADE 3250 SW 3RD AVENUE MIAMI, FL 33129-2712	59-0830840	501(C)3	25,242.	0.			DESIGNATED GIFTS
UNITED WAY OF SOUTHERN KENTUCKY P.O. BOX 3330 BOWLING GREEN, KY 42102	61-0590564	501(C)3	13,000.	0.			GRANT FUNDING
UNITED WAY OF ST. CHARLES 13207 RIVER ROAD LULING, LA 70070	72-0928066	501(C)3	12,334.	0.			GRANT FUNDING & DESIGNATED GIFTS
UPTURN ARTS 1719 TOLEDANO ST. NEW ORLEANS, LA 70115	46-2925350	501(C)3	10,000.	0.			GRANT FUNDING
URBAN LEAGUE OF GREATER NEW ORLEANS - 2322 CANAL ST. - NEW ORLEANS, LA 70119	72-0423627	501(C)3	55,024.	0.			GRANT FUNDING & DESIGNATED GIFTS
VIA LINK 2820 NAPOLEON AVE., STE. 550 NEW ORLEANS, LA 70115	72-0706669	501(C)3	115,516.	0.			GRANT FUNDING & DESIGNATED GIFTS
VOLUNTEERS OF AMERICA OF GNO 4152 CANAL ST. NEW ORLEANS, LA 70119	72-0709750	501(C)3	28,987.	0.			GRANT FUNDING & DESIGNATED GIFTS

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
YMCA BOGALUSA 411 AVENUE B BOGALUSA, LA 70427-3656	72-0441354	501(C)3	25,000.	0.			GRANT FUNDING & DESIGNATED GIFTS
YMCA OF GREATER NEW ORLEANS 1215 PRYTANIA ST., STE. 103 NEW ORLEANS, LA 70130	72-0423890	501(C)3	58,345.	0.			GRANT FUNDING & DESIGNATED GIFTS
YOUNG ASPIRATIONS YOUNG ARTISTS 3322 LASALLE STREET NEW ORLEANS, LA 70115	72-1132928	501(C)3	12,000.	0.			GRANT FUNDING
YOUTH EMPOWERMENT PROJECT 1600 ORETHA CASTLE HALEY BLVD. NEW ORLEANS, LA 70113	42-1633060	501(C)3	45,690.	0.			GRANT FUNDING & DESIGNATED GIFTS
YOUTH FORCE NOLA 625 CELESTE STREET, BOX 108 NEW ORLEANS, LA 70130	26-3606930	501(C)3	70,000.	0.			GRANT FUNDING
YOUTH SERVICE BUREAU OF ST. TAMMANY - 430 N. NEW HAMPSHIRE - COVINGTON, LA 70433	72-0933867	501(C)3	104,616.	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	20	94,000.	0.		
LA PRISONER RE-ENTRY DIRECT SERVICE	30	20,067.	0.		
RENT/MORTGAGE ASSIST	163	291,083.	0.		
ST. BERNARD TORNADO GIFT CARDS	79	0.	45,425.	TRANSACTION VALUE	GIFT CARDS
HURRICANE IDA ASSISTANCE	12821	9,077.	805,015.	TRANSACTION VALUE	GIFT CARDS, CLEANING SUPPLIES, HOUSEHOLD ITEMS

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
ALGIERS FIRE ASSISTANCE	14.	8,466.	0.		
SIEMER INSTITUTE GRANTS	5.	4,016.	0.		
ST. BERNARD TORNADO SUPPLIES	85.	0.	86,190.	TRANSACTION VALUE	HOUSEHOLD ITEMS
BACKPACKS	5,000.	0.	75,000.	TRANSACTION VALUE	BACKPACKS

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

2021

Open to Public Inspection

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.

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

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

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

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

- 3** Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.
- | | |
|--|---|
| <input checked="" type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

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

- a** Receive a severance payment or change-of-control payment? **4a** Yes No
- b** Participate in or receive payment from a supplemental nonqualified retirement plan? **4b** Yes No
- c** Participate in or receive payment from an equity-based compensation arrangement? **4c** Yes No
- 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** Yes No
- b** Any related organization? **5b** Yes No
- 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** Yes No
- b** Any related organization? **6b** Yes No
- 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** Yes No

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** Yes No

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? **9** Yes No

	Yes	No
1b	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4a	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4b	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4c	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5a	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5b	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6a	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6b	<input type="checkbox"/>	<input checked="" type="checkbox"/>
7	<input checked="" type="checkbox"/>	<input type="checkbox"/>
8	<input type="checkbox"/>	<input checked="" type="checkbox"/>
9	<input type="checkbox"/>	<input type="checkbox"/>

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

Schedule J (Form 990) 2021

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) MICHAEL WILLIAMSON PRESIDENT/CEO	(i)	265,976.	28,564.	2,481.	19,851.	28,659.	345,531.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) CHARMAINE CACCIOPPI EXEC. VP/COO	(i)	219,600.	11,109.	6,148.	16,364.	11,213.	264,434.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) DEBRA MODLIN CHIEF FINANCIAL OFFICER	(i)	134,662.	7,547.	2,059.	11,242.	27,251.	182,761.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) MARY AMBROSE CHIEF IMPACT OFFICER	(i)	130,517.	6,303.	1,080.	10,037.	11,031.	158,968.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

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

PART I, LINE 1A:

THE CEO'S WIFE TRAVELS WITH HIM TO WASHINGTON MARDI GRAS EACH FEBRUARY.
COMPANION TRAVEL WAS APPROVED IN WRITING BY THE BOARD CHAIR CONSISTENT WITH
UWSELA'S POLICY.

PART I, LINE 7:

THE ORGANIZATION PROVIDED BONUSES FOR CERTAIN GOALS BEING MET AND TO ASSIST
FOR HURRICANE IDA EVACUATION EXPENSES.

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2021

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		650,455.	FAIR MARKET VALUE
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	4	151,169.	FAIR MARKET VALUE
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles	X	2	625.	FAIR MARKET VALUE
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (REFURBISHED L)	X	36	19,404.	FAIR MARKET VALUE
26 Other ▶ (GIFT CARD/CER)	X	10	4,950.	FAIR MARKET VALUE
27 Other ▶ ()				
28 Other ▶ ()				

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

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least 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.		

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

SCHEDULE M, PART I, COLUMN (B):

THE ORGANIZATION IS REPORTING THE NUMBER OF CONTRIBUTORS FOR DONATED SECURITIES AND THE NUMBER OF ITEMS CONTRIBUTED FOR ALL OTHER NONCASH CONTRIBUTIONS.

**SCHEDULE O
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021

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 78 GRANT PARTNERS FROM JULY 1,
2021-JUNE 30, 2022 - 344,791. UWSELA FUNDED 78 PROGRAMS, FROM JULY 1,
2021-JUNE 30, 2022 TO ADDRESS PRIORITIES SUCH AS WORKFORCE TRAINING,
HOUSING, MEDICAL AND MENTAL HEALTH CARE, CHILD AND ADULT CARE AND
ACADEMIC SUPPORTS. UWSELA ANSWERED OVER 344,791 APPEALS FOR HELP FROM
OUR COMMUNITY.

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

Schedule O (Form 990) 2021

132211 11-11-21

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:

COMMITTED TO SUPPORTING EQUITABLE LONG-TERM RECOVERY IN THE SEVEN PARISHES WE SERVE THROUGH LONG-TERM RECOVERY GROUPS.

MARCH 2022 TORNADO:

IN A MATTER OF MINUTES AFTER THE ARABI TORNADO TOUCHED DOWN, OUR TEAM WAS ON THE GROUND ASSESSING NEEDS AND MOBILIZING TO RAISE FUNDS AND COLLECT SUPPLIES FOR THE AFFECTED COMMUNITIES. THANKS TO AN OUTPOURING OF SUPPORT FROM OUR CARING NEIGHBORS, UWSELA WAS ABLE TO RESPOND AT THE SPEED OF NEED, PROVING WE ARE ALWAYS HERE: BEFORE, DURING, AND AFTER THE STORM. UWSELA'S TORNADO RELIEF FUND RAISED OVER \$75,000 THROUGH NEARLY 600 ONLINE DONORS AND GENEROUS PARTNERS, INCLUDING ENTERGY CORPORATION, MIGNON FAGET, HEALTHY BLUE, AETNA AND AMERIHEALTH CARITAS LOUISIANA.

ALICE (ASSET LIMITED, INCOME CONSTRAINED, EMPLOYED):

ACCORDING TO THE LATEST ALICE REPORT, THE DISASTERS OF LAST YEAR AFFECTED SOUTHEAST LOUISIANA SIGNIFICANTLY BECAUSE SO MANY HOUSEHOLDS IN OUR REGION WERE ALREADY STRUGGLING BEFORE THE STORMS HIT. MORE THAN 262,500 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 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

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

ALICE HOUSEHOLDS ARE AS DIVERSE AS THE GENERAL POPULATION, COMPOSED OF PEOPLE OF ALL AGES, GENDERS, RACES, AND ETHNICITIES, LIVING IN RURAL, URBAN, AND SUBURBAN AREAS. DESPITE OVERALL IMPROVEMENT, ALICE HOUSEHOLDS CONTINUE TO FACE CHALLENGES FROM LOW WAGES, REDUCED WORK HOURS, DEPLETED SAVINGS, AND INCREASING COSTS. WE KNOW THAT INEQUITIES EXISTED BEFORE THE STORMS, AND THOSE GAPS IN ACCESS TO RESOURCES HAVE BEEN MAGNIFIED IN SOME PARTS OF OUR COMMUNITY. UWSELA WAS UNIQUELY WELL-POSITIONED TO UNDERSTAND AND LEAD COMMUNITY MOBILIZATION THANKS TO OUR BLUEPRINT FOR PROSPERITY. OUR BLUEPRINT'S HOLISTIC APPROACH TO GENERATING IMPACT CONTINUES TO GUIDE US AS WE LEAD IMMEDIATE RELIEF EFFORTS AND SHIFT TOWARD LONG-TERM RECOVERY STRATEGIES DESIGNED TO STABILIZE ALICE HOUSEHOLDS THROUGHOUT OUR REGION.

\$5.4 MILLION IN DIRECT COMMUNITY IMPACT (JULY 2021-JUNE 2022):

HURRICANE IDA IMMEDIATE RESPONSE: IN THE WEEK FOLLOWING HURRICANE IDA'S LANDFALL, UWSELA DISASTER RESPONSE TEAM TURNED THE DAMAGED CENTRAL OFFICE INTO A FULLY FUNCTIONING WAREHOUSE, STAGING DONATED SUPPLIES, LOADING TRUCKS, AND ORGANIZING VOLUNTEERS TO SORT AND CATALOGUE GOODS. THE TEAM LAUNCHED THEIR INNOVATIVE DISASTER RELIEF POP-UPS ON SEPT. 8, WHICH OCCURRED WEEKLY INTO OCTOBER. UWSELA HOSTED 21 REGIONAL POP-UPS, PROVIDING MEALS, SUPPLIES, FINANCIAL ASSISTANCE, AND CIVIL LEGAL AID TO 8,400 FAMILIES IN COVINGTON, MARRERO, IRONTON, LAPLACE, ST. BERNARD, PONCHATOULA, BOGALUSA, NEW ORLEANS, NEW ORLEANS EAST, GOLDEN MEADOW, KENNER, JEAN LAFITTE, ARABI, BELLE CHASSE, HAMMOND, AND PORT SULPHUR.

Name of the organization UNITED WAY OF SOUTHEAST LOUISIANA	Employer identification number 72-0471369
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THE POP-UPS DISTRIBUTED \$300,000 IN GIFT CARDS TO 3,000 HOUSEHOLDS TO HELP COVER IMMEDIATE NEEDS AND SERVED 12,500 MEALS, PURCHASING THE FOOD AT MARKET RATE FROM LOCAL RESTAURANTS TO SUPPORT INCOME LOST DURING THE STORM. WE HELP COORDINATED AND DELIVER \$1.9 MILLION IN MITIGATION SUPPLIES TO THE HARDEST HIT AREAS IN GRAND ISLE AND JEAN LAFITTE. VOLUNTEERS COMPLETED OVER 1,700 HOURS OF SERVICE VALUED AT MORE THAN \$40,800.

([HTTPS://WWW.UNITEDWAYSELA.ORG/365-DAYS-IDA](https://www.unitedwaysele.org/365-days-ida))

HURRICANE IDA LONG-TERM RECOVERY: THROUGHOUT THE SEVEN PARISHES WE SERVE, WE CONTINUE TO WORK IN CONCERT WITH PARTNERS TO SUPPORT LONG-TERM RECOVERY GROUPS (LTRG), INCLUDING KEY NONPROFITS, FAITH-BASED, BUSINESS, AND GOVERNMENT PARTNERS. EACH PARISH'S GROUP REFLECTS THE UNIQUE NATURE OF ITS COMMUNITIES WHILE MAINTAINING A SHARED GOAL: IDENTIFY LOCAL DISPARITIES AND GAPS IN SERVICES AND PROVIDE UNMET NEEDS.

SOME OF THE PROJECTS WE CONTINUE TO WORK ON THANKS TO OUR GENEROUS DONORS:

FULLER CENTER DISASTER REBUILDERS AND UWSELA: TOGETHER, WE COMMITTED \$50,000 AND RECRUITED AND MOBILIZED VOLUNTEERS LOCALLY AND NATIONALLY TO REPAIR THE HOMES OF 10 LOW-INCOME HOMEOWNERS IN THE THREE PARISHES, INCLUDING ST. TAMMANY, TANGIPAHOA, AND WASHINGTON PARISHES.

ST. PAUL BENEVOLENT ASSOCIATION: UWSELA, BISHOP WILFRET JOHNSON, AND HANDSON NEW ORLEANS ARE WORKING IN PARTNERSHIP TO REBUILD AND RESTORE

Name of the organization UNITED WAY OF SOUTHEAST LOUISIANA	Employer identification number 72-0471369
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THIS COMMUNITY HUB FOR PLAQUEMINES PARISH. RESIDENTS WILL BENEFIT GREATLY FROM HAVING A SPACE OF THEIR OWN TO COMMUNE, PLAN, AND RESPOND TO FUTURE EMERGENCIES IN A WAY THAT CENTERS ON COMMUNITY RESILIENCE AND SUSTAINABILITY.

PROSPERITY CENTER SERVICES: WE COMMITTED \$585,000 TO FINANCIAL CAPABILITY PROGRAMMING THROUGH OUR PROSPERITY CENTERS - LOCATED IN ORLEANS AND ST. TAMMANY PARISHES - TO HELP FAMILIES REGAIN THEIR STABILITY AND PREPARE FOR FUTURE DISASTERS. \$360,000 OF THOSE FUNDS COVERED RENT AND MORTGAGE ASSISTANCE TO HOUSEHOLDS AFFECTED BY IDA.

WE'VE ALSO DEVELOPED AN AGGRESSIVE PUBLIC POLICY AGENDA TO SECURE FEDERAL RECOVERY FUNDS AND DEPLOYING OUR FINANCIAL CAPABILITY BUILDING SERVICES TO HELP FAMILIES PREPARE FOR THE NEXT DISASTER.

MARCH 2022 TORNADOS: THE AMERICAN RED CROSS IN LOUISIANA IDENTIFIED 74 HOUSEHOLDS IN ARABI AND 5 IN ROSELAND WITH SUBSTANTIAL DAMAGE TO THEIR HOMES REQUIRING MAJOR REPAIRS OR TOTAL REBUILDS. UWSELA PROVIDED \$575 - AN AMOUNT THAT DOES NOT TRIGGER INCOME TAX REPORTING - TO EACH FAMILY TO AID IN THEIR IMMEDIATE RECOVERY. ADDITIONALLY, UWSELA GRANTED \$5,000 EACH TO ARABI ELEMENTARY SCHOOL, THE COMMUNITY CENTER OF ST. BERNARD, AND THE REACHING FOR THE STARS FOUNDATION, FUNDING THEIR EFFORTS TO SERVE THEIR RESPECTIVE COMMUNITIES IN THE WAKE OF THE MARCH 22 TORNADO.

UWSELA BEGAN COLLECTING PERSONAL HYGIENE SUPPLIES AND DIAPERS 12 HOURS AFTER THE TORNADIC SUPERCELL MOVED OVER THE REGION, AND IN ONLY THREE DAYS, RECEIVED OVER \$70,000 IN MATERIAL GOODS. STAFF AND VOLUNTEERS DISPERSED THE SUPPLIES VIA A POP-UP DISTRIBUTION AT AYCOCK BARN ON

Name of the organization UNITED WAY OF SOUTHEAST LOUISIANA	Employer identification number 72-0471369
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MARCH 23, NEIGHBORHOOD CANVASSING IN NEW ORLEANS EAST AND PATRICIA PARK ON MARCH 24, AND A SECOND POP-UP AT ARABI'S CELEBRATION CHURCH ON MARCH 27. UWSELA TRANSPORTED THE REMAINING DONATIONS TO THE COMMUNITY CENTER OF ST. BERNARD AND HELPED ORGANIZE THEIR STOREROOM FOR EASE OF DISTRIBUTION. ([HTTPS://WWW.UNITEDWAYSELA.ORG/TORNADORELIEF](https://www.unitedwaysele.org/tornadorelief))

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

ADDITION TO REFERRING CLIENTS HOUSED IN OTHER CORRECTIONAL FACILITIES ACROSS THE STATE. CORRECTIONAL FACILITIES ALLOWED ACCESS TO CLIENTS VIRTUALLY TO ENROLL CLIENTS IN THE PROGRAM AND PROVIDE IN-REACH SERVICES. ENGAGING CLIENTS VIRTUALLY AS A PART OF THE IN-REACH PROCESS WITHIN THE CORRECTIONAL FACILITY PRESENTED CHALLENGES FOR SOME OF THE CORRECTIONAL FACILITIES BECAUSE THE FACILITIES WERE NOT STRUCTURED TO ALLOW PROVIDERS TO ACCESS CLIENTS VIRTUALLY.

THE PROGRAM STRUCTURE 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.

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

- DESPITE THE CHALLENGES PRESENTED BY COVID-19, IN YEAR 3, WE RECEIVED 34 REFERRALS; 24 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

Name of the organization UNITED WAY OF SOUTHEAST LOUISIANA	Employer identification number 72-0471369
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DENIAL OF BENEFITS (SNAP, MEDICAID, SOCIAL SECURITY (SSI)/DISABILITY(SSID), ETC.).

- PARTICIPANTS RECEIVING WORKFORCE SERVICES WERE CONNECTED TO EMPLOYMENT.

- THOUGH LIMITED IN SCOPE, TRANSITIONAL HOUSING HAS BEEN A GREAT BACKUP PLAN FOR THOSE WHO HAVE LIMITED HOUSING OPTIONS OR CIRCUMSTANCES CHANGED WITH LITTLE NOTICE AND NO HEALTHY ALTERNATIVES.

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

PROGRAM PARTNERS INCLUDE THE LOUISIANA DEPARTMENT OF PUBLIC SAFETY AND CORRECTIONS THAT WERE THE SOURCE OF THE REFERRALS, CATHOLIC CHARITIES TO PROVIDE CASE MANAGEMENT SERVICES, SOUTHEAST LEGAL SERVICES AND LOYOLA UNIVERSITY SCHOOL OF LAW TO PROVIDE CIVIL LEGAL SERVICES TO ADDRESS ANY LEGAL BARRIERS A JUSTICE INVOLVED INDIVIDUAL MAY HAVE.

LOUISIANA PUBLIC HEALTH INSTITUTE IS THE EVALUATION PARTNER TO EVALUATE THE EFFICACY OF THE LAPRI MODEL AND ITS IMPLEMENTATION.

FUNDING PARTNERS INCLUDE THE LOUISIANA DEPARTMENT OF PUBLIC SAFETY AND CORRECTIONS, THE JEFFERSON PARISH COUNCIL AND THE U.S. DEPARTMENT OF JUSTICE. OVER THE THIRD YEAR, FUNDING WAS SECURED FROM THE JEFFERSON PARISH COUNCIL, THE U.S. DEPARTMENT OF JUSTICE, AND A PORTION OF THE MACKENZIE SCOTT FUNDS WAS ALLOCATED TO SUPPORT THE INITIATIVE.

YEAR 3 OUTCOMES:

- SERVED A TOTAL OF 24 PARTICIPANTS IN YEAR 3.
- 100% OF THE 24 PARTICIPANTS RECEIVED INTENSIVE CASE MANAGEMENT SERVICES.

Name of the organization UNITED WAY OF SOUTHEAST LOUISIANA	Employer identification number 72-0471369
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- 100% OF THE 24 PARTICIPANTS WERE ASSESSED FOR NEEDS, RISK, AND RESPONSIVITY BY CASE MANAGEMENT.

- 100% OF THE 24 PARTICIPANTS HAS A COMPREHENSIVE CASE MANAGEMENT PLAN.

- 60% WERE CONNECTED TO EMPLOYMENT.

- 75% WERE ENROLLED IN BENEFITS UPON THEIR RELEASE.

- 95% OF THE PARTICIPANTS COMPLETED THE PROGRAM 6 MONTHS, POST RELEASE, WITHOUT A TECHNICAL VIOLATION.

- ZERO WARRANTS HAVE BEEN ISSUED, 1 CLIENT WAS DETAINED FOR PENDING CHARGES, 0 WERE RELEASED ON BOND, AND 1 REVOKED HIS PAROLE.

- 5 CLIENTS HAD DEBTS CLEARED AND/OR ATTACHMENTS LIFTED

- \$18,732.50 IN TOTAL DEBT WAS WAIVED.

YEAR 4 - JEFFERSON LAPRI:

- 2022-2023 WILL REPRESENT YEAR 4 OF THE INITIATIVE. THE CONTRACT TO BEGIN YEAR 4 IN JEFFERSON PARISH WAS MARCH 1, 2022.

- TO ENSURE THE SAFETY AND HEALTH OF OUR CLIENTS AND THE STAFF OF OUR SUBCONTRACTORS, OUR SUBCONTRACTORS REVERTED TO AN INSTITUTED HYBRID WORK MODEL THAT INCLUDED BOTH VIRTUAL AND IN OFFICE SCHEDULES.

- THE DEPARTMENT OF PUBLIC SAFETY AND CORRECTIONS (DPS&C)/JRI OFFICE CONTINUED TO REFER CLIENTS IN ADDITION TO REFERRING CLIENTS HOUSED IN OTHER CORRECTIONAL FACILITIES ACROSS THE STATE.

- CORRECTIONAL FACILITIES ALLOWED ACCESS TO CLIENTS VIRTUALLY TO ENROLL CLIENTS IN THE PROGRAM AND PROVIDE IN-REACH SERVICES.

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

- THE PROGRAM STRUCTURE WAS MODIFIED TO ACCEPT WOMEN, INDIVIDUALS

Name of the organization UNITED WAY OF SOUTHEAST LOUISIANA	Employer identification number 72-0471369
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SERVING 10+ YEARS AND ARE HIGH-NEED, REFERRALS FROM THE COMMUNITY, SERVICE PROVIDERS, PROGRAM PARTICIPANTS, PROBATION AND PAROLE AND OTHER PARISH JAILS AND STATE CORRECTIONAL FACILITIES ACROSS LOUISIANA.

- WE HAVE A RECEIVED A TOTAL OF 51 REFERRALS

- 40 OF THE REFERRALS WERE RECEIVED AUGUST OF 2022 FROM THE JRI OFFICE.

- THE INDIVIDUALS ARE HOUSE AT 5 DIFFERENT CORRECTIONAL FACILITIES ACROSS THE STATE

- WE ARE CURRENTLY WORKING THROUGH THE REFERRAL LIST TO ENROLL CLIENTS

- CURRENTLY 17 OF THOSE REFERRED HAVE BEEN ENROLLED IN THE PROGRAM.

- REFERRALS WILL BE MADE TO THE LEGAL SERVICES TEAM TO CONTINUE TO SERVE OUR CLIENTS TO INCLUDE GETTING CONTEMPT(S) OF COURT WAIVED, REDUCING PARTICIPANT FINES, FEES AND CONSUMER DEBTS, APPLYING FOR DISABILITY BENEFITS AND APPEALING ANY DENIAL OF BENEFITS (SNAP, MEDICAID, SOCIAL SECURITY (SSI)/DISABILITY(SSID), ETC.).

- PARTICIPANTS NEEDING WORKFORCE SERVICES WILL BE CONNECTED TO EMPLOYMENT.

- THOUGH LIMITED IN SCOPE, TRANSITIONAL HOUSING HAS BEEN A GREAT BACKUP PLAN FOR THOSE WHO HAVE LIMITED HOUSING OPTIONS OR CIRCUMSTANCES CHANGED WITH LITTLE NOTICE AND NO HEALTHY ALTERNATIVES.

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

- PROGRAM PARTNERS INCLUDE THE LOUISIANA DEPARTMENT OF PUBLIC SAFETY AND CORRECTIONS THAT WERE THE SOURCE OF THE REFERRALS, CATHOLIC CHARITIES TO PROVIDE CASE MANAGEMENT SERVICES, SOUTHEAST LEGAL SERVICES AND LOYOLA UNIVERSITY SCHOOL OF LAW TO PROVIDE CIVIL LEGAL SERVICES TO ADDRESS ANY LEGAL BARRIERS A JUSTICE INVOLVED INDIVIDUAL MAY HAVE.

LOUISIANA PUBLIC HEALTH INSTITUTE IS THE EVALUATION PARTNER TO EVALUATE THE EFFICACY OF THE LAPRI MODEL AND ITS IMPLEMENTATION.

Name of the organization UNITED WAY OF SOUTHEAST LOUISIANA	Employer identification number 72-0471369
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- FUNDING PARTNERS INCLUDE THE LOUISIANA DEPARTMENT OF PUBLIC SAFETY AND CORRECTIONS, THE JEFFERSON PARISH COUNCIL AND THE U.S. DEPARTMENT OF JUSTICE.

- OVER THE FOURTH YEAR, FUNDING HAS BEEN SECURED FROM THE JEFFERSON PARISH COUNCIL, THE U.S. DEPARTMENT OF JUSTICE AND A PORTION OF THE MACKENZIE SCOTT FUNDS WAS ALLOCATED TO SUPPORT THE INITIATIVE.

OUTCOMES TO-DATE FOR YEAR 4:

- SERVED A TOTAL OF 17 PARTICIPANTS IN YEAR 4.
- 100% OF THE PARTICIPANTS RECEIVED INTENSIVE CASE MANAGEMENT SERVICES.
- 100% OF THE PARTICIPANTS WERE ASSESSED FOR NEEDS, RISK, AND RESPONSIVITY BY CASE MANAGEMENT.
- 100% OF THE PARTICIPANTS HAS A COMPREHENSIVE CASE MANAGEMENT PLAN.
- 95% WERE ENROLLED IN BENEFITS UPON THEIR RELEASE.

ST. TAMMANY PARISH LAPRI:

- 2021-2022 REPRESENTED YEAR ONE OF A TWO-YEAR INITIATIVE. YEAR 1 ENDS NOVEMBER 30, 2022
- COVID SURGES AND HURRICANE IDA PRESENTED CHALLENGES THIS YEAR, FROM REFERRALS TO SERVICES.
- CONSISTENT COMMUNICATION BETWEEN CIG SERVICE PROVIDERS AND PARTICIPANTS WAS DISRUPTED.
- TO ENSURE THE SAFETY AND HEALTH OF OUR CLIENTS AND THE STAFF OF OUR SUBCONTRACTORS, OUR SUBCONTRACTORS REVERTED TO AN INSTITUTED HYBRID WORK MODEL THAT INCLUDED BOTH VIRTUAL AND IN OFFICE SCHEDULES.
- NO REFERRALS HAVE BEEN RECEIVED FROM DEPARTMENT OF PUBLIC SAFETY AND CORRECTIONS (DPS&C)/JRI OFFICE THIS YEAR
- THE DEPARTMENT OF PUBLIC SAFETY AND CORRECTIONS (DPS&C) TRANSITIONAL

Name of the organization UNITED WAY OF SOUTHEAST LOUISIANA	Employer identification number 72-0471369
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SPECIALIST ASSIGNED TO THE ST. TAMMANY PARISH JAIL BEGAN REFERRING

CLIENTS HOUSED AT THE ST. TAMMANY PARISH JAIL IN APRIL OF 2022.

- THE ST. TAMMANY PARISH JAIL HAS ALLOWED ACCESS TO CLIENTS VIRTUALLY TO ENROLL CLIENTS IN THE PROGRAM AND PROVIDE IN-REACH SERVICES.

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

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

FORM 990, PART III, LINE 4C CONTINUED:

- DESPITE THE CHALLENGES PRESENTED BY COVID-19 IN YEAR 1, WE RECEIVED 21 REFERRALS; 5 WERE RELEASED BEFORE WE COULD MAKE CONTACT, 4 DECLINED TO PARTICIPATE, 1 WAS TRANSFERRED TO ANOTHER FACILITY, 3 DECIDED TO RETURN TO PARISHES OUTSIDE OF OUR SERVICE AREA, AND 5 WERE ENROLLED IN THE PROGRAM.

- FURTHER FOLLOW-UP WITH PROBATION AND PAROLE TO REQUEST CONTACT INFORMATION FOR THE 5 INDIVIDUALS RELEASED BEFORE WE MADE CONTACT.

- THE PARTICIPANTS WERE REFERRED FOR LEGAL SERVICES TO INCLUDE REDUCING PARTICIPANT FINES, FEES AND CONSUMER DEBTS, APPLYING FOR DISABILITY BENEFITS AND APPEALING ANY DENIAL OF BENEFITS (SNAP, MEDICAID, SOCIAL SECURITY (SSI)/DISABILITY(SSID), ETC.).

- THOUGH LIMITED IN SCOPE, TRANSITIONAL HOUSING HAS BEEN A GREAT BACKUP PLAN FOR THOSE WHO HAVE LIMITED HOUSING OPTIONS OR CIRCUMSTANCES CHANGED WITH LITTLE NOTICE AND NO HEALTHY ALTERNATIVES.

- ELIGIBLE PARTICIPANTS WERE REFERRED FOR WORKFORCE SERVICES.

- WE BEGAN TO RE-ENGAGE THE COMMUNITY THROUGH THE ST. TAMMANY PARISH

Name of the organization UNITED WAY OF SOUTHEAST LOUISIANA	Employer identification number 72-0471369
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REENTRY COALITION MEETINGS HELD VIRTUALLY.

- PROGRAM PARTNERS INCLUDE THE LOUISIANA DEPARTMENT OF PUBLIC SAFETY AND CORRECTIONS THAT WERE THE SOURCE OF THE REFERRALS, CATHOLIC CHARITIES TO PROVIDE CASE MANAGEMENT SERVICES, NAMI-ST. TAMMANY TO PROVIDE TRANSPORTATION SERVICES, FIRST DISTRICT ST. TAMMANY WORKFORCE DEVELOPMENT TO PROVIDE EMPLOYMENT SERVICES, SOUTHEAST LEGAL SERVICES AND LOYOLA UNIVERSITY SCHOOL OF LAW TO PROVIDE CIVIL LEGAL SERVICES TO ADDRESS ANY LEGAL BARRIERS A JUSTICE INVOLVED INDIVIDUAL MAY HAVE.

LOUISIANA PUBLIC HEALTH INSTITUTE IS THE EVALUATION PARTNER TO EVALUATE THE EFFICACY OF THE LAPRI MODEL AND ITS IMPLEMENTATION.

- FUNDING PARTNERS INCLUDE THE LOUISIANA DEPARTMENT OF PUBLIC SAFETY AND CORRECTIONS.

- A PORTION OF THE MACKENZIE SCOTT FUNDS WAS ALLOCATED TO SUPPORT THE INITIATIVE.

OUTCOMES TO-DATE:

- SERVING A TOTAL OF 5 PARTICIPANTS. YEAR 1 ENDS NOVEMBER 30, 2022
- 100% OF THE PARTICIPANTS RECEIVED INTENSIVE CASE MANAGEMENT SERVICES.
- 100% OF THE PARTICIPANTS WERE ASSESSED FOR NEEDS, RISK, AND RESPONSIVITY BY CASE MANAGEMENT.
- 100% OF THE PARTICIPANTS HAS A COMPREHENSIVE CASE MANAGEMENT PLAN.
- 100% ARE BEING ENROLLED IN BENEFITS UPON THEIR RELEASE.

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

Name of the organization

UNITED WAY OF SOUTHEAST LOUISIANA

Employer identification number

72-0471369

IS A ONE-STOP FINANCIAL CAPABILITY CENTER THAT CONNECTS INDIVIDUALS TO
A COMBINATION OF TEN FINANCIAL CAPABILITY SERVICES AT NO COST TO
PARTICIPANTS.

SERVICES OFFERED ARE:

FINANCIAL EDUCATION

FINANCIAL COACHING

FINANCIAL COUNSELING

CREDIT COUNSELING

CREDIT BUILDING ACCESS TO SAFE AND AFFORDABLE FINANCIAL PRODUCTS

FREE TAX PREPARATION ASSISTANCE

ACCESS TO FEDERAL AND STATE

INCENTIVIZED SAVINGS PROGRAMS

ASSET OWNERSHIP PROGRAMS

UNITED WAY OF SOUTHEAST LOUISIANA'S EXPERT FINANCIAL CAPABILITY TEAM

DESIGNED A FINANCIAL EDUCATION CURRICULUM AND RESOURCE GUIDE. THE

CURRICULUM IS TO EDUCATE AND BRING AWARENESS TO THE COMMUNITY ABOUT

WHAT IT MEANS TO BE FINANCIALLY STABLE. THE STEPS INDIVIDUALS AND

FAMILIES CAN TAKE TO ACHIEVE FINANCIAL STABILITY. WE HAVE UTILIZED THE

CURRICULUM WITH THE COMMUNITY, CIVIC, AND PRIVATE PARTNERS WITH

OUTSTANDING RESULTS. WE HAVE USED THE GUIDE WITH THE INDIVIDUAL

DEVELOPMENT ACCOUNT (IDA) PARTICIPANTS FOR THE PAST FOUR YEARS AND

RECEIVED EXCELLENT FEEDBACK. WE ARE ALSO USING THE CURRICULUM WITH

OPPORTUNITY CENTERS THROUGH THE NEW ORLEANS BUSINESS ALLIANCE JOB

READINESS TRAINING PROGRAM, WHICH TARGETS 52% OF THE UNEMPLOYED AFRICAN

AMERICAN MALES. ADDITIONALLY, WE CONDUCTED TRAINING FOR ENTRY-LEVEL

EMPLOYEES AT A LOCAL BUSINESS, ASSOCIATED TERMINALS/TURN SERVICES. THE

FEEDBACK FROM PARTICIPANTS WAS EXTREMELY POSITIVE!

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

SINCE ITS OPENING, THE UWSELA FINANCIAL CAPABILITY TEAM HAS EDUCATED OVER 12,080 PARTICIPANTS IN GROUP TRAINING ABOUT THE ESSENTIAL COMPONENTS OF FINANCIAL EDUCATION. THE TRAINING CONSISTS OF A COMPREHENSIVE CURRICULUM FOCUSING ON VARIOUS PERSONAL FINANCIAL MANAGEMENT TOPICS FOR WEALTH CREATION, ASSET DEVELOPMENT, AND LONG-TERM FINANCIAL SECURITY. THE CONTENT MATERIAL IS BASED ON UWSELA FINANCIAL EDUCATION CURRICULUM AND RESOURCE GUIDE. IN ADDITION, USED IS INFLUENCED BY OTHER MONEY MANAGEMENT TRAINING COURSES SUCH AS AFI FINANCIAL LITERACY CORE COMPETENCIES, FREDDIE MAC'S CREDITSMART, FDIC'S MONEY SMART CURRICULUM, THE FEDERAL RESERVE BANK'S BUILDING WEALTH, CONSUMER ACTION'S MONEYWISE, AND A VARIETY OF OTHER FINANCIAL TOOLS AND RESOURCES.

THE OBJECTIVE OF THE GROUP TRAINING IS TO INTRODUCE FINANCIAL MANAGEMENT TO THE PARTICIPANTS TO PROVIDE THEM WITH MORE IN-DEPTH, ONE-ON-ONE COACHING SESSIONS. THESE COACHING SESSIONS EMPOWER 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 PARTICIPANTS WHO HAVE TAKEN ADVANTAGE OF ONE-ON-ONE COACHING.

THROUGH THE PARTNERSHIP, UWSELA HAS PROVIDED ONE-ON-ONE COACHING TO 523 PARTICIPANTS. 89% OF THE PARTICIPANTS HAVE NOT CHECKED THEIR CREDIT REPORTS IN OVER A YEAR. MOST OF THE TIME, THEY FEAR THE UNKNOWN. 75% OF THE PARTICIPANTS HAVE DISPUTED INCORRECT ITEMS ON THEIR CREDIT REPORTS. OF THOSE PARTICIPANTS, SEVERAL WERE UNEMPLOYED OR INCARCERATED, LEAVING

Name of the organization UNITED WAY OF SOUTHEAST LOUISIANA	Employer identification number 72-0471369
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THEIR CREDIT VULNERABLE FOR FRAUD AND MISUSED BY FAMILY MEMBERS. WE HAVE SEEN AN INCREASE IN CREDIT SCORES AVERAGING 62 POINTS OVER THREE MONTHS, AN INCREASE IN SAVING, AND AN INCREASE IN ESTABLISHING OR RE-ESTABLISHING POSITIVE CREDIT; WITH A DECREASE IN DEBT REDUCTIONS OF \$451 ON AVERAGE, A DECREASE IN CREDIT UTILIZATION BY 60% AND A HALT IN APPLYING FOR NEW CREDIT. SEVERAL PARTICIPANTS HAVE OPENED SAVINGS AND CHECKING ACCOUNTS WITH HOPE FEDERAL CREDIT UNION AND FIDELITY BANK. MANY OTHERS ARE PLANNING TO OPEN BANK ACCOUNTS ONCE THEY BEGIN WORKING. SEVERAL GRADUATES ARE CURRENT PARTICIPANTS IN THE UWSELA INDIVIDUAL DEVELOPMENT ACCOUNTS.

EXPENSES \$ 415,368. INCLUDING GRANTS OF \$ 124,370. 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 TAXPAYERS AVOID PAYING HIGH FEES AND PREDATORY LENDING PRACTICES. THE VOLUNTEERS ENSURE THAT THE TAXPAYERS TAKE ADVANTAGE OF ALL CREDITS SUCH AS EARNED INCOME TAX CREDITS (EITC), CHILD TAX CREDITS, ETC. EITC IS THE NATION'S MOST EXTENSIVE 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 AREAS AND BEYOND. IN ADDITION, 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 TO RECEIVE. THE GOAL IS TO INCREASE THE STUDENT'S INCOME, SO THEY DON'T HAVE TO DROP OUT OF

Name of the organization UNITED WAY OF SOUTHEAST LOUISIANA	Employer identification number 72-0471369
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SCHOOL BECAUSE OF A LACK OF CHILD CARE OR HAVING TO MAKE TOUGH CHOICES
LIKE PAYING FOR BOOKS OR FOOD.

ACCOMPLISHMENTS:

* TOTAL NUMBER OF INCOME TAX RETURNS COMPLETED - 7219

* TOTAL AMOUNT OF INCOME TAX REFUNDS - \$10,929,447

* TOTAL AMOUNT OF EARNED INCOME TAX CREDITS - \$3,511,220

EXPENSES \$ 363,121. 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
CHILDREN, ENTERGY NEW ORLEANS, INSTITUTE OF MENTAL HYGIENE, W.K.

KELLOGG FOUNDATION, LOUISIANA POLICY INSTITUTE FOR CHILDREN, WOMEN
UNITED, 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

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

KIDSMART). PARTNERSHIPS FOR OUR ATTENDANCE WORK INCLUDE NOLA PUBLIC SCHOOLS, N.O. CHILDREN AND YOUTH PLANNING BOARD, MAYOR'S OFFICE FOR YOUTH AND FAMILIES, AND TOTAL COMMUNITY ACTION. 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, TEACHER TRAINING AND INFRASTRUCTURE. WITHIN THE REPORTING PERIOD,

- THE SCHOOL READINESS WORKING GROUP OF THE GLR CAMPAIGN SUCCESSFULLY ADVOCATED FOR THE COUNCIL TO RENEW ITS \$3M DIRECT INVESTMENT TOWARDS QUALITY ECE SEATS FOR NEXT YEAR'S CITY BUDGET.

- THE CAMPAIGN SUCCESSFULLY LAUNCHED A CROSS-SECTOR ELECTION CAMPAIGN (AND WON PUBLIC FAVOR ON A SINGLE ITEM BALLOT IN APRIL 2022) FOR A DEDICATED 20-YEAR MILLAGE FOR EARLY CARE AND EDUCATION THAT WOULD GENERATE APPROXIMATELY \$2) MILLION PER YEAR FOR ECE SEATS AND SUPPORTS. EXPENSES \$ 319,993. INCLUDING GRANTS OF \$ 20,000. 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

Name of the organization UNITED WAY OF SOUTHEAST LOUISIANA	Employer identification number 72-0471369
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REIMBURSEMENT FUNDING FROM THE SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM EMPLOYMENT AND TRAINING (SNAP E&T) PROGRAM TO LOCAL NONPROFIT PARTNERS.

AS OF JUNE 30, 2022, UWSELA AND THE CURRENT SEVEN SUBCONTRACTOR PARTNERS PROVIDING DIRECT SERVICE FOR WORKFORCE DEVELOPMENT TRAINING, HAVE COLLECTIVELY INVESTED \$1,593,513.50 IN PROGRAMMATIC WORK AROUND WORKFORCE READINESS AND DEVELOPMENT. PARTICIPATION IN THE SNAP E&T PROGRAM HAS ALLOWED FOR THE REIMBURSEMENT OF \$912,343.14 GOING BACK TO UWSELA AND ITS SUBCONTRACTOR PARTNERS, WHICH CAN THEN BE REINVESTED IN PROGRAMMATIC WORK.

EXPENSES \$ 232,595. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

INDIVIDUAL DEVELOPMENT ACCOUNT PROJECT (IDA):

AN IDA IS A MATCHED SAVINGS ACCOUNT THAT HELPS LOW-INCOME INDIVIDUALS AND FAMILIES SAVE MONEY TO ACQUIRE AN ECONOMIC ASSET THAT CAN BUILD LONG-TERM FINANCIAL STABILITY AND SELF-SUFFICIENCY. THIS PROJECT ALLOWS PARTICIPANTS TO USE THEIR IDAS FOR DOWN PAYMENT/ CLOSING COSTS ON A NEW HOME, START OR EXPAND A SMALL BUSINESS, POST-SECONDARY EDUCATION, HOME REPAIR, AND VEHICLE PURCHASES. PARTICIPANTS ARE REQUIRED TO ATTEND FINANCIAL EDUCATION COURSES AND ASSET-SPECIFIC TRAINING BEFORE MAKING A PURCHASE. IN ADDITION, THEY MUST SAVE FOR AT LEAST SIX MONTHS BEFORE MAKING A PURCHASE. IDA PROJECT PARTNERS PROVIDE FINANCIAL EDUCATION, CREDIT COUNSELING, AND ASSET-SPECIFIC TRAINING. WE RECEIVED A \$1,000,000 MACKENZIE SCOTT CHARITABLE GIVING ON DECEMBER 15, 2020, TO START OUR FOURTH PROGRAM. THE FOURTH IDA PROJECT WILL OPERATE FROM JULY 1, 2021-JUNE 30, 2026.

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

* TOTAL NUMBER OF PARTICIPANTS ENROLLED - 43

* 15 HOMEOWNERSHIP

* 9 VEHICLE

* 19 BUSINESS START-UP OR EXPANSION

* POST-SECONDARY EDUCATION

* TOTAL NUMBER OF PARTICIPANTS THAT HAVE COMPLETED 12 HOURS OF
HOMEBUYER TRAINING - 15

* TOTAL NUMBER OF PARTICIPANTS THAT HAVE COMPLETED 12 HOURS OF
FINANCIAL EDUCATION - 43

* ASSET PURCHASES - 43 TOTAL; 15 HOMEOWNERSHIP, 19 SMALL BUSINESSES,
AND 9 VEHICLE

EXPENSES \$ 122,126. INCLUDING GRANTS OF \$ 38,000. 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),
IS AS FOLLOWS:

Name of the organization

UNITED WAY OF SOUTHEAST LOUISIANA

Employer identification number

72-0471369

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 2021 PLAN FOR THE KAY FENNELLY SUMMER LITERACY INSTITUTE (THE
INSTITUTE) WAS TO SUPPORT PARTICIPATING PROGRAMS AS THEY GRADUALLY
TRANSITIONED THEIR PROGRAMING BACK TO IN-PERSON (WHEN POSSIBLE), AND AS
THEY MET CHILDREN'S NEEDS FOR ONGOING LEARNING OPPORTUNITIES IN THE
SUMMER MONTHS, ESPECIALLY DUE TO COVID'S IMPACT ON SCHOOL YEAR
LEARNING. ONCE AGAIN, THE INSTITUTE'S THREE COMPONENTS INCLUDED ONLINE
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 PRIMARY INTENDED AUDIENCE OF THE INSTITUTE WAS INSTRUCTIONAL STAFF
PROVIDING DIRECT SERVICE, WHO WOULD THEN HAVE ENHANCED UNDERSTANDING,
SKILLS, AND STRATEGIES FROM WHICH THEY COULD DRAW DURING SUMMER 2021,
AS WELL AS IN FUTURE PROGRAMMING AND INSTRUCTION. IN THE PAST, IT HAS
BEEN A CHALLENGE TO IDENTIFY, CONNECT WITH, AND PROVIDE CONSISTENT

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

SUPPORT FOR INSTRUCTORS ACROSS PROGRAMS, AS THEY ARE OFTEN UNAVAILABLE UNTIL RIGHT BEFORE SUMMER PROGRAMS START, AND THEIR SUMMER SCHEDULES LEAVE LITTLE TIME TO MEET WITH COACHES. THESE CHALLENGES HAVE BEEN THE SUBJECT OF MANY ADAPTATIONS TO BOTH MESSAGING AND DELIVERY OF SERVICES OVER THE YEARS OF THE INSTITUTE. THE INSTITUTE REACHED 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:

- WE WANTED TO ENSURE LITERACY-INTEGRATION PRACTICES WERE IMPLEMENTED INCREASINGLY ACROSS ALL ASPECTS AND AGES OF SUMMER CAMPS, AND
- 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.

REGARDING SUPPORT FOR DIRECTORS AND PROGRAM LEADERS, IT IS IMPORTANT TO NOTE THAT INDIVIDUALS SERVING IN THESE ROLES HAD ALSO BEEN GIVEN THE OPPORTUNITY TO PARTICIPATE IN AN EXTENDED LEARNING TIME COMMUNITY OF PRACTICE THROUGHOUT THE SCHOOL YEAR. THERE WERE SEVERAL REASONS TO PILOT THE COMMUNITY OF PRACTICE, INCLUDING:

- PROVIDING PROGRAM LEADERS THE OPPORTUNITY TO FORM COMMUNITY, SHARE IDEAS, AND RECEIVE SUPPORT FOR LITERACY INTEGRATION PLANNING AT AN EARLIER STAGE IN THEIR PROCESS.
- ACKNOWLEDGING THE DISTINCTIONS BETWEEN THE NEEDS OF PROGRAM LEADERS

Name of the organization

UNITED WAY OF SOUTHEAST LOUISIANA

Employer identification number

72-0471369

VERSUS DIRECT SERVICE INSTRUCTORS, SO THE INSTITUTE COULD FURTHER DEVELOP AND COMMUNICATE BOTH PRONGS OF SERVICE.

ALTHOUGH COVID DID NOT IMPACT 2021 PROGRAMS IN THE SAME WAY THAT IT DID IN 2020, THE INSTITUTE AND ITS PARTICIPANTS WERE STILL REQUIRED TO ADAPT TO THE ONGOING SAFETY MEASURES, SMALLER CAMP SIZES, AND LIMITATIONS TO WHAT COULD BE ACCOMPLISHED VIA IN-PERSON PROGRAMMING.

ALTHOUGH PARTICIPATING PROGRAMS PROJECTED A TOTAL OF OVER 1,000 CAMPERS, ACTUAL NUMBERS WERE CLOSER TO 500. SOME CAMPS WERE UNSURE OF CAPACITY TO DELIVER IN-PERSON CAMPS, AND HAD TO ADJUST PROGRAM DESIGN, NUMBER OF SITES, AND MODE OF DELIVERY JUST DAYS BEFORE CAMP STARTED.

TWO PARTICIPATING PROGRAMS HAD TO WITHDRAW PARTICIPATION IN THE 2021 INSTITUTE, BOTH WITHIN DAYS OF PROGRAM START. ONE OF THESE CAMPS WAS CANCELLED WHEN ITS SITE RESCINDED THE PARTNERSHIP AGREEMENT. THE OTHER CAMP HAD TO PRIORITIZE OTHER NEEDS, SUCH AS WRAP-AROUND SERVICES FOR FAMILIES, WHICH STRETCHED STAFF CAPACITY TO ACTIVELY FOCUS ON LITERACY INTEGRATION.

EXPENSES \$ 97,675. INCLUDING GRANTS OF \$ 97,675. REVENUE \$ 0.

CHOOSE HEALTHY LIFE (CHL):

TO SUPPORT THE DFS BLACK CLERGY ACTION PLAN INITIATION ("CHOOSE HEALTHY LIFE" OR "CHL"). UWSELA SERVES AS A CONTRACTOR FOR THE UNITED WAY OF NEW YORK CITY, RECEIVING A FEDERAL GRANT FROM U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES HEALTH RESOURCES AND SERVICES ADMINISTRATION.

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

AS OF JUNE 30, 2022. UWSELA AND THE FIVE SUBCONTRACTOR CHURCH PARTNERS PROVIDED \$262,134.52 IN THE CHL PROGRAM TO TRAIN, EDUCATE, AND HELP WITH COMMUNITY OUTREACH FOR COVID-19 VACCINATION.

EXPENSES \$ 272,135. INCLUDING GRANTS OF \$ 175,464. REVENUE \$ 0.

ALL OTHER PROGRAM SERVICES

EXPENSES \$ 613,209. INCLUDING GRANTS OF \$ 388,401. 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 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

Name of the organization UNITED WAY OF SOUTHEAST LOUISIANA	Employer identification number 72-0471369
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THE BOARD OF TRUSTEES ANNUALLY. ALL COMPLETED EMPLOYEE FORMS ARE RETURNED TO THE CHIEF HUMAN RESOURCES OFFICER FOR REVIEW AND ALL BOARD/TRUSTEE FORMS ARE RETURNED TO THE OFFICE OF THE PRESIDENT FOR REVIEW.

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

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

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

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

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

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.