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GOVERNMENT COPY

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

November 7, 2017

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

United Way of Southeast Louisiana:

Enclosed are the original and one copy of the 2016 Exempt
Organization return, as follows...

2016 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, 2017

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

Form **8879-EO**

IRS e-file Signature Authorization for an Exempt Organization

OMB No. 1545-1878

For calendar year 2016, or fiscal year beginning JUL 1, 2016, and ending JUN 30, 2017

2016

Department of the Treasury
Internal Revenue Service

▶ **Do not send to the IRS. Keep for your records.**

▶ **Information about Form 8879-EO and its instructions is at www.irs.gov/form8879eo.**

Name of exempt organization

Employer identification number

UNITED WAY OF SOUTHEAST LOUISIANA

72-0471369

Name and title of officer

**DEBRA MODLIN
CFO**

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

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line **1a, 2a, 3a, 4a, or 5a**, below, and the amount on that line for the return being filed with this form was blank, then leave line **1b, 2b, 3b, 4b, or 5b**, 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 1 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>19,154,240.</u>
2a Form 990-EZ check here ▶ <input type="checkbox"/>	b Total revenue , if any (Form 990-EZ, line 9)	2b _____
3a Form 1120-POL check here ▶ <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b _____
4a Form 990-PF check here ▶ <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b _____
5a Form 8868 check here ▶ <input type="checkbox"/>	b Balance Due (Form 8868, line 3c)	5b _____

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2016 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 organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's 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 organization's 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 organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's 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 organization's tax year 2016 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 of the organization, I will enter my PIN as my signature on the organization's tax year 2016 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.

Officer's signature ▶ _____ 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 2016 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶ _____ Date ▶ _____

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

LHA For Paperwork Reduction Act Notice, see instructions.

Form **8879-EO** (2016)

623051 09-26-16

Form **990**

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

OMB No. 1545-0047

2016

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

A For the 2016 calendar year, or tax year beginning **JUL 1, 2016** and ending **JUN 30, 2017**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization UNITED WAY OF SOUTHEAST LOUISIANA Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite 2515 CANAL STREET City or town, state or province, country, and ZIP or foreign postal code NEW ORLEANS, LA 70119 F Name and address of principal officer: MICHAEL WILLIAMSON SAME AS C ABOVE	D Employer identification number 72-0471369 E Telephone number 504-822-5540 G Gross receipts \$ 19,576,488. H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) H(c) Group exemption number ▶
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
J Website: ▶ UNITEDWAYSELA.ORG		
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		
L Year of formation: 1952		M State of legal domicile: LA

Part I Summary

1	Briefly describe the organization's mission or most significant activities: TO ERADICATE POVERTY IN SOUTHEAST LOUISIANA.		
2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
3	Number of voting members of the governing body (Part VI, line 1a)	3	33
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	33
5	Total number of individuals employed in calendar year 2016 (Part V, line 2a)	5	63
6	Total number of volunteers (estimate if necessary)	6	4459
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
7b	Net unrelated business taxable income from Form 990-T, line 34	7b	0.
8	Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
9	Program service revenue (Part VIII, line 2g)	15,839,751.	16,594,998.
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	373,979.	494,965.
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	81,209.	369,706.
12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	-205,192.	1,694,571.
13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	16,089,747.	19,154,240.
14	Benefits paid to or for members (Part IX, column (A), line 4)	10,591,825.	9,775,536.
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	0.
16a	Professional fundraising fees (Part IX, column (A), line 11e)	3,609,169.	3,685,814.
16b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 2,016,608.	0.	0.
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	1,482,754.	1,511,877.
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	15,683,748.	14,973,227.
19	Revenue less expenses. Subtract line 18 from line 12	405,999.	4,181,013.
20	Total assets (Part X, line 16)	Beginning of Current Year	End of Year
21	Total liabilities (Part X, line 26)	18,036,942.	22,379,796.
22	Net assets or fund balances. Subtract line 21 from line 20	6,133,236.	6,096,422.
		11,903,706.	16,283,374.

Part II Signature Block

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

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

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

Part III Statement of Program Service Accomplishments

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

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

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

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

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

4a (Code:) (Expenses \$ 7,570,868. including grants of \$ 7,131,902.) (Revenue \$ 494,965.) 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 \$ 2,626,873. including grants of \$ 2,488,384.) (Revenue \$) FLOOD RELIEF AND NO PLACE LIKE HOME (NPLH):

THE NPLH INITIATIVE BUILDS UPON THE WORK OF THE LONG TERM RECOVERY INITIATIVE AND WAS ESTABLISHED IN MID-2010 TO WORK ON THOSE IMPACTED BY HURRICANE KATRINA. OVER THE YEARS NPLH, WORKING WITH ITS COMMUNITY PARTNERS, HAS HELPED SUPPORT THE COORDINATION OF THE NECESSARY RESOURCES TO FULFILL UNMET NEEDS, OFTEN HOUSING-RELATED, OF THOSE IMPACTED FROM NATURAL DISASTER AND CRISIS SITUATIONS.

FROM JULY 1, 2016 THRU JUNE 30, 2017 THERE WERE TWO MAJOR NATURAL DISASTERS AFFECTING FOUR OF THE SEVEN PARISH'S IN THE UNITED WAY SERVICE REGION. UNITED WAY PLAYED A KEY ROLE IN RESPONSE TO BOTH THE

4c (Code:) (Expenses \$ 972,627. including grants of \$ 42,000.) (Revenue \$) INDIVIDUAL DEVELOPMENT ACCOUNT PROJECT (IDA):

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

4d Other program services (Describe in Schedule O.) (Expenses \$ 629,088. including grants of \$ 113,250.) (Revenue \$)

4e Total program service expenses 11,799,456.

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

	Yes	No
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
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>	X	
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>	X	
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	X	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3), 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>		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		X
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>		X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	X	

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Input box for Schedule O

Table with columns for question numbers (1a-14b), Yes, and No. Contains various tax compliance questions and their corresponding 'Yes' or 'No' responses.

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

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
	1a 33		
b	Enter the number of voting members included in line 1a, above, who are independent		
	1b 33		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	X	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	X	
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?	X	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	X	
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 in Schedule O		X

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

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	X	
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 in Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
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 in Schedule O how this was done	X	
13	Did the organization have a written whistleblower policy?	X	
14	Did the organization have a written document retention and destruction policy?	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
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 in Schedule O (see instructions).		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
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 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain in Schedule O)
- 19** Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records: **DEBRA MODLIN - 504-822-5540**
2515 CANAL STREET, NEW ORLEANS, LA 70119

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) MS. DANICA ANSARDI, CLU, CHFC, TRUSTEE & AUDIT COMMITTEE CHAIR	4.00	X					0.	0.	0.	
(2) DR. TOYA BARNES-TEAMER TRUSTEE	4.00	X					0.	0.	0.	
(3) MS. LORI BARTHELEMY TRUSTEE	4.00	X					0.	0.	0.	
(4) MRS. KARIN STAFFORD BIRD TRUSTEE	4.00	X					0.	0.	0.	
(5) MR. CHARLES A. CERISE, JR. TRUSTEE & LEGAL ADVISOR	4.00	X					0.	0.	0.	
(6) MR. CHRISTOPHER J. CLAUS TRUSTEE	4.00	X					0.	0.	0.	
(7) MR. JOSEPH EXNICIOS TRUSTEE - GOVERNANCE COMMITTEE CHAIR	4.00	X					0.	0.	0.	
(8) MR. JOHN FOLEY TRUSTEE	4.00	X					0.	0.	0.	
(9) MR. DAVID FRANCIS TRUSTEE	4.00	X					0.	0.	0.	
(10) MRS. NORMA GRACE TRUSTEE - EXECUTIVE COMMITTEE AT-LAR	4.00	X					0.	0.	0.	
(11) MR. AL HAMAUEI TRUSTEE (THRU 2016)	4.00	X					0.	0.	0.	
(12) MR. MICHAEL HECHT TRUSTEE	4.00	X					0.	0.	0.	
(13) MR. ALEXIS D. HOCEVAR TRUSTEE - EXECUTIVE COMMITTEE AT-LAR	4.00	X					0.	0.	0.	
(14) MR. ROBERT KIMBRO TRUSTEE - CAMPAIGN CHAIR	4.00	X					0.	0.	0.	
(15) JUDGE NANCY AMATO KONRAD TRUSTEE	4.00	X					0.	0.	0.	
(16) MR. EDWARD J. KRAUSE TRUSTEE	4.00	X					0.	0.	0.	
(17) MRS. CATHY MCRAE TRUSTEE	4.00	X					0.	0.	0.	

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) MR. LARRY MILLER TRUSTEE	4.00	X						0.	0.	0.
(19) MS. CARRIE NETHERY TRUSTEE (THRU 2016)	4.00	X						0.	0.	0.
(20) MR. MARTIN PADILLA TRUSTEE	4.00	X						0.	0.	0.
(21) MS. MARIAN H. PIERRE TRUSTEE	4.00	X						0.	0.	0.
(22) MS. TARA RICHARD, ESQ TRUSTEE	4.00	X						0.	0.	0.
(23) MR. TOM SHAW TRUSTEE	4.00	X						0.	0.	0.
(24) MS. ADRIENNE SLACK TRUSTEE	4.00	X						0.	0.	0.
(25) MR. TOD SMITH TRUSTEE	4.00	X						0.	0.	0.
(26) MRS. CAROL A. SOLOMON TRUSTEE (THRU 2016)	4.00	X						0.	0.	0.
1b Sub-total								0.	0.	0.
c Total from continuation sheets to Part VII, Section A								628,010.	0.	119,826.
d Total (add lines 1b and 1c)								628,010.	0.	119,826.

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 **4**

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
FSG, INC., 1020 19TH STREET, NW, SUITE 420, WASHINGTON, DC 20036	CONSULTING	225,794.

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 **1**

SEE PART VII, SECTION A CONTINUATION SHEETS

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(27) MRS. KIM SPORT TRUSTEE & PUBLIC POLICY CHAIR	4.00	X						0.	0.	0.
(28) CAPT. MARK SUCATO TRUSTEE	4.00	X						0.	0.	0.
(29) MS. JESSICA VERMILYEA TRUSTEE & COMMUNITY IMPACT CHAIR	4.00	X						0.	0.	0.
(30) MRS. BARBARA TURNER WINDHORST TRUSTEE - EXECUTIVE COMMITTEE AT-LAR	4.00	X						0.	0.	0.
(31) MRS. CAROL B. WISE TRUSTEE - EXECUTIVE COMMITTEE AT-LAR	4.00	X						0.	0.	0.
(32) MR. TODD SLACK PAST CHAIRMAN	4.00	X		X				0.	0.	0.
(33) MR. CHARLES L. RICE, JR. CHAIRMAN	4.00	X		X				0.	0.	0.
(34) MR. RICHARD HAASE VICE CHAIR & IMMEDIATE PAST CAMPAIGN	4.00	X		X				0.	0.	0.
(35) MRS. FLORENCE SCHORNSTEIN SECRETARY	4.00	X		X				0.	0.	0.
(36) MR. MICHAEL TODD TREASURER & FINANCE AND OPERATIONS C	4.00	X		X				0.	0.	0.
(37) MICHAEL WILLIAMSON PRESIDENT/CEO	37.50			X				232,963.	0.	44,806.
(38) CHARMAINE CACCIOPPI EVP/COO	37.50			X				171,512.	0.	34,979.
(39) DEBRA MODLIN CFO	37.50			X				114,930.	0.	20,252.
(40) MARY AMBROSE CHIEF IMPACT OFFICER	37.50				X			108,605.	0.	19,789.
Total to Part VII, Section A, line 1c								628,010.		119,826.

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	1,255,866.				
	b Membership dues	1b					
	c Fundraising events	1c	117,463.				
	d Related organizations	1d					
	e Government grants (contributions)	1e	677,888.				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	14,543,781.				
	g Noncash contributions included in lines 1a-1f: \$		1,517,427.				
	h Total. Add lines 1a-1f		16,594,998.				
Program Service Revenue	2 a SERVICE FEE INCOME	Business Code					
		900099	494,965.	494,965.			
	b						
	c						
	d						
	e						
	f All other program service revenue						
g Total. Add lines 2a-2f		494,965.					
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		81,990.			81,990.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	(i) Real	145,453.				
		(ii) Personal					
		b Less: rental expenses	336,353.				
		c Rental income or (loss)	-190,900.				
	d Net rental income or (loss)		-190,900.			-190,900.	
	7 a Gross amount from sales of assets other than inventory	(i) Securities	295,420.				
		(ii) Other	6,500.				
		b Less: cost or other basis and sales expenses	0.	14,204.			
		c Gain or (loss)	295,420.	-7,704.			
	d Net gain or (loss)		287,716.			287,716.	
	8 a Gross income from fundraising events (not including \$ 117,463. of contributions reported on line 1c). See Part IV, line 18	a	40,756.				
		b Less: direct expenses	71,691.				
c Net income or (loss) from fundraising events			-30,935.			-30,935.	
9 a Gross income from gaming activities. See Part IV, line 19	a						
	b Less: direct expenses						
	c Net income or (loss) from gaming activities						
10 a Gross sales of inventory, less returns and allowances	a						
	b Less: cost of goods sold						
	c Net income or (loss) from sales of inventory						
Miscellaneous Revenue		Business Code					
11 a SETTLEMENT PROCEEDS	900099	1,913,563.			1,913,563.		
b INSURANCE PROCEEDS	900099	2,843.			2,843.		
c							
d All other revenue							
e Total. Add lines 11a-11d		1,916,406.					
12 Total revenue. See instructions.		19,154,240.	494,965.	0.	2,064,277.		

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	7,860,284.	7,860,284.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	1,915,252.	1,915,252.		
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	628,569.	152,199.	326,748.	149,622.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	2,414,145.	1,036,282.	395,248.	982,615.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	192,536.	73,130.	29,827.	89,579.
9 Other employee benefits	258,429.	95,663.	47,014.	115,752.
10 Payroll taxes	192,135.	71,283.	44,627.	76,225.
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	26,816.	1,695.	23,048.	2,073.
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	10,412.	3,589.	2,432.	4,391.
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	398,205.	178,864.	32,544.	186,797.
12 Advertising and promotion	84,627.	35,447.	3,365.	45,815.
13 Office expenses	352,614.	147,518.	43,436.	161,660.
14 Information technology				
15 Royalties				
16 Occupancy	67,336.	17,195.	9,946.	40,195.
17 Travel	109,913.	50,205.	11,656.	48,052.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	224,764.	131,411.	23,494.	69,859.
20 Interest				
21 Payments to affiliates	149,829.		149,829.	
22 Depreciation, depletion, and amortization	65,645.	23,325.	10,822.	31,498.
23 Insurance				
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a MEMBERSHIP DUES	11,270.	3,737.	1,807.	5,726.
b MISCELLANEOUS	10,446.	2,377.	1,320.	6,749.
c				
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	14,973,227.	11,799,456.	1,157,163.	2,016,608.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

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

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	-126,603.	1	6,347.
	2 Savings and temporary cash investments	6,923,660.	2	9,642,011.
	3 Pledges and grants receivable, net	5,271,721.	3	5,405,237.
	4 Accounts receivable, net		4	
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges		9	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 1,970,512.		
	b Less: accumulated depreciation	10b 1,318,033.	667,913.	10c 652,479.
	11 Investments - publicly traded securities	1,806,924.	11	1,960,888.
	12 Investments - other securities. See Part IV, line 11	3,349,000.	12	3,486,687.
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	144,327.	15	1,226,147.
16 Total assets. Add lines 1 through 15 (must equal line 34)	18,036,942.	16	22,379,796.	
Liabilities	17 Accounts payable and accrued expenses	482,501.	17	530,448.
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	5,650,735.	25	5,565,974.
	26 Total liabilities. Add lines 17 through 25	6,133,236.	26	6,096,422.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	5,976,135.	27	8,863,910.
	28 Temporarily restricted net assets	2,024,054.	28	3,506,991.
	29 Permanently restricted net assets	3,903,517.	29	3,912,473.
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	11,903,706.	33	16,283,374.	
34 Total liabilities and net assets/fund balances	18,036,942.	34	22,379,796.	

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	19,154,240.
2	Total expenses (must equal Part IX, column (A), line 25)	2	14,973,227.
3	Revenue less expenses. Subtract line 2 from line 1	3	4,181,013.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	11,903,706.
5	Net unrealized gains (losses) on investments	5	198,655.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	16,283,374.

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other		
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		X
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:			
<input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis			
2b	Were the organization's financial statements audited by an independent accountant?	X	
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:			
<input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis			
2c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	X	
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
3b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		

Form 990 (2016)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No. 1545-0047

2016

Open to Public Inspection

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

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

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

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

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

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	15,879,305.	26,642,234.	14,366,976.	15,839,751.	16,594,998.	89,323,264.
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	15,879,305.	26,642,234.	14,366,976.	15,839,751.	16,594,998.	89,323,264.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						12,829,461.
6 Public support. Subtract line 5 from line 4.						76,493,803.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
7 Amounts from line 4	15,879,305.	26,642,234.	14,366,976.	15,839,751.	16,594,998.	89,323,264.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources ...	296,821.	358,806.	202,565.	231,019.	227,443.	1,316,654.
9 Net income from unrelated business activities, whether or not the business is regularly carried on ...						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)					1,916,406.	1,916,406.
11 Total support. Add lines 7 through 10						92,556,324.
12 Gross receipts from related activities, etc. (see instructions)					12	1,824,218.
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2016 (line 6, column (f) divided by line 11, column (f))	14	82.65 %
15 Public support percentage from 2015 Schedule A, Part II, line 14	15	82.72 %
16a 33 1/3% support test - 2016. 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 - 2015. 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 - 2016. 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 - 2015. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2016 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2015 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2016 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2015 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2016. 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 - 2015. 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 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete 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 (b) and (c) 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 12a or 12b in Part I, answer (b) and (c) 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 (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by 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 (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

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

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

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

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

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	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	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions	
7 Total annual distributions. Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions	
9 Distributable amount for 2016 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2016	(iii) Distributable Amount for 2016
1 Distributable amount for 2016 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2016 (reasonable cause required- explain in Part VI). See instructions			
3 Excess distributions carryover, if any, to 2016:			
a			
b			
c From 2013			
d From 2014			
e From 2015			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2016 distributable amount			
i Carryover from 2011 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2016 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2016 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2016, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions			
6 Remaining underdistributions for 2016. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions			
7 Excess distributions carryover to 2017. Add lines 3j and 4c			
8 Breakdown of line 7:			
a			
b Excess from 2013			
c Excess from 2014			
d Excess from 2015			
e Excess from 2016			

Schedule A (Form 990 or 990-EZ) 2016

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.)

Multiple horizontal lines for supplemental information.

SCHEDULE C
(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2016

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

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

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

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

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

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

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

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

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

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

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

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

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

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

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule C (Form 990 or 990-EZ) 2016

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 (grass roots lobbying)	21,761.													
b	Total lobbying expenditures to influence a legislative body (direct lobbying)	8,705.													
c	Total lobbying expenditures (add lines 1a and 1b)	30,466.													
d	Other exempt purpose expenditures	14,942,761.													
e	Total exempt purpose expenditures (add lines 1c and 1d)	14,973,227.													
f	Lobbying nontaxable amount. Enter the amount from the following table in both columns.	898,661.													
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 50%; text-align: left;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width: 50%; text-align: left;">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)	224,665.													
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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) Total
2a Lobbying nontaxable amount	1,574,688.	916,142.	934,187.	898,661.	4,323,678.
b Lobbying ceiling amount (150% of line 2a, column(e))					6,485,517.
c Total lobbying expenditures	26,139.	26,583.	31,818.	30,466.	115,006.
d Grassroots nontaxable amount	393,672.	229,036.	233,547.	224,665.	1,080,920.
e Grassroots ceiling amount (150% of line 2d, column (e))					1,621,380.
f Grassroots lobbying expenditures	18,718.	18,988.	22,727.	21,761.	82,194.

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)).

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

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

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

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

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

Part IV Supplemental Information

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

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2016

Open to Public Inspection

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

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year	7	
2 Aggregate value of contributions to (during year)	728,700.	
3 Aggregate value of grants from (during year)	333,172.	
4 Aggregate value at end of year	1,303,422.	
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

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

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

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

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

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

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

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

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

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

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

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1

(ii) Assets included in Form 990, Part X

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenue included on Form 990, Part VIII, line 1

b Assets included in Form 990, Part X

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

Schedule D (Form 990) 2016

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

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

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

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

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

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

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	5,145,992.	5,410,544.	5,426,745.	5,415,650.	4,902,319.
b Contributions				11,217.	18,750.
c Net investment earnings, gains, and losses	517,138.	-44,186.	192,942.	194,564.	687,214.
d Grants or scholarships	222,298.	220,366.	209,143.	194,686.	82,396.
e Other expenditures for facilities and programs					100,051.
f Administrative expenses					10,186.
g End of year balance	5,440,832.	5,145,992.	5,410,544.	5,426,745.	5,415,650.

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

- a Board designated or quasi-endowment 23.05 %
- b Permanent endowment 71.91 %
- c Temporarily restricted endowment 5.04 %

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:

- (i) unrelated organizations
- (ii) related organizations

	Yes	No
3a(i)	X	
3a(ii)		X
3b		

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		302,893.		302,893.
b Buildings		1,218,245.	976,896.	241,349.
c Leasehold improvements				
d Equipment		397,144.	340,406.	56,738.
e Other		52,230.	731.	51,499.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				652,479.

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	3,167,085.	END-OF-YEAR MARKET VALUE
(C) INVESTMENT IN COMMON		
(D) ENDOWMENT FUND OF GREATER		
(E) NEW ORLEANS FOUNDATION	319,602.	END-OF-YEAR MARKET VALUE
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	3,486,687.	

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) LEGAL SETTLEMENT RECEIVABLE	1,007,500.
(2) OTHER ASSETS	218,647.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	1,226,147.

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	5,565,974.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	5,565,974.

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

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

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

1	Total revenue, gains, and other support per audited financial statements		1	17,418,803.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	198,655.	
b	Donated services and use of facilities	2b	1,057,912.	
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d	2e	1,256,567.	
3	Subtract line 2e from line 1	3	16,162,236.	
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	10,412.	
b	Other (Describe in Part XIII.)	4b	2,981,592.	
c	Add lines 4a and 4b	4c	2,992,004.	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	19,154,240.	

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	13,039,135.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a	1,057,912.	
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d	2e	1,057,912.	
3	Subtract line 2e from line 1	3	11,981,223.	
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	10,412.	
b	Other (Describe in Part XIII.)	4b	2,981,592.	
c	Add lines 4a and 4b	4c	2,992,004.	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	14,973,227.	

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, 2017 AND

2016, 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 4B - OTHER ADJUSTMENTS:

DONOR DESIGNATIONS 2,981,592.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

DONOR DESIGNATIONS 2,981,592.

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)	2 (total number)		
Revenue	1	Gross receipts	103,250.	29,364.	25,605.	158,219.
	2	Less: Contributions	90,375.	19,770.	7,318.	117,463.
	3	Gross income (line 1 minus line 2)	12,875.	9,594.	18,287.	40,756.
Direct Expenses	4	Cash prizes				
	5	Noncash prizes				
	6	Rent/facility costs				
	7	Food and beverages				
	8	Entertainment				
	9	Other direct expenses	50,774.	1,512.	19,405.	71,691.
	10	Direct expense summary. Add lines 4 through 9 in column (d)				71,691.
11	Net income summary. Subtract line 10 from line 3, column (d)				-30,935.	

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: _____

- 11 Does the organization conduct gaming activities with nonmembers? Yes No
- 12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? Yes No

13 Indicate the percentage of gaming activity conducted in:

a The organization's facility	13a	_____ %
b An outside facility	13b	_____ %

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ _____

Address ▶ _____

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

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

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

Name ▶ _____

Address ▶ _____

16 Gaming manager information:

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

Director/officer Employee Independent contractor

17 Mandatory distributions:

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

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

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

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.

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

OMB No. 1545-0047

2016

Open to Public
Inspection

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

Part I General Information on Grants and Assistance

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
A CHILD'S WISH OF GREATER NEW ORLEANS, INC. - P.O. BOX 5984 - METAIRIE, LA 70009	58-1602803	501(C)3	5,951.	0.			DESIGNATED GIFTS
ADAPT, INC. 216 MEMPHIS STREET BOGALUSA, LA 70427-3844	72-1274844	501(C)3	25,000.	0.			GRANT FUNDING
ALZHEIMER'S ASSOCIATION LA 3445 CAUSEWAY BLVD., SUITE 902 METAIRIE, LA 70002	13-3039601	501(C)3	22,875.	0.			DESIGNATED GIFTS
AMERICAN RED CROSS - SE LA 3131 N. I-10 SERVICE ROAD E., 4TH F METAIRIE, LA 70002	72-0408907	501(C)3	129,834.	0.			GRANT FUNDING & DESIGNATED GIFTS
AMERICA'S CHARITIES SUNTRUST BK WHOLESALE DEPT LOCKBX # BALTIMORE, MD 21279	54-1517707	501(C)3	6,920.	0.			DESIGNATED GIFTS
ANIMAL CHARITIES OF AMERICA P.O. BOX 45754 SAN FRANCISCO, CA 94145	94-3193389	501(C)3	18,335.	0.			DESIGNATED GIFTS

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **162.**

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) (2016)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ARC OF GREATER NEW ORLEANS, THE 925 S. LABARRE RD. METAIRIE, LA 70001	72-0456903	501(C)3	71,074.	0.			GRANT FUNDING & DESIGNATED GIFTS
ARCHDIOCESE OF NEW ORLEANS 2525 MAIN AVENUE METAIRIE, LA 70003	72-0408966	501(C)3	5,208.	0.			DESIGNATED GIFTS
ASCENSION FUND, THE 117 WEST ASCENSION STREET GONZALES, LA 70737	72-1186479	501(C)3	85,310.	0.			GRANT FUNDING & DESIGNATED GIFTS
BATON ROUGE AREA FOUNDATION 100 NORTH STREET, SUITE 900 BATON ROUGE, LA 70802	72-6030391	501(C)3	12,500.	0.			DESIGNATED GIFTS
BOYS HOPE GIRLS HOPE OF GNO P.O. BOX 19307 NEW ORLEANS, LA 70179	72-0905785	501(C)3	7,370.	0.			DESIGNATED GIFTS
BOY SCOUTS - SOUTHEAST LOUISIANA COUNCIL - 4200 S. I-10 SERVICE RD. WEST - METAIRIE, LA 70001	72-0408954	501(C)3	75,491.	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	30,981.	0.			GRANT FUNDING & DESIGNATED GIFTS
BOYS TOWN OF LOUISIANA, INC. 700 FRENCHMEN STREET NEW ORLEANS, LA 70116	41-2220807	501(C)3	34,414.	0.			DESIGNATED GIFTS
BRIDGE HOUSE CORP 1160 CAMP STREET NEW ORLEANS, LA 70130	72-6027674	501(C)3	5,577.	0.			DESIGNATED GIFTS

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BRIGHT PRESCHOOL FOR THE DEAF 1636 TOLEDANO ST. NEW ORLEANS, LA 70115	72-0538259	501(C)3	6,918.	0.			DESIGNATED GIFTS
CADA 3520 GENERAL DEGAULLE DR., STE. 501 NEW ORLEANS, LA 70114	72-0541502	501(C)3	32,174.	0.			GRANT FUNDING & DESIGNATED GIFTS
CANCER ASSOCIATION OF GNO 824 ELMWOOD PARK BLVD., STE. 240 NEW ORLEANS, LA 70123	72-0517802	501(C)3	82,911.	0.			GRANT FUNDING & DESIGNATED GIFTS
CANCER ASSOCIATION OF TANGIPAHOA 824 ELMWOOD PARK BLVD., STE. 240 NEW ORLEANS, LA 70123	72-0517802	501(C)3	21,016.	0.			GRANT FUNDING & DESIGNATED GIFTS
CANCERCURE OF AMERICA: CARE, UNDERSTAND, RESEARCH & END - P.O. BOX 45754 - SAN FRANCISCO, CA 94145	81-0648432	501(C)3	15,288.	0.			DESIGNATED GIFTS
CAPITAL AREA UNITED WAY ,LA 700 LAUREL STREET BATON ROUGE, LA 70802	72-0447100	501(C)3	227,273.	0.			DESIGNATED GIFTS
CASA NEW ORLEANS 1340 POYDRAS ST., STE. 2120 NEW ORLEANS, LA 70112	72-1054889	501(C)3	40,336.	0.			GRANT FUNDING & DESIGNATED GIFTS
CATHOLIC CHARITIES, ARCHDIOCESE OF NEW ORLEANS - 1000 HOWARD AVE., STE. 1000 - NEW ORLEANS, LA 70113	72-0408911	501(C)3	303,982.	0.			GRANT FUNDING & DESIGNATED GIFTS
CENTER FOR INNOVATIVE TRAINING 1631 ELYSIAN FIELDS, SUITE 116 NEW ORLEANS, LA 70117	46-4516976	501(C)3	10,090.	0.			GRANT FUNDING & DESIGNATED GIFTS

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AMERICA'S MOST COST-EFFECTIVE (FORMERLY CHARITIES UNDER 1% OVERHEAD) - P.O. BOX 45754 - SAN FRANCISCO, CA 94145	27-3132554	501(C)3	5,435.	0.			DESIGNATED GIFTS
CHILD ADVOCACY SERVICES 1504 W. CHURCH STREET HAMMOND, LA 70401	72-1262466	501(C)3	30,893.	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	114,686.	0.			GRANT FUNDING & DESIGNATED GIFTS
CHILDREN'S CHARITIES OF AMERICA P.O. BOX 45754 SAN FRANCISCO, CA 94145	94-3148588	501(C)3	8,560.	0.			DESIGNATED GIFTS
CHILDREN FIRST - AMERICA'S CHARITIES - SUNTRUST BK WHOLESALE DEPT LOCKBX #79570 - BALTIMORE, MD 21279	30-0186795	501(C)3	6,954.	0.			DESIGNATED GIFTS
CHILDREN'S HOSPITAL-LA 200 HENRY CLAY AVENUE NEW ORLEANS, LA 70118	72-0467503	501(C)3	12,826.	0.			DESIGNATED GIFTS
CHRISTIAN SERVICE CHARITIES P.O. BOX 79704 BALTIMORE, MD 21279	94-3193374	501(C)3	10,109.	0.			DESIGNATED GIFTS
CITY YEAR NEW ORLEANS, INC. 805 HOWARD AVE. NEW ORLEANS, LA 70113	22-2882549	501(C)3	26,256.	0.			GRANT FUNDING & DESIGNATED GIFTS
COMMUNITIES IN SCHOOL OF NEW ORLEANS - P.O. BOX 792800 - NEW ORLEANS, LA 70179	72-1317054	501(C)3	31,272.	0.			GRANT FUNDING & DESIGNATED GIFTS

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COMMUNITY CENTER OF ST. BERNARD 1107 LEBEAU ST. ARABI, LA 70032	74-3173649	501(C)3	5,033.	0.			GRANT FUNDING & DESIGNATED GIFTS
COMMUNITY HEALTH CHARITIES-NATIONAL - P.O. BOX 75153 - BALTIMORE, MD 21275	13-6167225	501(C)3	58,571.	0.			DESIGNATED GIFTS
COMMUNITY HEALTH CHARITIES SOUTHEAST - P.O. BOX 758858 - BALTIMORE, MD 21275-8858	72-0812884	501(C)3	61,900.	0.			DESIGNATED GIFTS
COMMUNITY WORKS OF LOUISIANA 615 BARONNE STREET NEW ORLEANS, LA 70130	26-4472656	501(C)3	25,000.	0.			GRANT FUNDING
COVENANT HOUSE NEW ORLEANS 611 N. RAMPART STREET NEW ORLEANS, LA 70112	58-1669937	501(C)3	5,442.	0.			DESIGNATED GIFTS
CRIME STOPPERS OF TANGIPAHOA P.O. BOX 2973 HAMMOND, LA 70404	68-0516834	501(C)3	25,024.	0.			GRANT FUNDING & DESIGNATED GIFTS
DOLLYWOOD FOUNDATION 111 DOLLYWOOD LANE PIGEON FORGE, TN 37863	62-1348105	501(C)3	17,709.	0.			DESIGNATED GIFTS
DRYADES YMCA 2222 ORETHA CASTLE HALEY NEW ORLEANS, LA 70113	77-0428019	501(C)3	53,710.	0.			GRANT FUNDING & DESIGNATED GIFTS
CHILDHOOD & FAMILY LEARNING FOUNDATION - 2405 JACKSON AVENUE, SUITE C213 - NEW ORLEANS, LA 70113	33-1159042	501(C)3	61,273.	0.			GRANT FUNDING & DESIGNATED GIFTS

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EARTHSHARE DEPT. 4011 WASHINGTON, DC 20042	52-1601960	501(C)3	5,833.	0.			DESIGNATED GIFTS
EAST ST. TAMMANY RAINBOW CHILD CARE CENTER, INC. - 121 KINGSPPOINT BLVD. - SLIDELL, LA 70461	72-1028297	501(C)3	27,155.	0.			GRANT FUNDING & DESIGNATED GIFTS
EDUCATE NOW! 625 ST. CHARLES AVENUE, APT. 7A NEW ORLEANS, LA 70130	26-3606930	501(C)3	83,933.	0.			GRANT FUNDING
ELAINE P. NUNEZ COMMUNITY COLLEGE 3701 PARIS ROAD CHALMETTE, LA 70043	72-1308725	501(C)3	10,000.	0.			DESIGNATED GIFTS
FAMILY SERVICE OF GNO 2515 CANAL ST., 2ND FL. NEW ORLEANS, LA 70119	72-0408931	501(C)3	78,802.	0.			GRANT FUNDING & DESIGNATED GIFTS
FATHER'S HOUSE KIDS 1707 ESPLANADE AVENUE NEW ORLEANS, LA 70116	72-1309470	501(C)3	8,559.	0.			DESIGNATED GIFTS
FOUNDATION FOR SCIENCE AND MATHEMATICS EDUCATION - 5625 LOYOLA AVENUE - NEW ORLEANS, LA 70115	20-5197170	501(C)3	5,000.	0.			DESIGNATED GIFTS
GINGER FORD NORTSHORE P.O. BOX 2726 HAMMOND, LA 70404	26-4235331	501(C)3	45,000.	0.			GRANT FUNDING
GNO NONPROFIT KNOWLEDGE WORKS 1600 CONSTANCE ST. NEW ORLEANS, LA 70130	72-1400841	501(C)3	75,664.	0.			GRANT FUNDING & DESIGNATED GIFTS

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GLOBAL IMPACT P.O. BOX 409616 ATLANTA, GA 30384	52-1273585	501(C)3	9,554.	0.			DESIGNATED GIFTS
GODCHAUX-RESERVE HOUSE HISTORICAL SOCIETY - P.O. BOX 2129 - RESERVE, LA 70084	72-1338246	501(C)3	100,000.	0.			DESIGNATED GIFTS
GOOD SAMARITAN MINISTRY 910 CROSS GATES BLVD. SLIDELL, LA 70461	72-0947538	501(C)3	39,478.	0.			GRANT FUNDING & DESIGNATED GIFTS
HABITAT FOR HUMANITY ST. TAMMANY WEST - 1400 NORTH LANE - MANDEVILLE, LA 70471	72-0921695	501(C)3	10,470.	0.			DESIGNATED GIFTS
HANDS ON NEW ORLEANS 2515 CANAL STREET NEW ORLEANS, LA 70119	26-2281213	501(C)3	43,870.	0.			GRANT FUNDING & DESIGNATED GIFTS
GREEK ORTHODOX ARCHDIOCESE, THE 8 EAST 79TH STREET NEW YORK, NY 10075	13-1632516	501(C)3	200,000.	0.			DESIGNATED GIFTS
HARRISON COUNTY UNITED WAY 301 W. MAIN ST., RM 608 CLARKSBURG, WV 26301	55-0421431	501(C)3	5,725.	0.			GRANT FUNDING
GREATER BATON ROUGE FOOD BANK P.O. BOX 45830 BATON ROUGE, LA 70895-4830	72-1065318	501(C)3	9,240.	0.			DESIGNATED GIFTS
HEALING HEARTS FOR COMMUNITY DEVELOP - 2701 TRANSCONTINENTAL DRIVE - METAIRIE, LA 70006	76-0792803	501(C)3	27,465.	0.			GRANT FUNDING & DESIGNATED GIFTS

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HEALTH & MEDICAL RESEARCH CHARITIES OF AMERICA - P.O. BOX 45754 - SAN FRANCISCO, CA 94145	94-3217739	501(C)3	16,962.	0.			DESIGNATED GIFTS
HEART OF ARKANSAS UNITED WAY P.O. BOX 798 LITTLE ROCK, AR 72115	71-0329790	501(C)3	94,921.	0.			GRANT FUNDING
HOPE CENTER, THE 1409 ROMAIN STREET GRETNA, LA 70053	72-1472498	501(C)3	5,727.	0.			GRANT FUNDING & DESIGNATED GIFTS
JDRF INTERNATIONAL, LOUISIANA CHAPTER - 9457 BROOKLINE AVENUE - BATON ROUGE, LA 70809	23-1907729	501(C)3	5,096.	0.			DESIGNATED GIFTS
JEWISH COMMUNITY CENTER 5342 ST. CHARLES AVE. NEW ORLEANS, LA 70115	72-0408937	501(C)3	43,749.	0.			GRANT FUNDING & DESIGNATED GIFTS
JEWISH FAMILY SERVICE 3330 W. ESPLANADE, STE. 600 METAIRIE, LA 70002	72-0851575	501(C)3	41,284.	0.			GRANT FUNDING & DESIGNATED GIFTS
JEWISH FEDERATION OF GNO, THE 3747 WEST ESPLANADE AVENUE METAIRIE, LA 70002	72-0408938	501(C)3	5,000.	0.			DESIGNATED GIFTS
JUNIOR ACHIEVEMENT OF GNO, INC. 5100 ORLEANS AVENUE NEW ORLEANS, LA 70124	72-1084132	501(C)3	64,631.	0.			DESIGNATED GIFTS
KINGSLEY HOUSE 1600 CONSTANCE ST. NEW ORLEANS, LA 70130	72-0408940	501(C)3	143,875.	0.			GRANT FUNDING & DESIGNATED GIFTS

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LABI NEW ORLEANS 3113VALLEY CREEK DRIVE BATON ROUGE, LA 70808	46-4858854	501(C)3	100,000.	0.			GRANT FUNDING
LOUISIANA APPLESEED 909 POYDRAS ST, SUITE 550 NEW ORLEANS, LA 70112	72-1402876	501(C)3	5,908.	0.			DESIGNATED GIFTS
LOUISIANA ASSOCIATION OF NON PROFITS - 528 LOUISIANA AVENUE - BATON ROUGE, LA 70802	72-1444119	501(C)3	25,000.	0.			DESIGNATED GIFTS
LOUISIANA CENTER FOR CHILDREN'S RIGHTS - 1100-B MILTON STREET - NEW ORLEANS, LA 70122	20-5961971	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 SOCIETY FOR THE PREVENTION OF CRUELTY TO ANIMALS - 1700 MADI GRAS BLVD. - NEW ORLEANS, LA 70114	72-0471368	501(C)3	7,894.	0.			DESIGNATED GIFTS
LOUISIANA ENDOWMENT FOR THE HUMANITIES - 938 LAFAYETTE ST, SUITE 300 - NEW ORLEANS, LA 70113	72-0795568	501(C)3	25,000.	0.			GRANT FUNDING
MARY QUEEN OF VIETNAM COMMUNITY DEVELOPMENT CORP, INC. - 4626 ALCEE FORTIER BLVD - NEW ORLEANS, LA 70129	20-4929600	501(C)3	25,672.	0.			GRANT FUNDING & DESIGNATED GIFTS
METROPOLITAN CENTER FOR WOMEN P.O. BOX 10775 JEFFERSON, LA 70181	72-1062244	501(C)3	15,959.	0.			GRANT FUNDING & DESIGNATED GIFTS

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MILITARY FAMILY & VETERANS SERVICE ORGANIZATIONS OF AMERICA - P.O. BOX 45754 - SAN FRANCISCO, CA 94145	94-3193418	501(C)3	13,856.	0.			DESIGNATED GIFTS
MONTGOMERY COUNTY UNITED WAY P.O. BOX 352 VIDALIA, GA 30475	58-1872000	501(C)3	118,282.	0.			GRANT FUNDING & DESIGNATED GIFTS
NATIONAL MULTIPLE SCLEROSIS-LOUISIANA CHAPTER - 4613 FIARFIELD STREET - METAIRIE, LA 70006	74-1266225	501(C)3	6,275.	0.			DESIGNATED GIFTS
NATIONAL WORLD WAR II MUSEUM, THE 945 MAGAZINE STREET NEW ORLEANS, LA 70130	27-2262560	501(C)3	11,739.	0.			DESIGNATED GIFTS
NEW ORLEANS FAMILY JUSTICE ALLIANCE - 701 LOYOLA AVENUE, SUITE 201 - NEW ORLEANS, LA 70150	26-2541029	501(C)3	112,076.	0.			GRANT FUNDING & DESIGNATED GIFTS
NEW HEIGHTS THERAPY CENTER P.O. BOX 1283 FOLSOM, LA 70437	72-1420620	501(C)3	22,646.	0.			GRANT FUNDING & DESIGNATED GIFTS
NEW HORIZONS YOUTH SERVICE BUREAU 47257 RIVER ROAD HAMMOND, LA 70401	72-0794639	501(C)3	16,949.	0.			GRANT FUNDING & DESIGNATED GIFTS
NEW ORLEANS BALLET ASSOCIATION ONE LEE CIRCLE NEW ORLEANS, LA 70130	23-7122403	501(C)3	6,869.	0.			DESIGNATED GIFTS
NEW ORLEANS SPEECH & HEARING CENTER - 1636 TOLEDANO - NEW ORLEANS, LA 70115	72-0443103	501(C)3	39,183.	0.			GRANT FUNDING & DESIGNATED GIFTS

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NO/AIDS TASK FORCE 2601 TULANE AVENUE, STE. 500 NEW ORLEANS, LA 70119	72-1059635	501(C)3	11,988.	0.			GRANT FUNDING & DESIGNATED GIFTS
NORTHSHORE DISASTER RECOVERY 360 ROBERT BLVD. SLIDELL, LA 70458	20-4250103	501(C)3	75,006.	0.			GRANT FUNDING
NOTRE DAME SEMINARY OF NEW ORLEANS - 2901 S. CARROLLTON AVENUE - NEW ORLEANS, LA 70118	72-0428008	501(C)3	50,000.	0.			DESIGNATED GIFTS
OUR DAILY BREAD OF TANGIPAHOA P.O. BOX 1476 HAMMOND, LA 70404	72-1438651	501(C)3	54,262.	0.			GRANT FUNDING & DESIGNATED GIFTS
OZANAM INN P.O. BOX 30565 NEW ORLEANS, LA 70130	72-0854403	501(C)3	6,217.	0.			DESIGNATED GIFTS
PELICAN INSTITUTE FOR PUBLIC POLICY - 2633 MERCEDES BLVD. - NEW ORLEANS, LA 70114	26-1704791	501(C)3	10,000.	0.			GRANT FUNDING
PLAQUEMINES COMMUNITY CARE CENTER 8480 HWY. 23 BELLE CHASSE, LA 70037	20-3884943	501(C)3	84,777.	0.			GRANT FUNDING & DESIGNATED GIFTS
POSTAL EMPLOYEES' RELIEF FUND P.O. BOX 7630 WOODBIDGE, VA 22195	52-1666010	501(C)3	5,077.	0.			DESIGNATED GIFTS
PROJECT HOMECOMING 2221 FILMORE AVENUE NEW ORLEANS, LA 70122	32-0312933	501(C)3	25,794.	0.			GRANT FUNDING & DESIGNATED GIFTS

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RAINTREE CHILDREN AND FAMILY SERVICES - 1233 EIGHT STREET - NEW ORLEANS, LA 70115	72-0456905	501(C)3	9,784.	0.			GRANT FUNDING & DESIGNATED GIFTS
RAPHAEL ACADEMY 517 SORAPARU STREET, APT. 104 NEW ORLEANS, LA 70130	58-2011105	501(C)3	13,000.	0.			DESIGNATED GIFTS
REGINA COELI CHILD DEVELOPMENT 22476 HIGHWAY 190 EAST ROBERT, LA 70455	72-0680604	501(C)3	60,096.	0.			GRANT FUNDING & DESIGNATED GIFTS
RIVER VALLEY UNITED WAY, INC. P.O. BOX 636 RUSSELLVILLE, AR 72811-0636	71-0410894	501(C)3	118,572.	0.			GRANT FUNDING
ROYAL CASTLE CHILD DEVELOPMENT 3800 EAGLE ST. NEW ORLEANS, LA 70118-3404	72-1317443	501(C)3	25,000.	0.			GRANT FUNDING
SAFE HARBOR INC. 4441 IBERVILLE ST. MANDEVILLE, LA 70471	12-1181684	501(C)3	33,165.	0.			GRANT FUNDING & DESIGNATED GIFTS
SALVATION ARMY AREA COMMAND, THE 4526 S. CLAIBORNE AVE. NEW ORLEANS, LA 70125	63-0288866	501(C)3	10,613.	0.			GRANT FUNDING & DESIGNATED GIFTS
SECOND HARVEST FOOD BANK 1201 SAMS AVE. NEW ORLEANS, LA 70123	72-0956468	501(C)3	170,506.	0.			GRANT FUNDING & DESIGNATED GIFTS
SHERMAN BAPTIST CHURCH P.O. DRAWER 568 MAGNOLIA, MS 39652	86-1089622	501(C)3	5,000.	0.			GRANT FUNDING

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SOUTHEAST LA LEGAL SERVICES CO. 1200 DEREK, STE 100 HAMMOND, LA 70403	72-0877422	501(C)3	70,640.	0.			GRANT FUNDING & DESIGNATED GIFTS
SOUTHEAST SPOUSE ABUSE PROGRAM P.O. BOX 1946 HAMMOND, LA 70404-1946	52-1243258	501(C)3	28,873.	0.			GRANT FUNDING & DESIGNATED GIFTS
SOUTHEASTERN LA UNIVERSITY FOUNDATION - SLU 10293 - HAMMOND, LA 70402	72-6028821	501(C)3	15,433.	0.			GRANT FUNDING
ST. BERNARD PROJECT 2645 TOULOUSE STREET NEW ORLEANS, LA 70119	33-0767921	501(C)3	133,514.	0.			GRANT FUNDING & DESIGNATED GIFTS
ST. BERNARD BATTERED WOMEN 3010 JEAN LAFITTE PKWY. CHALMETTE, LA 70043	58-1834566	501(C)3	48,266.	0.			GRANT FUNDING & DESIGNATED GIFTS
ST. BERNARD KIWANIS FOUNDATION P.O. BOX 212 ARABI, LA 70032	72-1373378	501(C)3	5,000.	0.			DESIGNATED GIFTS
ST. JAMES ARC P.O. BOX 550 VACHERIE, LA 70090	23-7084518	501(C)3	10,000.	0.			DESIGNATED GIFTS
ST. JOHN UNITED WAY P.O. BOX 2019 RESERVE, LA 70084	23-7204234	501(C)3	7,884.	0.			GRANT FUNDING & DESIGNATED GIFTS
ST. JUDE CHILDREN'S RESEARCH HOSPITAL - 501 ST. JUDE PLACE - MEMPHIS, TN 38105	62-0646012	501(C)3	104,124.	0.			GRANT FUNDING & DESIGNATED GIFTS

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ST. TAMMANY HOSPITAL FOUNDATION 1202 S. TYLER STREET COVINGTON, LA 70433	37-1458857	501(C)3	13,000.	0.			DESIGNATED GIFTS
STARC 1541 ST. ANN PLACE SLIDELL, LA 70460	72-0727074	501(C)3	82,595.	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	31,281.	0.			DESIGNATED GIFTS
TANGIPAHOA PARISH PUBLIC SCHOOLS 59656 PULESTON ROAD AMITE, LA 70422	72-6001372	501(C)3	15,000.	0.			GRANT FUNDING
TARC 201 EAST CHURCH STREET HAMMOND, LA 70401	72-0736593	501(C)3	31,206.	0.			GRANT FUNDING & DESIGNATED GIFTS
TANGIPAHOA VOLUNTARY COUNCIL ON AGING - 106 NORTH BAY ST. - AMITE, LA 70422	72-0903571	501(C)3	52,435.	0.			GRANT FUNDING & DESIGNATED GIFTS
TEACH FOR AMERICA 1055 ST. CHARLES AVENUE, SUITE 600 NEW ORLEANS, LA 70130	13-3541913	501(C)3	13,321.	0.			DESIGNATED GIFTS
TRAVELERS AID SOCIETY 611 NORTH RAMPART ST. NEW ORLEANS, LA 70112	72-0408990	501(C)3	128,056.	0.			GRANT FUNDING & DESIGNATED GIFTS
TULANE UNIVERSITY 6823 ST. CHARLES AVENUE NEW ORLEANS, LA 70118	72-0423889	501(C)3	80,000.	0.			DESIGNATED GIFTS

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UNITED NEGRO COLLEGE FUND 1100 POYDRAS ST., STE. 1400 NEW ORLEANS, LA 70163	13-1624241	501(C)3	50,908.	0.			GRANT FUNDING & DESIGNATED GIFTS
UNITED WAY OF BEAUMONT & NORTH P.O. BOX 1430 BEAUMONT, TX 77704-1403	74-1200117	501(C)3	30,876.	0.			GRANT FUNDING
UNITED NEGRO COLLEGE FUND-NATIONAL 8260 WILLOW OAKS CORPORATE DRIVE FAIRFAX, VA 22031	13-1624241	501(C)3	15,177.	0.			DESIGNATED GIFTS
UNITED WAY FOR SOUTH LOUISIANA 7910 MAIN STREET, SUITE 460 HOUMA, LA 70360	72-0867661	501(C)3	18,022.	0.			DESIGNATED GIFTS
UNITED WAY OF GREATER HOUSTON 50 WAUGH DRIVE HOUSTON, TX 77007	74-1167964	501(C)3	48,984.	0.			DESIGNATED GIFTS
UNITED WAY OF ACADIANA P.O. BOX 52033 LAFAYETTE, LA 70505	72-0513639	501(C)3	14,198.	0.			DESIGNATED GIFTS
UNITED WAY OF GARLAND COUNTY 233 HOBSON AVENUE HOT SPRINGS, AR 71913-3724	71-0264296	501(C)3	11,269.	0.			GRANT FUNDING
UNITED WAY OF SOUTHEAST ARKANSAS P.O. BOX 8702 PINE BLUFF, AR 71611-8702	71-0236869	501(C)3	12,614.	0.			GRANT FUNDING
UNITED WAY OF GREATER PLYMOUTH 934 W. CHESNUT STREET BROCKTON, MA 02301-5538	04-2103940	501(C)3	18,112.	0.			GRANT FUNDING

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNITED WAY OF WHITE COUNTY, IN P.O. BOX 907 SEARCY, AR 72145-0907	71-0525401	501(C)3	11,898.	0.			GRANT FUNDING
GREATER KALAMAZOO UNITED WAY 709 S. WESTNEDGE AVENUE KALAMAZOO, MI 49007-6003	38-1359193	501(C)3	5,732.	0.			GRANT FUNDING
VAN BUREN COUNTY UNITED WAY 181 W. MICHIGAN AVENUE PAW PAW, MI 49079	23-7113927	501(C)3	24,748.	0.			GRANT FUNDING
UNITED WAY OF WESTCHESTER & PU 336 CENTRAL PARK AVENUE WHITE PLAINS, NY 10606-1502	13-1997636	501(C)3	15,845.	0.			GRANT FUNDING
UNITED WAY OF WEST CENTRAL MISSISSIPPI - P.O. BOX 203 - VICKSBURG, MS 39181-0203	64-0330259	501(C)3	98,471.	0.			GRANT FUNDING
UNITED WAY OF CENTRAL ARKANSAS P.O. BOX 489 CONWAY, AR 72033-0489	23-7222534	501(C)3	9,128.	0.			GRANT FUNDING
UNITED WAY OF INDEPENDENCE COUNTY P.O. BOX 2639 BATESVILLE, AR 72503-2639	71-0548432	501(C)3	9,585.	0.			GRANT FUNDING
UNITED WAY OF MIAMI-DADE 3250 SW 3RD AVENUE MIAMI, FL 33129-2712	59-0830840	501(C)3	21,796.	0.			DESIGNATED GIFTS
UNITED WAY OF NORTHEAST LOUISIANA 1201 HUDSON LANE MONROE, LA 71201-6005	72-0498515	501(C)3	15,806.	0.			GRANT FUNDING & DESIGNATED GIFTS

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNITED WAY OF ORANGE COUNTY P.O. BOX 1583 ORANGE, TX 77631-1583	74-6023140	501(C)3	12,189.	0.			GRANT FUNDING
UNITED WAY OF GREATER OSWEGO COUNTY - ONE SOUTH FIRST STREET - FULTON, NY 13069-1704	15-0532224	501(C)3	47,242.	0.			GRANT FUNDING
UNITED WAY OF SALINE COUNTY P.O. BOX 1576 BENTON, AR 72018-1576	71-0558510	501(C)3	9,093.	0.			GRANT FUNDING
UNITED WAY OF SOUTHWEST LOUISIANA 715 RYAN ST., SUITE 102 LAKE CHARLES, LA 70601-4200	72-0456901	501(C)3	35,887.	0.			GRANT FUNDING & DESIGNATED GIFTS
UNITED WAY OF SOUTHWEST MICHIGAN 2015 LAKEVIEW AVENUE ST. JOSEPH, MI 49085-1648	38-1358411	501(C)3	17,344.	0.			GRANT FUNDING
UNITED WAY OF THE CAPITAL AREA INC., MS - P.O. DRAWER 23169 - JACKSON, MS 39225	64-0303075	501(C)3	55,394.	0.			GRANT FUNDING & DESIGNATED GIFTS
UNITED WAY WORLDWIDE 701 NORTH FAIRFAX STREET ALEXANDRIA, VA 22314-2045	13-1635294	501(C)3	39,981.	0.			GRANT FUNDING & DESIGNATED GIFTS
UNITED WAY OF ST. CHARLES 13207 RIVER ROAD LULING, LA 70070	72-0928066	501(C)3	54,960.	0.			DESIGNATED GIFTS
UNIVERSITY OF VIRGINIA FOUNDATION P.O. BOX 400218 CHARLOTTESVILLE, VA 22904	72-0928066	501(C)3	120,000.	0.			DESIGNATED GIFTS

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
URBAN LEAGUE OF GREATER NEW ORLEANS - 2322 CANAL ST. - NEW ORLEANS, LA 70119	72-0423627	501(C)3	81,363.	0.			GRANT FUNDING & DESIGNATED GIFTS
VALLEY OF THE SUN UNITED WAY 1515 EAST OSBORN ROAD PHOENIX, AZ 85064	86-0104419	501(C)3	11,382.	0.			DESIGNATED GIFTS
VIA LINK 2820 NAPOLEON AVE., STE. 550 NEW ORLEANS, LA 70115	72-0706669	501(C)3	334,762.	0.			GRANT FUNDING & DESIGNATED GIFTS
VILLAGE HEARTBEAT P.O. BOX 49152 COLORADO SPRINGS, CO 80949	84-1477837	501(C)3	6,240.	0.			DESIGNATED GIFTS
VOLUNTEERS OF AMERICA OF GNO 4152 CANAL ST. NEW ORLEANS, LA 70119	72-0709750	501(C)3	55,160.	0.			GRANT FUNDING & DESIGNATED GIFTS
WASHINGTON AND LEE UNIVERSITY 204 W. WASHINGTON ST. LEXINGTON, VA 24450	54-0505977	501(C)3	100,000.	0.			DESIGNATED GIFTS
WEROC P.O. BOX 701 FRANKLINTON, LA 70438	57-1240541	501(C)3	25,000.	0.			GRANT FUNDING
WOUNDED WARRIOR PROJECT 4899 BELFORT ROAD, SUITE 300 JACKSONVILLE, FL 32256	20-2370934	501(C)3	12,529.	0.			DESIGNATED GIFTS
YMCA BOGALUSA 411 AVENUE B BOGALUSA, LA 70427-3656	72-0441354	501(C)3	25,860.	0.			GRANT FUNDING & DESIGNATED GIFTS

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
YMCA OF GREATER NEW ORLEANS 1215 PRYTANIA ST., STE. 103 NEW ORLEANS, LA 70130	72-0423890	501(C)3	92,703.	0.			GRANT FUNDING & DESIGNATED GIFTS
YOUTH EMPOWERMENT PROJECT 1600 ORETHA CASTLE HALEY BLVD. NEW ORLEANS, LA 70113	42-1633060	501(C)3	25,067.	0.			GRANT FUNDING & DESIGNATED GIFTS
YOUTH SERVICE BUREAU OF ST. TAMMANY - 430 N. NEW HAMPSHIRE - COVINGTON, LA 70433	72-0933867	501(C)3	89,347.	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
ASSET FOR INDEPENDENCE	66	135,895.	0.		
CRISIS ASSISTANCE	108	175,471.	0.		
REBUILDING HOMES	2	198,636.	0.		
FLOOD RELIEF	22950	0.	1,405,250.	FMV	FOOD, CLEANING SUPPLIES, ETC.

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

PART I, LINE 2:

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

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

2016

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.

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

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

UNITED WAY OF SOUTHEAST LOUISIANA

Employer identification number

72-0471369

Part I Questions Regarding Compensation

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Schedule J (Form 990) 2016

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) MICHAEL WILLIAMSON PRESIDENT/CEO	(i)	218,689.	11,696.	2,578.	23,052.	21,754.	277,769.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) CHARMAINE CACCIOPPI EVP/COO	(i)	169,016.	0.	2,496.	19,550.	15,429.	206,491.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
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	(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 TO ONE CONFERENCE PER YEAR WITH THE CEO - TEN KEY
CITIES (TKC) CONFERENCE IN APRIL 2017. TKC REIMBURSES UWSELA FOR THE
EXPENDITURE, AND THE TRAVEL IS APPROVED BY THE CHAIRMAN OF THE BOARD OF
TRUSTEES.

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2016

Open To Public Inspection

Department of the Treasury
Internal Revenue Service

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

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

Part I Types of Property	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods	X		1,405,250.	FAIR MARKET VALUE
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	13	112,177.	FAIR MARKET VALUE
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (_____)				
26 Other ▶ (_____)				
27 Other ▶ (_____)				
28 Other ▶ (_____)				

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

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

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) (2016)

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

SCHEDULE M, PART I, COLUMN (B):

THE ORGANIZATION IS REPORTING THE NUMBER OF INSTANCES OF CONTRIBUTIONS.

Multiple horizontal lines for supplemental information.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2016

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."

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

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:

1. PROGRAM GRANTS:

TOTAL NUMBER OF PEOPLE SERVED BY OUR 78 GRANT PARTNERS FROM JULY 1,
2016-JUNE 30, 2017 - 374,280. UWSELA-FUNDED 78 PROGRAMS, FROM JULY 1,
2016 - JUNE 30, 2017 TO ADDRESS PRIORITIES SUCH AS HOUSING, MEDICAL AND

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

Schedule O (Form 990 or 990-EZ) (2016)

Name of the organization UNITED WAY OF SOUTHEAST LOUISIANA	Employer identification number 72-0471369
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MENTAL HEALTH CARE, CHILD AND ADULT CARE AND ACADEMIC SUPPORTS. UWSELA ANSWERED OVER 374,280 APPEALS FOR HELP FROM OUR COMMUNITY.

2. COLLABORATION GRANTS:

BASED ON THE BLUEPRINT, UWSELA PROVIDED \$500,000 IN FUNDING TO SUPPORT SEVEN (7) COLLABORATIONS FOCUSED ON SYSTEMIC CHANGE TO ERADICATE POVERTY.

ACCOMPLISHMENTS:

ENDING HOMELESSNESS THROUGH SYSTEMS CHANGE COLLABORATIVE - IMPLEMENTATION STAGE

-60 ORGANIZATIONS ACTIVELY PARTICIPATING IN COLLABORATION

-ADVOCACY SUBCOMMITTEE FORMED

-18,000 BENEFICIARIES DIRECTLY SUPPORTED BY COLLABORATIVE

-340 PERMANENT SUPPORTIVE HOUSING UNITS IDENTIFIED

-31 HOUSING NAVIGATORS TRAINED

-43 CHRONICALLY HOMELESS INDIVIDUALS HOUSED

-126 CHRONICALLY HOMELESS FAMILIES REFERRED FOR HOUSING

NEW ORLEANS TRAUMA-INFORMED SCHOOLS LEARNING COLLABORATIVE - IMPLEMENTATION STAGE

-12 ORGANIZATIONS ACTIVELY PARTICIPATING IN COLLABORATION

-6 SCHOOL CONVENINGS HOSTED FOR SHARED LEARNING AND PROFESSIONAL DEVELOPMENT RELATED TO TRAUMA-INFORMED PRACTICES

-4 MINI-GRANTS TO PARTNER SCHOOLS DISTRIBUTED

-3-YEAR STRATEGIC PLAN DEVELOPED

NEW ORLEANS WORK (NOW) COLLABORATIVE - IMPLEMENTATION STAGE

-FUNDERS COLLABORATIVE MADE UP OF 8 FUNDERS THAT IS FOCUSED ON

Name of the organization

UNITED WAY OF SOUTHEAST LOUISIANA

Employer identification number

72-0471369

WORKFORCE SOLUTIONS.

-TRAINED AT 57 JOBSEEKERS AND INCUMBENT WORKERS IN THE HEALTHCARE SECTOR

-THE VA GRADUATED 11 INCUMBENT WORKERS THROUGH THE NOW FUNDED HUDSON THOMAS INITIATIVE.

-THROUGH THE VA'S HUDSON THOMAS PROGRAM OVER 1/4 OF THE PARTICIPANTS THAT HAVE SUCCESSFULLY COMPLETED THE PROGRAM HAVE ADVANCED BEYOND THE GS-5 LEVEL AND HAVE GAINED WAGE INCREASES AND PROMOTIONS.

-CHILDREN'S HOSPITAL THROUGH THEIR CHAMP PROGRAM FOR INCUMBENT WORKERS AND JOBSEEKERS GRADUATED 46 INDIVIDUALS FOR JOBS AS MEDICAL ASSISTANTS AS WELL AS ADMINISTRATIVE POSITIONS. 90% ARE RETAINED AT YEAR ONE.

-PUBLICATION OF CAREER MAP FOR FIVE ENTRY-LEVEL POSITIONS. HOSTED AN EMPLOYER CONVENING TO FINALIZE CAREER MAPPING PROJECT.

-WE ARE ALSO WORKING IN CONJUNCTION WITH OCHSNER AND LCMC ON A JOINT PROPOSAL TO TRAIN INDIVIDUALS WITH A NEW TRAINING PARTNER. THIS WOULD BE THE FIRST TIME THE TWO LARGEST HEALTHCARE PROVIDERS WOULD BE JOINING FORCES FOR A JOINT TRAINING PROGRAM.

-WORKING TO FINALIZE A PARTNERSHIP IN CONJUNCTION WITH THE CITY OF NEW ORLEANS AND DELGADO COMMUNITY COLLEGE TO TRAIN MEN FOR JOBS IN ADVANCED MANUFACTURING.

LOUISIANA PRISONER RE-ENTRY COLLABORATIVE - PLANNING STAGE

-42 ORGANIZATIONS ACTIVELY PARTICIPATING IN PLANNING ON STEERING COMMITTEES (ORLEANS, JEFFERSON, & ST. TAMMANY)

-82 INDIVIDUALS ACTIVELY PARTICIPATING IN PLANNING ON STEERING COMMITTEES

-14 FORMER PRISONERS ENGAGED ON STEERING COMMITTEES (TARGET POPULATION)

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

-LOCAL COALITION IS SEATED; 160 MEMBERS ADOPTS LA-PRI FRAMEWORK IN ORLEANS, ST. TAMMANY. JEFFERSON IS PENDING.

-THE GOALS AND VISION OF THE COLLABORATIVE ARE APPROVED BY THE STEERING COMMITTEE W/ A DATA-INFORMED PROBLEM DEFINITION, SHARED VISION, STRATEGIES, AND GUIDING PRINCIPLES.

-CONDUCTED FOUR COALITION AND STEERING COMMITTEE TRAININGS ON LA-PRI FRAMEWORK IN ORLEANS AND ST. TAMMANY

-2 LOCAL COMMUNITY COORDINATORS UNDER CONTRACT IN ORLEANS & ST. TAMMANY

-COMMUNITY ASSESSMENTS COMPLETED - ST. TAMMANY COMPLETED, ORLEANS PENDING

-DEPARTMENT OF PUBLIC SAFETY & CORRECTIONS (DPSC) COMPLETES PIPELINE DATA AND DISTRIBUTES TO STEERING COMMITTEES

-CENTER DESIGNS ANNUAL COMPREHENSIVE PLAN

-DPSC REAP (RE-ENTRY ACCOUNTABILITY PLAN) POLICY/PROCEDURES COMPLETED, STEERING COMMITTEES TRAINED

-ST COMMUNITY CO-CHAIRS SEATED ON STATE IMPLEMENTATION STEERING COMMITTEES - ORLEANS AND ST. TAMMANY

NEW ORLEANS GRADE LEVEL READING CAMPAIGN - PLANNING STAGE

-49 ORGANIZATIONS ACTIVELY PARTICIPATING IN THE COLLABORATION.

-57 OF COMMUNITY MEMBERS INVOLVED THROUGH THE COLLABORATION

-STEERING COMMITTEE, DESIGN TEAM AND CORE TEAMS LAUNCHED WITH MONTHLY MEETINGS REPRESENTING 8+ SECTORS/CONSTITUENCIES.

-THE CAMPAIGN HAS ENGAGED A DIVERSE GROUP OF STAKEHOLDERS IN PLANNING.

THERE HAS BEEN INTENTIONAL ENGAGEMENT OF AFRICAN-AMERICAN FAMILIES AND STAKEHOLDERS WHO WORK REGULARLY WITH THOSE FAMILIES IN THE PROCESS. THE NEXT PHASE OF THE CAMPAIGN WILL INCREASE DIRECT ENGAGEMENT WITH

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LOW-INCOME AND AFRICAN-AMERICAN FAMILIES.

-A SHORT TERM 2017 WORK PLAN WITH GANNT CHART AND LONG-TERM WORK PLAN FROM 2017 THROUGH 2020 THAT LISTS STRATEGIES, KEY ACTIVITIES AND RESPONSIBLE PARTIES/PARTNERS HAS BEEN OUTLINED AND AGREED UPON.

-ALL-AMERICA CITY APPLICATION WAS SUBMITTED IN JANUARY 2017

-COMMUNITY SOLUTIONS ACTION PLAN HAS BEEN DEVELOPED AND IS BEING WRITTEN UP FOR FINAL SUBMISSION TO THE NATIONAL CAMPAIGN FOR GRADE-LEVEL READING

-REPRESENTATIVES FROM THE ORLEANS PARISH SCHOOL BOARD, NOBLE MINDS (A NEW CHARTER SCHOOL) AND EDUCATION ORGANIZATIONS, INCLUDING OPEN, COMMUNITIES IN SCHOOLS AND CITY YEAR WERE REGULAR PARTICIPANTS IN DESIGN TEAM ACTIVITIES ALONGSIDE 4 PEOPLE WHO PRIMARILY IDENTIFY AS PARENTS OF PUBLIC SCHOOL STUDENTS.

-DURING THE GRANT PERIOD, THE CAMPAIGN LAUNCHED TO ENGAGE A BROAD CROSS SECTION OF COMMUNITY LEADERS AND CHILD ADVOCATES. A NEXT PHASE OF PUBLIC ROLLOUT OF THE CAMPAIGN STRATEGIES IS SLATED FOR MARCH 2018 IN COORDINATION WITH NORDC'S ANNUAL SUMMER CAMP EXPO.

NEW ORLEANS YOUTH PROGRAM QUALITY INITIATIVE - IMPLEMENTATION STAGE

-44 ORGANIZATIONS ACTIVELY PARTICIPATING IN THE COLLABORATION

-320 COMMUNITY MEMBERS INVOLVED THROUGH COLLABORATION

-8 FUNDERS SUPPORTING THE COLLABORATION

-31 QUALITY IMPROVEMENT PLANS WERE DEVELOPED AND THE GROUNDWORK WAS LAID FOR 51 ADDITIONAL QUALITY IMPROVEMENT PLANS (TO BE DEVELOPED IN OCTOBER) FOR SUMMER CAMPS.

-AVERAGE INSTRUCTIONAL TOTAL SCORE ON THE YOUTH PROGRAM QUALITY ASSESSMENT ACROSS 31 PARTICIPATING PROGRAMS INCREASED FROM 3.08 OUT OF 5 IN FALL 2016 TO 3.32 OUT OF 5 IN SPRING 2017. THIS REPRESENTS AN 8%

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INCREASE. SOME AREAS RELATED TO YOUTH VOICE, CHOICE AND PLANNING SAW INCREASES AS HIGH AS 22%.

-31 PROGRAMS PARTICIPATING IN YEAR-ROUND PILOT

-15 METHOD TRAINERS WHO HAVE LED WORKSHOPS

-17 METHOD TRAINERS CERTIFIED

-16 PEOPLE SERVING YPQI WORKING GROUP

-320 PEOPLE ATTENDED A YPQI TRAINING

-50 ACTIVELY CERTIFIED ASSESSORS

-50 ACTIVELY CERTIFIED ASSESSORS

YOUTHFORCE NOLA - IMPLEMENTATION STAGE

-12 ORGANIZATIONS ACTIVELY PARTICIPATING IN THE COLLABORATION

-5 ACTIVE WORKING GROUPS SUPPORTED BY THE COLLABORATION

-FAMILY ENGAGEMENT

-EMPLOYER ENGAGEMENT

-SCHOOL SUPPORT

-SOFT SKILLS

-CAREER CENTER/TRAINING PROVIDERS

-10 FUNDERS SUPPORTING THE COLLABORATION.

-\$12 MILLION SECURED/LEVERAGED TO SUPPORT THE COLLABORATION

-YOUTHFORCE NOLA DELIVERED A SUCCESSFUL PAID INTERNSHIP PROGRAM, WITH 99 OF THE TARGETED 100 MEMBERS OF THE CLASS OF 2017 COMPLETING THE FULL 150 HOURS OF THE PROGRAM. EMPLOYER SATISFACTION WAS NEARLY 95%

-180 MEMBERS OF THE CLASS OF 2017 EARNED INDUSTRY RECOGNIZED CREDENTIALS IN YFN'S TARGET INDUSTRIES.

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

GREAT FLOOD OF 2016 AS WELL AS THE TORNADO OF 2017.

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IN AUGUST 2016, COMMUNITIES ACROSS THE STATE OF LOUISIANA EXPERIENCED SEVERE FLOODING LOSING HOMES, BUSINESSES AND LIVES. THIS FLOOD WAS THE SINGLE GREATEST FLOOD TO HIT THE STATE OF LOUISIANA. OVER 10,000 FAMILIES AND INDIVIDUALS WERE DEVASTATED THROUGHOUT THE THREE NORTH SHORE PARISHES OF OUR UNITED WAY OF SOUTHEAST LOUISIANA REGION. THE EFFECTS OF THE FLOODING LEFT MANY HOMELESS, JOBLESS AND HOPELESS; SEARCHING FOR IMMEDIATE RELIEF AND THEN LOOKING FOR HELP IN LONG-TERM RECOVERY.

UNITED WAY OF SOUTHEAST LOUISIANA IMMEDIATELY REACTED TO THE DISASTER, AND THROUGH CREATING COLLABORATIONS AND PARTNERSHIPS, HELPED LEAD THE WAY IN IMMEDIATE RELIEF AND THROUGH LONG-TERM RECOVERY EFFORTS.

FLOOD ACCOMPLISHMENTS:

IMMEDIATE RELIEF - UNITED WAY WAREHOUSE:

- WITHIN 3 DAYS OF THE STATE FLOOD DECLARATION - OPENED A WAREHOUSE AND BEGAN TO RECEIVE AND DISTRIBUTE MUCH NEEDED SUPPLIES TO THOSE IN NEED;
- THE FIRST WAREHOUSE IN THE STATE TO TAKE AND DISTRIBUTE DONATIONS;
- LED THE EFFORTS AND COORDINATED WITH 90 ORGANIZATIONS, FACILITATING DONATIONS TO 8 PARISHES ACROSS LOUISIANA;
- UNITED WAY HANDSON VOLUNTEER CENTER COORDINATED OVER 368 VOLUNTEERS TO HELP WITH FLOOD RELIEF, GIVING 2,100 VOLUNTEER SERVICE HOURS;
- VOLUNTEER HOURS PROVIDED AN ECONOMIC IMPACT OF \$47,607;
- DISTRIBUTED OVER 1,555 MILLION ITEMS;
- GOODS DISTRIBUTED VALUED AT OVER \$1.4 MILLION;
- COLLABORATED WITH PARTNERS TO MUCK AND GUT 68 HOMES FROM THE FLOODS.

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RECOVERY WORK:

UNITED WAY HAS MADE A COMMITMENT TO THE LONG-TERM RECOVERY OF THE REGION. COMMITTING TO WORK WITH 80 FAMILIES AND INDIVIDUALS THROUGHOUT ALL 2017 TO IDENTIFY AND ADDRESS THEIR UNMET NEEDS, WHICH WILL ASSIST IN THEIR RECOVERY EFFORTS.

-AS A PART OF THE LONG TERM RECOVERY ROUND TABLES AND THROUGH COLLABORATION WITH PARTNERS, 108 FAMILIES (REPRESENTING 199 INDIVIDUALS) WERE IDENTIFIED AS HAVING UNMET NEEDS FOR RECOVERY. THOSE IDENTIFIED HAVE UNMET NEEDS ADDRESSED THROUGH: PROVIDING LINKS TO CASE MANAGEMENT, INITIAL PROJECT COORDINATION, PROJECT PLANNING, PREPARATION FOR HOME REBUILD, PREPARING LISTS AND/OR STARTING CONSTRUCTION, AND WORKING TO LINE UP VOLUNTEERS FOR ASSISTANCE IN RECOVERY;

-40 FAMILIES/INDIVIDUALS ENGAGED IN MEETING THEIR UNMET NEEDS THROUGH DIRECT GRANTS FROM UNITED WAY FOR REBUILDING, REHOUSING OR MEETING OTHER UNMET NEEDS;

-ENGAGED 845 VOLUNTEERS IN REBUILD EFFORTS - GIVING 10,232 HOURS OF SERVICE;

-CREATED AN ECONOMIC IMPACT AND SAVINGS OF \$245,133 TO HOMEOWNERS AND SURVIVORS THROUGH DONATED VOLUNTEER SERVICE HOURS;

-RAISED, AND COMMITTED TO INVEST, OVER \$1.4 MILLION TO INVEST FLOOD DISASTER RECOVERY:

-\$120,000 COMMITTED IN THE FIRST TEN DAYS FOLLOWING THE FLOOD,
-\$424,686 INVESTED FOR FAMILIES THROUGH GRANTS AND/OR SERVICES TO MUCK/GUT/REBUILD OR PROVIDE OTHER UNMET NEEDS WITH THE REMAINING TO BE INVESTED WITH COLLABORATIONS AND PARTNERS ON RECOVERY;

-INVESTMENTS MADE IN RECOVERY HAVE INCLUDED AMONG OTHER THINGS:

-HELPING REBUILD HOUSES AND/OR REHOUSE DISPLACED SURVIVORS,

-MEETING UNMET NEEDS OF SURVIVORS,

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-KEEPING FOOD BANKS OPEN,
 -PROVIDING TRANSPORTATION FOR SENIOR CITIZENS,
 -REPAIRING DAMAGED PARISH SCHOOLS AND HEAD START EDUCATION CENTERS,
 -PROVIDING SCHOOL SUPPLIES FOR CHILDREN,
 -CREATING ACCESS TO MENTAL HEALTH COUNSELING
 -REHOUSING DOMESTIC VIOLENCE VICTIMS,
 -INVESTING \$100,000 TO HELP OVER A DOZEN BUSINESSES RECOVER FROM THE
 FLOOD,
 -PROVIDE FUNDING FOR EMERGENCY INFORMATION SERVICES (2-1-1).
 -COLLABORATED WITH 2 REBUILD PARTNERS, 3 LONG TERM RECOVERY
 ORGANIZATIONS WITH 39 STAKEHOLDER MEETINGS AND 1 CASE MANAGEMENT
 TRAINING MEETING.

IN FEBRUARY OF 2017, ORLEANS PARISH - SPECIFICALLY NEW ORLEANS EAST -
 WAS STUCK WITH A DEVASTATING TORNADO. OVER 2,800 PEOPLE REGISTERED FOR
 ASSISTANCE WITH FEMA. COLLABORATIVE PARTNERS ALONG WITH UNITED WAY
 IDENTIFIED OVER 900 HOMES AFFECTED BY THE TORNADO WITH AN ESTIMATED
 \$2.3M IN UNMET NEEDS.

TORNADO ACCOMPLISHMENTS:

-UNITED WAY RAISED \$70,632 TO BE INVESTED IN TORNADO RECOVERY;
 -INITIAL GRANT OF \$50,000 MADE TO PROVIDE FOR DIRECT ONE ON ONE CASE
 MANAGEMENT SERVICES FOR THOSE IMPACTED;
 -UNITED WAY HANDSON VOLUNTEER CENTER MOBILIZED 592 VOLUNTEERS
 -450+ MOBILIZED IN TWO VOLUNTEER EVENTS IMMEDIATELY FOLLOWING THE
 TORNADOES - THE LARGEST SINGLE VOLUNTEER EFFORT IMMEDIATELY FOLLOWING
 THE TORNADOES;
 -1,575 VOLUNTEER HOURS COORDINATED WITH A \$41,842 ECONOMIC IMPACT TO

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THE COMMUNITY. VOLUNTEERS CONCENTRATED ON NEIGHBORHOOD CLEANUP AND DEBRIS REMOVAL;
-ASSISTED IN THE DEVELOPMENT OF THE ORLEANS PARISH LONG TERM RECOVERY COMMITTEE.

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:
ASSET SPECIFIC TRAINING. WE RECEIVED A \$250,000 ASSET FOR INDEPENDENCE (AFI) ON SEPTEMBER 30, 2013 TO START OUR SECOND PROGRAM.

- ACCOMPLISHMENTS:
- * TOTAL NUMBER OF PARTICIPANTS ENROLLED-43
 - * 36 HOMEOWNERSHIP
 - * 3 VEHICLE
 - * 2 BUSINESS START-UP OR EXPANSION
 - * 2 TRANSFER IDA FOR POST-SECONDARY EDUCATION
 - * TOTAL NUMBER OF PARTICIPANTS THAT HAVE COMPLETED 12 HOURS OF HOMEBUYER TRAINING-33
 - * TOTAL NUMBER OF PARTICIPANTS THAT HAVE COMPLETED 12 HOURS OF FINANCIAL EDUCATION-38
 - * ASSET PURCHASES-37 TOTAL; 31 HOMEOWNERSHIP, 2 SMALL BUSINESS AND 2 VEHICLE, 2 TRANSFER IDA FOR POST-SECONDARY EDUCATION

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

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

ACCOMPLISHMENTS:

- * TOTAL NUMBER OF INCOME TAX RETURNS COMPLETED-9,451
- * TOTAL AMOUNT OF INCOME TAX REFUNDS--\$13,260,685
- * TOTAL AMOUNT OF EARNED INCOME TAX CREDITS--\$5,028,358
- * TOTAL AMOUNT OF CHILD TAX CREDITS-- \$1,447,708

EXPENSES \$ 364,836. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

RATE PAYER ENDOWMENT:

IN 2016, EDUCATE NOW!, JUMA VENTURES, AND THE CITY OF NEW ORLEANS COLLABORATED TO SCALE THE YOUTHFORCE NOLA INTERNSHIP (YFI) PROGRAM, AN INNOVATIVE WORKFORCE INITIATIVE THAT CONNECTS LOW-INCOME, HIGH POTENTIAL STUDENTS TO PAID INTERNSHIPS IN HIGH-WAGE, HIGH-DEMAND

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INDUSTRY CLUSTERS. IN ITS SECOND YEAR, YFI RECRUITED STUDENTS FROM EIGHT* ORLEANS PUBLIC HIGH SCHOOLS THAT ARE PURSUING COURSEWORK ALIGNED TO CAREER PATHWAYS IN THESE INDUSTRY CLUSTERS: BIO/HEALTH, DIGITAL/IT, AND ADVANCED MANUFACTURING/ENERGY. YFI EXCEEDED ITS GOAL OF FIFTY STUDENTS IN INTERNSHIPS IN SUMMER 2016 WITH A TOTAL OF SIXTY STUDENTS FROM THE EIGHT SCHOOLS COMPLETING THE PROGRAM. YFI ALSO, WITH THE SUPPORT OF USWELA, PARTNERED WITH MODELS FOR SUCCESS TO ADD AN ADDITIONAL SOFT SKILLS ASSESSMENT TO THE CURRICULUM.

FEEDBACK FROM STUDENTS

-100% OF STUDENTS COMPLETED THE END-OF-SUMMER SURVEY; 97% WOULD RECOMMEND YFI TO OTHER STUDENTS

-86% OF STUDENTS REPORTED THAT THE YOUTHFORCE INTERNSHIP PROGRAM CONFIRMED/SOLIDIFIED THEIR POST-GRADUATION PLANS

-THE MAJORITY OF STUDENTS STATED THEY IMPROVED IN EACH OF THE VARIOUS TOPICS COVERED DURING THE SOFT SKILLS TRAINING (E.G., PROFESSIONALISM, INTERVIEW SKILLS, ETC)

FEEDBACK FROM EMPLOYERS

-66% OF STUDENTS' SUPERVISORS COMPLETED THE SURVEY; 87% STATED THEY WOULD PARTICIPATE IN THE PROGRAM AGAIN AND 13% SAID POSSIBLY (BASED IN LARGE PART ON AVAILABILITY OF WORK TO ASSIGN TO STUDENTS)

-80% OF EMPLOYERS RATED THE PROFESSIONALISM OF THEIR INTERN AS EITHER SIMILAR (40%) OR MORE FAVORABLE (40%) TO A TYPICAL ENTRY LEVEL EMPLOYEE

-"THE STUDENTS ARE WONDERFUL; THEY ARE DOING AWESOME" -- HEALTH CARE EMPLOYER

-"AMAZING YOUNG MAN! WE'RE HAVING FUN LEARNING THE TRADE. HE IS VERY

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IN TUNE TO WHAT WE'RE DOING. I LOVE IT." -- SKILLED CRAFTS EMPLOYER

-"[OUR INTERN] HAS BEEN PROMPT, DILIGENT, AND PROACTIVE." -- TECH EMPLOYER

FEEDBACK FROM SCHOOLS

-YOUTHFORCE NOLA DID NOT FORMALLY SURVEY SCHOOL PARTNERS WHOSE STUDENTS PARTICIPATED IN THE INTERNSHIP PROGRAM. HOWEVER, CONVERSATIONS WITH EACH OF OUR SCHOOLS REVEALED STRONG SATISFACTION WITH THE YFI PROGRAM AND A CONTINUED DESIRE TO HAVE THEIR STUDENTS PARTICIPATE IN THE FUTURE.

-*PARTNER SCHOOLS INCLUDED: ALGIERS TECHNOLOGY ACADEMY, EDNA KARR, JOSEPH S. CLARK, LANDRY WALKER, SCI ACADEMY, NEW ORLEANS SCIENCE & MATH CHARTER, SOPHIE B. WRIGHT, WARREN EASTON

KEY LESSONS LEARNED

-PLAN FOR ATTRITION WITH BOTH STUDENTS AND EMPLOYERS WHEN RECRUITING
-TRANSPORTATION REMAINS A CHALLENGE; WILL NEED TO THINK ABOUT BUSING AT SCALE NEXT SUMMER

-CONTINUE TO LEVERAGE SOFT SKILLS PROGRAMMING TO ENGAGE LOCAL PROFESSIONALS TO BUILD BUY-IN

-TIGHTEN UP SOFT SKILLS DELIVERY AND ADJUST AS WE SCALE; OPTION TO BEGIN TRAINING SOONER TO OBTAIN STUDENT COMMITMENTS EARLIER, BUILD RELATIONSHIPS WITH COACHES, ETC.

-WILL NEED TO SYSTEMATIZE MORE WITH INCREASING NUMBER OF STUDENTS
EXPENSES \$ 83,933. INCLUDING GRANTS OF \$ 83,933. REVENUE \$ 0.

ALL OTHER PROGRAM SERVICES

EXPENSES \$ 180,319. INCLUDING GRANTS OF \$ 29,317. REVENUE \$ 0.

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FORM 990, PART VI, SECTION A, LINE 2:

ADRIENNE SLACK AND TODD SLACK HAVE A FAMILY RELATIONSHIP.

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

THE BYLAWS WERE REVISED BECAUSE THE MISSION STATEMENT WAS UPDATED.

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 THE BOARD OF TRUSTEES ANNUALLY. ALL COMPLETED EMPLOYEE FORMS ARE RETURNED TO THE VICE-PRESIDENT OF HUMAN RESOURCES FOR REVIEW AND ALL BOARD/TRUSTEE

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FORMS ARE RETURNED TO THE PRESIDENT'S EXECUTIVE ASSISTANT 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.

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

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

Application for Automatic Extension of Time To File an Exempt Organization Return

Department of the Treasury
Internal Revenue Service

▶ **File a separate application for each return.**

▶ **Information about Form 8868 and its instructions is at www.irs.gov/form8868 .**

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile, click on Charities & Non-Profits, and click on e-file for Charities and Non-Profits.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

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

	Enter filer's identifying number	
Type or print	Name of exempt organization or other filer, see instructions. UNITED WAY OF SOUTHEAST LOUISIANA	Employer identification number (EIN) or 72-0471369
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. 2515 CANAL STREET	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. NEW ORLEANS, LA 70119	

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 1

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

DEBRA MODLIN

• The books are in the care of ▶ **2515 CANAL STREET - NEW ORLEANS, LA 70119**
Telephone No. ▶ **504-822-5540** Fax No. ▶ _____

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

1 I request an automatic 6-month extension of time until **MAY 15, 2018**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

▶ calendar year _____ or
▶ tax year beginning **JUL 1, 2016**, and ending **JUN 30, 2017**.

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

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

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