## Form **990**

## **Return of Organization Exempt From Income Tax**

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

<u>A</u>	For the	2023 calend	ar year, or tax year begin	ning	07-01 , <b>2023</b> , a	nd ending	0	6-30 , <b>20</b> 24			
В	Check if a	pplicable:	C Name of organization Un	ited Way of Southwest	Louisiana In	c	D Empi	D Employer identification number			
	Address o	hange	Doing business as				72-0456901				
	Name cha	ange	Number and street (or P.O. bo	x if mail is not delivered to street address)		Room/suite	E Telephone number				
_	Initial retu	m	815 Ryan Stree				1	(337)433-1088			
	Final retu	rn/terminated		country, and ZIP or foreign postal code	M		G Gros	s receipts			
Ē	Amended	return	Lake Charles,				\$	6,357,493			
二		n pending	F Name and address of principal		••	H(a) le this		for subordinates? Yes X No			
لسسا	••		Same as C abov			1		tes included? Yes No			
-	Тах-ехеп	not etatue: X	501(c)(3) 501(c) (	) (insert no.) 4947(a)(1) or	T 527			st. See instructions			
	Website:		v.unitedwayswla.or								
				ociation Other		1	exemption				
-	rt I	Summar	<del></del>	ociation Other	L. Year of formati	on: 1334   M	State of leg	gal domicile: LA			
/1 ( ) (	1	***************************************	-M								
				ion or most significant activities:							
ģ				ncome and health. Our							
Governance				ppening in the first		mmunity is	the 5	parish area of			
Ë	1_	-	-	ieu, Cameron and Jeff							
Š	i			liscontinued its operations or dispo				ŀ			
رن الام	3			rning body (Part VI, line 1a) .				25			
S	4		· ·	s of the governing body (Part VI,	•		4	25			
źξ	5	Total numbe	er of individuals employed in	ı calendar year 2023 (Part V, line	2a)		5	14			
Activities &	6		er of volunteers (estimate if				6	474			
4	7a	Total unrelat	ted business revenue from	Part VIII, column (C), line 12 .			7a	0			
	b	Net unrelate	ed business taxable income	from Form 990-T, Part I, line 11			7b	0			
						Prior Yea	ır	Current Year			
	8	Contributions	s and grants (Part VIII, line	1h)		4,29	7,331	5,146,290			
e re	9	Program ser	rvice revenue (Part VIII, line	1,81	3,439	574,952					
Revenue	10	Investment is	ncome (Part VIII, column (A	A), lines 3, 4, and 7d)			1,450	597,307			
Ş	11	Other revenu	ue (Part VIII, column (A), lir	nes 5, 6d, 8c, 9c, 10c, and 11e)			4,468	8,415			
	12			must equal Part VIII, column (A), I			6,688	6,326,964			
	13			X, column (A), lines 1-3)			7,413	2,363,106			
	14			K, column (A), line 4)				0			
	15		·	benefits (Part IX, column (A), line		1 25	5,453	1,329,434			
es				column (A), line 11e)	•	1,25	3,133	1,525,454			
Expenses			ising expenses (Part IX, co		561,959			<b>V</b>			
. <u>X</u>	17			nes 11a-11d, 11f-24e)		3 00	0,806	1 705 061			
ш	18			equal Part IX, column (A), line 25				1,795,861			
	19	-	•	8 from line 12	•		3,672	5,488,401			
_	_	1/everine lea	s expenses. Subtract line	to nom line 12			6,984)				
Assets or	등 20	Total assets	(Part X, line 16)			Beginning of Cu		End of Year			
sset	8 20 21		, ,	• • • • • • • • • • • • • • • • • • • •			9,069	15,843,315			
Net A	21		es (Part X, line 26)    .  .  . or fund balances <b>,∕sû</b> btract l	ino 24 from line 20	• • • • • • • • • •		1,112	676,795			
	rt II		······································	ine 21 nom line 20	<del> </del>	14,32	7,957	15,166,520			
			re Block	m, including accompanying schedules and	alataments, and to the best		_!!_£ tı !_				
true	, correct,	and complete. De	claration of preparer (other than of	icer) is based on all information of which pre	parer has any knowledge.	of my knowledge and c	enei, ii is				
				msc Bu	Le .	•	1	10.21.24			
Sig	ın	Den1 Signature of office	se Durel	4 - 4 - 4 - 4 - 4 - 4 - 4 - 4 - 4 - 4 -							
_		-					Da	ile .			
He	re			ve Director							
		Type or print na			·········						
_		Print/Type pre	eparer's name	Preparer's signature	Date	Chec	k 🗌 if	PTIN			
Pai					10-21-20	24 self-e	mployed	Language Control of the Control of t			
	parer		Steven M	I. DeRouen & Associate	s, LLC	Firm's EIN					
Us	e Only	Firm's addres	s P.O. Box	: 4265		Phone no.		_			
			Lake Cha	rles LA 70606			337-	513-4915			
May	the IR	3 discuss this	return with the preparer sh	own above? See instructions				🗓 Yes 🗌 No			
For	Paperv	vork Reducti	on Act Notice, see the se	parate instructions.				Form <b>990</b> (2023)			

	72-0456901 Page 2
Pal	Statement of Program Service Accomplishments
1	Check if Schedule O contains a response or note to any line in this Part III
1	,
	To unite our community by funding programs in the areas of education, income and health. Our goal is to create long-lasting change that prevents problems from happening in the first place. Our
	community is the 5 parish area of Allen, Beauregard, Calcasieu, Cameron and Jeff Davis.
	community is the 5 parish area of Africa, Deadlegard, Carcaster, Cameron and Bell Davis.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	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?
	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 \$2,395,369 including grants of \$1,200,505 ) (Revenue \$494,244 )
	Support of Community Initiatives, Disaster Management, Case Management and Other Programs -
	United Way of Southwest Louisiana is looking at the big picture - embracing the entire circle of
	life focusing on children and youth, families and neighborhoods, seniors, and people rebuilding
	their lives. We know that the big picture includes us all. That is why in addition to funding
	agency partners, we provide our own programs including supporting victims of Hurricane Ida,
	Hurricane Laura, and also support other community-led initiatives such as the Community Helpline, 2-1-1 referral systems, Disaster Response, Prisoner Re-Entry Program, Temporary Assistance for
	Needy Families Program, and the Voluntary Income Tax Assistance Program and others.
	now, remarked regress, and the fortunery income law appropriate riogram and others.
4b	(Code:) (Expenses \$ 1,162,601 including grants of \$ 1,162,601) (Revenue \$ 80,708)
	Allocation to United Way Agency Partners - United Way of Southwest Louisiana works closely with
	our agency partners to ensure that the generous donations we receive are carefully and
	thoughtfully put to good use to help the most people. Each year, a group of dedicated volunteers
	make important allocation decisions that impact us all and help make our region a better place to
	live and work. Out goal is to help area non-profits lay the building blocks for a better life
	through the funding of programs in the areas of education, income, health, and safety net.
4c	(Code: ) (Expenses \$ 958,517 including grants of \$ ) (Revenue \$ )
	We track certain costs of managing, supporting, researching and funding all of these community
	programs. These costs include, but are not limited to, training, technology, marketing,
	accounting and governance, and are vital to ensuring sustainability, innovation and growth of
	future community investments.
	Other program convises (Describe on Schedule O.)
4d	Other program services (Describe on Schedule O.)
4e	(Expenses \$ including grants of \$ ) (Revenue \$ )  Total program service expenses 4,516,487
-10	Total program service expenses 4,516,487

Part IV

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	X	NO
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	<u> </u>		
	candidates for public office? If "Yes," complete Schedule C, Part I	3		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)	Ť		-A
-	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		x
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,	<u>-</u>		
	assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		
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? If			
	"Yes," complete Schedule D, Part I	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		x
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		x
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi-endowments? If "Yes," complete Schedule D, Part V	10	12-12-12-12-12-12-12-12-12-12-12-12-12-1	Х
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.	1000000		
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"	١		
<b>L</b>	complete Schedule D, Part VI	11a	Х	<u> </u>
D	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more	440		
c	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
Ŭ	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		v
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets	110		X
_	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		x
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	х	
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)? If "Yes," complete Schedule D, Part.X	11f		x
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	x	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If			
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		х
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? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	.		
40	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		<u> </u>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other	ا مد		_
17	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
* *	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? If "Yes," complete Schedule G, Part I. See instructions	47		**
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	17		_ <u>x</u> _
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	10	•	
	If "Yes," complete Schedule G, Part III	19		х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	x	

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		165	140
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23	х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		х
þ	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part.1	25a		Х
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?	l		
oc.	If "Yes," complete Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%	200		
27	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part.II	26		X
21	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key			
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these			
	persons? If "Yes," complete Schedule L, Part III	27		х
28	Was the organization a party to a business transaction with one of the following parties (See the Schedule			
	L, Part IV, instructions for applicable filling thresholds, conditions, and exceptions).			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			********
-	"Yes," complete Schedule L, Part IV	28a		х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		х
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29		х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		x
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
	or IV, and Part V, line 1	34		Х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
þ	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
20	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
37	related organization? If "Yes," complete Schedule R, Part V, line 2	36		X
31	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part.VI	27		
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and	37		X
	19? Note: All Form 990 filers are required to complete Schedule O	38	x	1
Par		J 30		<u> </u>
<sub>i</sub> , al	Check if Schedule O contains a response or note to any line in this Part V			
	onest a conducto o contains a response of flots to any life to the trice of the variable of th	<u>· · ·</u>	Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			110
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and	1		
_	reportable gaming (gambling) winnings to prize winners?	1c	ж	
***************************************				

Form 990 (2023)

Pa	Governance, Management, and Disclosure. For each "Yes" response to lines 2 the response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes						
_	Check if Schedule O contains a response or note to any line in this Part VI						
Se	ction A. Governing Body and Management						
1a	Enter the number of voting members of the governing body at the end of the tax year	10		25	188836	Yes	No
10	If there are material differences in voting rights among members of the governing body, or	1a		25			
	if the governing body delegated broad authority to an executive committee or similar						
	committee, explain on Schedule O.						
	• •	414		٥.			
ь 2	Enter the number of voting members included in line 1a, above, who are independent	1b		25			
2						Strages	repopular
3	any other officer, director, trustee, or key employee?	• •	• • • • •	• •	2		X
3					2		
л					3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed				4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?				5		X
6 7-	Did the organization have members or stockholders?	• •	• • • •	•	6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint				<b>.</b>		
L	one or more members of the governing body?	• •			7a		x
þ	Are any governance decisions of the organization reserved to (or subject to approval by) members,				<b></b>		
	stockholders, or persons other than the governing body?	• •		• •	7b	60000000	Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during						
	the year by the following:					ATOMAS	
a	The governing body?				8a	х	
b	Each committee with authority to act on behalf of the governing body?	• •	• • • • •	• •	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at						
<u> </u>	the organization's mailing address? If "Yes," provide the names and addresses on Schedule Q				9		X
sec	tion B. Policies (This Section B requests information about policies not required by the Internal F	(eve	nue Coa	le.)		1	г
10-					40	Yes	No
l0a	Did the organization have local chapters, branches, or affiliates?			• •	10a		X
Đ	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,				401		
14-	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?				10b		
l1a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filin	g the	form?	•	11a	Х	1000000
b							ARREST.
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			• •	12a	Х	
þ	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise	to co	inflicts? .	•	12b	Х	
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"						
	describe on Schedule O how this was done				12c	х	<u> </u>
13	Did the organization have a written whistleblower policy?				13	Х	
14	Did the organization have a written document retention and destruction policy?			• •	14	Х	Geografia
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?					(Allegarian)	and the
a	The organization's CEO, Executive Director, or top management official				15a	X	
þ	Other officers or key employees of the organization		• • • •	• •	15b	(15.27.57-5-7)	X
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.						
l6a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement						
	with a taxable entity during the year?	• •	• • • •		16a	and the same	X
b	, , , , , , , , , , , , , , , , , , , ,						
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the					ingan.	
	organization's exempt status with respect to such arrangements?			· ·	16b	<u> </u>	<u> </u>
	ction C. Disclosure						
17	List the states with which a copy of this Form 990 is required to be filed						
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (s	ectio	n 501(c)				
	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.						
	Own website Another's website  Upon request Other (explain on Sche		-				
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of inte	est p	olicy,				
	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 reco	rds.					
	Jennifer Dimas (337)433-1088, 815 Rvan Street, Lake Charles, LA 70601						

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United Way of Southwest Louisiana Inc

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - · List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

See instructions for the order in which to list the persons above.

<del>-</del>						· · <b>,</b>				
				(	(C)					
(A)	(B)	١.,			sition			(D)	(E)	(F)
Name and title	Average					an one both ar	.	Reportable	Reportable	Estimated amount
	hours	· '		•		/trustee)		compensation	compensation	of other
	per week		,					from the organization (W-2/	from related organizations (W-2/	compensation from the
	(list any hours for	or and	圓	Officer	ξ ey	en El	Former	1099-MISC/	1099-MISC/	organization and
	related	irect	T T	g	emp	nest	ner	1099-NEC)	1099-NEC)	related organizations
	organizations	Individual trustee or director	nstitutional trustee	ĺ	Key employee	Highest compensated employee				
	below	stee	딣		č	pens				
	dotted line)		%			ated				
_(1)Denise Durel	40.00									
President/Chief Executive Officer				X				166,333	0	35,809
_(2)Jennifer_Dimas	40.00									
Director of Finance				X				80,844	0	19,373
(3) Tanya Gaudet	2.00									
Director		x						0	0	0
_(4)Tony_Guillory	2.00									
Director		Х						0	0	0
(5)Nathan Keller	2.00									
Director		x						0	0	0
(6) Marcie Michalko	2.00									
Director		х						0	0	0
_(7)Patricia_Prebula	2.00									
Director		X						0	0	0
(8) Mike Solari	2.00									
Director		х						0	0	0
(9) Paige Clayton	2.00									
Director		x						0	0	0
(10)Tonya Griffith	2.00									
Director		х						0	0	0
(11)Debra Lastrapes	2.00									
Director		х						0	0	0
(12)Joe Robinson	2.00									
Director		х						0	0	0
(13)Scot_Tyler	2.00									
Director		ı	1 1	- 1	1	[		0	0	0
	<u> </u>	X						<u> </u>	<u> </u>	V
(14)Shana_ScalesDirector	2.00			***************************************				•	<u> </u>	V

 $\alpha \alpha \alpha$	(0000)
230	(2023)

United Way of Southwest Louisiana Inc

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Page 7

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - · List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

See instructions for the order in which to list the persons above.

	T								T	
					C)					
(A)	(8)	Position (do not check more than one		(D)	(E)	( <del>F</del> )				
Name and title	Average	, ,				both an	.	Reportable	Reportable	Estimated amount
	hours	offic	er and	a dir	ector	(trustee)		compensation	compensation	of other
	per week							from the organization (W-2/	from related organizations (W-2/	compensation from the
	(list any hours for	or i	ᇙ	9	2	a z	귤	1099-MISC/	1099-MISC/	organization and
	related	direc	瞿	Officer	yerr	ploy	Former	1099-NEC)	1099-NEC)	related organizations
	organizations	Individual trustee or director	nstitutional trustee		Key employee	ee cor				
	below	uste	뎚	İ	e e	npe				
	dotted line)	G	e e			Hignest compensated employee				
				ĺ		ä		•		
(1)Wendy Aguillard	2.00		***************************************							
Director		X						0	. 0	0
(2) Tony Wood	2.00									
Director		X						0	0	0
(3) Greg Defrates	2.00									
Director		X						0	0	0
(4)Kevin Lacy	2.00									
Director		x						0	0	0
(5) James McGee	2.00									
Secretary		X		x				0	0	0
_(6)Stephen_Dwight	2.00									
Vice Chair		х		X				0	0	0
_(7)Kirk Pellerin	2.00		-							
Vice Chair		X		X				0	0	0
(8) Keith Faul	2.00									
Member at Large		X		x				0	0	0
(9) Gregory Thibodeaux	2.00									
Chair		X		х				0	0	0
(10)Boyd_Boudreaux	2.00				.					
Treasurer		X		х				0	0	0
(11) Floyd Mitchell	2.00									
Member at Large		x		x				0	0	0
(12)Missy Amidon	2.00			l						
Member at Large		х		х				0	0	0_
(13)Leona Fletcher	2.00									
Immediate Past Chair		x		х				0	0	0
(14)						Ī				

Part VII Section A. Officers, Directors,  (A)  Name and title	(B) Average hours per week	(do r box,	ot che	Pos eck m s per	C) ition ore tl son is	nan one s both ar /trustee)	n	(D)  Reportable compensation from the organization (W-2/	(E)  Reports compensifrom rela	able ation ated	(F) Estimated amount of other compensation from the
	(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	1099-MISC/ 1099-NEC)	1099-MI 1099-NI	sċ/	organization and related organizations
(15)								***************************************			
(16)											
(17)											
(18)											
(19)											
(20)											
(21)											
(22)										·	
(23)							*******				
(24)											
(25)								AND			
1b Subtotal							•				
c Total from continuation sheets to Part VII, Se d Total (add lines 1b and 1c)		· · ·		· ·	· ·	<u> </u>	•	247,177	***************************************	0	55,182
2 Total number of individuals (including but reportable compensation from the organizer)	not limited to	thos	e list	ted	abo	ve) w	/ho	received more th	nan \$100	000 of	1
<ul> <li>Did the organization list any former officer, dire employee on line 1a? If "Yes," complete Schee</li> <li>For any individual listed on line 1a, is the sum of</li> </ul>	lule J for such	individ	lual .								Yes No
organization and related organizations greater individual	than \$150,000	)? <i>If</i> "Y	es,"	con	plei	te Sch	edu	le J for such			4 x
5 Did any person listed on line 1a receive or accrufor services rendered to the organization? If "Y	ie compensatio	on from	апу	unr	elate	ed org	aniz	ation or individual		• • • •	
Section B. Independent Contractors	ca, complete	Goneu	uic u	7 101	Suc	ii beis	W)				5 X
<ol> <li>Complete this table for your five highest c compensation from the organization. Rep</li> </ol>											
(A) Name and business add								(B)  Description of service			(C) Compensation
			***************************************								
		*							***************************************		
Total number of independent contractors received more than \$100,000 of compens						ose li	ste	d above) who			

Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII (D) (B) (C) Total revenue Related or exempt Unrelated Revenue excluded function revenue business revenue from tax under sections 512-514 Federated campaigns . . . . . . . . 1a 131,451 b Membership dues . . . . . . . . . . . . . . . . . 1b Contributions, Giffs, Grants and Other Similar Amounts c Fundraising events . . . . . . . . . 1c Related organizations . . . . . . . . 1d Government grants (contributions) . . e 1e 263,134 All other contributions, gifts, grants, and similar amounts not included above 1f 4,751,705 Noncash contributions included in lines 1a-1f ....... 1g h Total. Add lines 1a-1f 5,146,290 **Business Code** 2a Contract Income 624100 494,244 494,244 Program Service b Processing Fee Revenue 80,708 900099 80,708 f All other program service revenue . . . . . 574,952 Investment income (including dividends, interest, and 598,069 598,069 Income from investment of tax-exempt bond proceeds Royalties . . . . . . . . . (i) Real (ii) Personal 6a Gross rents . . . . . . b Less: rental expenses . . 6b c Rental income or (loss) 6с d Net rental income or (loss) (i) Securities (ii) Other 7a Gross amount from sales of assets other than inventory 7a **b** Less: cost or other basis and sales expenses 7b 762 Other Revenue c Gain or (loss) . . . . . (762 d Net gain or (loss) . . . . . (762 (762 8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 . . . . . . . . 22,814 **b** Less: direct expenses . . . . . . . . . 29,767 c Net income or (loss) from fundraising events (6,953)(6,953)9a Gross income from gaming activities. See Part IV, line 19 . . . . . . 9a **b** Less: direct expenses . . . . . . . . 9b c Net income or (loss) from gaming activities 10a Gross sales of inventory, less returns and allowances . . . . . . . . . **b** Less: cost of goods sold . . . . . . . 10b c Net income or (loss) from sales of inventory . . . **Business Code** 11a Meeting Income 00099 1,780 1,780 **Miscellanous** Revenue b Miscellaneous Revenues 00099 13,588 13,588 d All other revenue . . . . . . . . 15,368 Total revenue. See instructions 589,558 6,326,964 591,116

#### 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. (A) Total expenses Program service Management and Fundraising 8b, 9b, and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 1,162,601 1,162,601 Grants and other assistance to domestic 2 individuals. See Part IV, line 22 . . . . . . . 1,200,505 1,200,505 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 . . . . Compensation of current officers, directors, trustees, and key employees . . . . . . . . . . . . . 302,359 160,250 63,495 78,614 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 691,523 371,249 144,577 175,697 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 97,502 56,304 18,539 22,659 9 143,469 78,386 29,289 35,794 10 94,581 51,861 19,224 23,496 Fees for services (nonemployees): а b Legal............. 29,853 4,841 21,980 3,032 d Professional fundraising services. See Part IV, line 17. . f Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule O.) . . 12 10,301 4,828 5,473 13 Office expenses . . . . . . . . . . . . . 79,885 52,132 15,108 12,645 14 82,630 40,899 18,779 22,952 15 16 13,914 8,070 2,922 2,922 17 10,840 4,947 2,652 3,241 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 1,861 19,140 1,843 15,436 20 21,236 12,317 4,460 4,459 Payments to affiliates . . . . . . . . . . . . . . 21 22 Depreciation, depletion, and amortization . . . . . . 75,468 43,772 15,848 15,848 23 44,249 19,332 11,912 13,005 24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.) Campaign Expenses 82,394 82,394 Repairs and Maintenance 54,756 30,716 11,691 12,349 c Organizational Expenses 9,466 2,732 3,031 3,703 United Way Programs 1,184,509 1,184,509 All other expenses 77,220 24,375 24,605 28,240 25 Total functional expenses. Add lines 1 through 24e. . 5,488,401 4,516,487 409,955 561,959 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here | if following SOP 98-2 (ASC 958-720)

Part X **Balance Sheet** Check if Schedule O contains a response or note to any line in this Part X . . . . . . . . . . . . . . . . (A) (B) Beginning of year End of year 1 Cash - non-interest-bearing 10,860,444 1 10,345,032 2 983,163 2 2,305,377 3 3 1,524,572 1,338,156 4 55,220 4 48,400 5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 5 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) . . . . 6 7 8 Prepaid expenses and deferred charges .......... 9 16,271 38,382 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D . . . . . . 10a 2,420,354 b Less: accumulated depreciation . . . . . . . . . 10b 10c 689,234 1,777,356 1,731,120 11 Investments - publicly traded securities ............ 11 12 Investments - other securities. See Part IV, line 11 .......... 12 13 13 14 14 15 12,043 15 36,848 16 Total assets. Add lines 1 through 15 (must equal line 33) . . . . . . . . . . . . 15,229,069 16 15,843,315 17 199,990 17 211,868 18 18 19 19 20 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D . . . . . . 21 22 Loans and other payables to any current or former officer, director, Liabilities trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons ...... 22 23 Secured mortgages and notes payable to unrelated third parties ..... 523,562 23 436,603 24 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 177,560 25 28,324 26 901,112 26 676,795 Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33. Net Assets or Fund Balances 27 Net assets without donor restrictions ............... 12,265,899 27 13,128,699 28 2,062,058 28 2,037,821 Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. 29 29 30 Paid-in or capital surplus, or land, building, or equipment fund . . . . . . . . . 30 31 31 Retained earnings, endowment, accumulated income, or other funds . . . . . . 32 32 14,327,957 15,166,520

33

15,229,069

33

Form	990 (2023) United Way of Southwest Louisiana Inc	72-0456901		Pa	ige 12
Pai	rt 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		326,	964
2	Total expenses (must equal Part IX, column (A), line 25)	2		188,	
3	Revenue less expenses. Subtract line 2 from line 1	3	8	338,	563
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	14,3	327,	957
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	32, column (B))	10	15,1	L66,	520
Pai	rt 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:  Cash  Cash  Characteristics  Characteristics				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on				
	Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	[	2a		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.				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?	<i></i>	2b	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.				
	▼ Separate basis				
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of				
	the audit, review, or compilation of its financial statements and selection of an independent accountant?	[	2c	х	
	If the organization changed either its oversight process or selection process during the tax year, explain on				
	Schedule O.				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the				
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits	<u>  </u>	3b		
EEA			Form	990 (	(2023)

#### SCHEDULE A (Form 990)

## **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.

OMB No. 1545-0047

Department of the Treasury

Attach to Form 990 or Form 990-EZ.

Open to Public Inspection

Name of the organization

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

Name	OT U	ne organization					Employer identification	number
Unit	ed	Way of Southwest Louis	iana Inc				72-045690	L
Par				l organizations mus	t comple	te this p	art.) See instruction	ons.
The o	rgar	nization is not a private foundation be						
1		A church, convention of churches,	or association of c	hurches described in se	ction 170(	b)(1)(A)(i)	-	
2		A school described in section 170	( <b>b)(1)(A)(ii).</b> (Attac	h Schedule E (Form 990	)).)			
3		A hospital or a cooperative hospita	l service organizat	ion described in <b>section</b>	170(b)(1)	(A)(iii).		
4		A medical research organization or					b)(1)(A)(iii). Enter the	
		hospital's name, city, and state:	-	•		•		
5		An organization operated for the be	nefit of a college o	r university owned or ope	erated by a	governme	ental unit described in	
		section 170(b)(1)(A)(iv). (Complet	te Part II.)					
6		A federal, state, or local government	nt or governmental	unit described in section	on 170(b)(	1)(A)(v).		
7	X	An organization that normally receive	ves a substantial pa	art of its support from a g	overnment	al unit or fi	om the general public	
		described in section 170(b)(1)(A)(	vi). (Complete Par	t (I.)				
8		A community trust described in sec	ction 170(b)(1)(A)	vi). (Complete Part II.)				
9		An agricultural research organization	on described in <b>se</b>	ction 170(b)(1)(A)(ix) o	perated in	conjunctio	n with a land-grant coll	ege
		or university or a non-land-grant co	llege of agriculture	(see instructions). Enter	the name,	city, and st	ate of the college or	
		university:						
10		An organization that normally receive	ves (1) more than 3	3 1/3% of its support fro	m contribu	tions, mem	bership fees, and gros	3
		receipts from activities related to its support from gross investment inco	exempt functions, me and unrelated b	subject to certain except	tions; and (	(2) no mor	e than 33 1/3% of its	
		acquired by the organization after					, ironi buoiricocco	
11		An organization organized and ope	rated exclusively t	o test for public safety. S	See <b>sectio</b>	n 509(a)(4	1).	
12	Ш	An organization organized and oper	-				• • •	
		one or more publicly supported org						). Check
		the box on lines 12a through 12d th	* *			•		
а		Type I. A supporting organization				-		ving
		the supported organization(s) the	•		•	directors	or trustees of the	
		supporting organization. You n	=					
þ		Type II. A supporting organiza	•					•
		control or management of the s		•	persons tha	it control o	r manage the supporte	đ
_		organization(s). You must cor	-					***
С		Type III functionally integrate		•		•	, ,	with,
d		its supported organization(s) (s  Type III non-functionally inte	•	•	· ·			ion(a)
u		that is not functionally integrate						` '
		requirement (see instructions).					erk and an attendivenes	•
е		Check this box if the organization	•	•	•		I. Type II. Type III	
		functionally integrated, or Type					,, . , po, . , po	
f	E	nter the number of supported organ		· · · · · · · · · · · · · · · ·	_			
g	P	Provide the following information about	ut the supported or	ganization(s).				
		(I) Name of supported organization	(ii) EIN	(iii) Type of organization	(iv) Is the o	rganization	(v) Amount of monetary	(vi) Amount of
				(described on lines 1-10	listed in you docum	_	support (see	other support (see
				above (see instructions))	GUGUII	elit i	instructions)	instructions)
					Yes	No		
(A)								
(B)								
					ļ			
(C)								
***************************************								
(D)								
					ļ			**************************************
(E)								
Total						VUINE		

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	on A. Public Support						
Calen	dar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						***************************************
	include any "unusual grants.")	5,176,8691	1,806,151	4,844,843	4,273,379	5,146,290	31,247,532
2	Tax revenues levied for the			<u> </u>			
	organization's benefit and either paid	1					
	to or expended on its behalf						
3	The value of services or facilities						
-	furnished by a governmental unit to the						
	organization without charge						
4	<del>-</del>	5,176,8691	1.806.151	4,844,843	4,273,379	5,146,290	31,247,532
5	The portion of total contributions by						0 = / = 1 / / 0 0 =
	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)						13,971,964
6	Public support. Subtract line 5 from line 4.						17,275,568
Section	on B. Total Support	<u> </u>		1			12,72,0700
	dar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7	Amounts from line 4	5,176,8691		4,844,843	***************************************	5,146,290	31,247,532
8	Gross income from interest, dividends,						
	payments received on securities loans,						
	rents, royalties, and income from						
	similar sources	35,430	59,149	60,038	291,450	597,307	1,043,374
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.)	191,539	255,812	27,026	38,420	8,415	521,212
11	Total support. Add lines 7 through 10						32,812,118
12	Gross receipts from related activities, etc.	. (see instructio	ns)			12	3,361,718
13	First 5 years. If the Form 990 is for the o						
	organization, check this box and stop he	r.e					<u></u>
	on C. Computation of Public Suppo						***************************************
14	Public support percentage for 2023 (line 6					14	52.65 %
15	Public support percentage from 2022 Sch					15	52.14 %
16a	33 1/3% support test - 2023. If the organ			•		•	
	box and <b>stop here</b> . The organization qualifies as a publicly supported organization						
b	33 1/3% support test - 2022. If the organ				•		-
4=	this box and <b>stop here</b> . The organization						
17a	7a 10%-facts-and-circumstances test - 2023. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in						
	Part VI how the organization meets the fa						
	organization						
þ	10%-facts-and-circumstances test - 20	_					
	15 is 10% or more, and if the organization					•	•
	in Part VI how the organization meets the			_	•		, ,
40	organization						
18	<b>Private foundation.</b> If the organization dispersions				•		
	instructions		<i>.</i>			· · · · · · · · · · · · · · · · · · ·	<u> U</u>

## 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.)

Secti	on A. Public Support						
Calen	dar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities fumished 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				l		
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.)						
Secti	on B. Total Support						
Calen	dar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents,				·		
	royalties, and income from similar sources .						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
C	Add lines 10a and 10b						
11	Net income from unrelated business						,
	activities not included on line 10b, whether						
	or not the business is regularly carried on						
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)						
14	First 5 years. If the Form 990 is for the or	ganization's fi	rst, second, thi	rd, fourth, or fi	fth tax year as	a section 501(d	:)(3)
	organization, check this box and stop her				_		··· -
Secti	on C. Computation of Public Suppor						
15	Public support percentage for 2023 (line 8	B, column (f), d	livided by line 1	13, column (f))		15	%
16	Public support percentage from 2022 Sch	edule A, Part	III, line 15 .			16	%
	on D. Computation of Investment Inc					····	
17	Investment income percentage for 2023 (I			y line 13, colu	mn (f))	17	%
18	Investment income percentage from 2022					18	%
19a	33 1/3% support tests - 2023. If the orga						
	17 is not more than 33 1/3%, check this be						
b	33 1/3% support tests - 2022. If the organizati						
	line 18 is not more than 33 1/3%, check this bo						
20	Private foundation. If the organization di						

#### Part IV Supporting Organizations

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

Section .	A. All Sı	upporting	Organizations	

- Are all of the organization's supported organizations listed by name in the organization's governing documents? 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.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **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)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? 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.
- 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)? 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.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in **Part VI**, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **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?
- 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? If "Yes," provide detail in **Part VI**.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- B Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- 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))? If "Yes," provide detail in Part VI.
  - **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI**.
- **c** Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in **Part VI**.
- 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)? If "Yes," answer line 10b below.
  - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

		Yes	No
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r			VACORI)
	3a		A 1 - 5 - 1 - 1 - 1
1	3b		
3)	3с		
	4a		MARK
	4b		
	40		
	4c		
7	5a		L
	5b		
	5c		
	7		
	8		
	9a		
	9b		NAME.
	9c		
	10a		
	10b	Net l	
edu	ile A (F	orm 99	0) 2023

Part	W Supporting Organizations (continued)		г	aye 3
ran	IV Supporting Organizations (continued)		V	
44	Has the argenization accented a gift or contribution from any of the following paragraph	11(5) 41(1)	Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and		16/45/9	Sveries
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		i da de la composición dela composición de la composición dela composición de la composición de la composición de la com
С	A 35% controlled entity of a person described on 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in <b>Part VI</b> .	11c	RESERVE	positiva.
Secti	ion B. Type I Supporting Organizations			
00011	on D. Type r oupporting organizations		Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or	1000000	169	NO
•	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		ETTER CALL
2	Did the organization operate for the benefit of any supported organization other than the supported	1843443	ravesee,	343,105
_	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in <b>Part</b>			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2	green etc.	05000000
Secti	ion C. Type II Supporting Organizations			L
	On C. Type is 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	21423	169	NO
•	or trustees of each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	4	i statyłodkie	29639406
Secti	on D. All Type III Supporting Organizations			L
	The state of the s		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?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported		Saga	MARKE
	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)	2		
3	By reason of the relationship described in line 2, above, did the organization's supported organizations have		10,554	NAME:
	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			10000
	supported organizations played in this regard.	3		
Secti	on E. Type III Functionally Integrated Supporting Organizations	h	L	
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (se	inst	ructio	ons).
а	☐ The organization satisfied the Activities Test. Complete line 2 below.			•
b	☐ The organization is the parent of each of its supported organizations. Complete line 3 below.			
C	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instru	ctions)		
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	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.	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's			
	involvement, one or more of the organization's supported organization(s) would have been engaged in? If			
	"Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would			
	have engaged in these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or		1945.	
	trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			SERV
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Part							
1	Check here if the organization satisfied the Integral Part Test as a qualifying						
	instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.						
Sect	ion 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					
Sect	ion 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):						
а	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					
е	Discount claimed for blockage or other factors	1450					
	(explain in detail in Part VI):	1000					
2	Acquisition indebtedness applicable to non-exempt-use assets	2					
3	Subtract line 2 from line 1d.	3					
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,						
	see instructions).	4					
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5					
6	Multiply line 5 by 0.035.	6					
7	Recoveries of prior-year distributions	7					
8	Minimum Asset Amount (add line 7 to line 6)	8					
Sect	ion C - Distributable Amount			Current Year			
1	Adjusted net income for prior year (from Section A, line 8, column A)	1					
2	Enter 0.85 of line 1.	2					
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3					
4	Enter greater of line 2 or line 3.	4					
5	Income tax imposed in prior year	5					
6	Distributable Amount. Subtract line 5 from line 4, unless subject to						
	emergency temporary reduction (see instructions).	6					
7	Check here if the current year is the organization's first as a non-functiona	ily in	ntegrated Type III supportir	ng organization			
	(see instructions).	-	_	- •			

rait v Type in Non-Functionally integrated 509(a)(5) Supporting Organizations (continued)						
Secti	on D - Distributions				Current Year	
1	Amounts paid to supported organizations to accomplish ex	rempt purposes		1		
2	Amounts paid to perform activity that directly furthers exen	npt purposes of support	ed			
	organizations, in excess of income from activity			2		
3	Administrative expenses paid to accomplish exempt purpo	ses of supported organ	zations	3		
4	Amounts paid to acquire exempt-use assets			4		
5	Qualified set-aside amounts (prior IRS approval required)	- provide details in <b>Part</b>	VI)	5		
6	Other distributions (describe in Part VI). See instructions.			6		
7	Total annual distributions. Add lines 1 through 6.			7		
8	Distributions to attentive supported organizations to which	the organization is resp	onsive			
	(provide details in Part VI). See instructions.			8		
9	Distributable amount for 2023 from Section C, line 6			9		
10	Line 8 amount divided by line 9 amount			10		
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributior Pre-2023	าร	(iii) Distributable Amount for 2023	
1	Distributable amount for 2023 from Section C, line 6					
2	Underdistributions, if any, for years prior to 2023					
	(reasonable cause required - explain in Part VI). See					
	instructions.					
3	Excess distributions carryover, if any, to 2023					
а	From 2018					
	From 2019					
	From 2020					
	From 2021					
е	From 2022					
f	Total of lines 3a through 3e			10.51		
g	Applied to underdistributions of prior years					
<u>h</u>	Applied to 2023 distributable amount					
i_	Carryover from 2018 not applied (see instructions)					
	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.					
4	Distributions for 2023 from					
	Section D, line 7: \$					
	Applied to underdistributions of prior years			stant.		
	Applied to 2023 distributable amount					
	Remainder. Subtract lines 4a and 4b from line 4.			A114(3)		
5	Remaining underdistributions for years prior to 2023, if					
	any. Subtract lines 3g and 4a from line 2. For result					
6	greater than zero, explain in <b>Part VI</b> . See instructions.  Remaining underdistributions for 2023. Subtract lines 3h			te System		
U						
	and 4b from line 1. For result greater than zero, explain in <b>Part VI</b> . See instructions.					
7	Excess distributions carryover to 2024. Add lines 3j					
'	and 4c.					
8	Breakdown of line 7:					
a	Evenes from 2010					
<u>a</u> b	Evene from 2020					
C	Fuence from 2024					
d	Evapas from 2022					
e	Excess from 2023			V. (5)		

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 1, 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.)
01. Other income (Part II, line 10 or Part III, line 12)
Miscellaneous \$13,588
Meeting Income 1,780
Fundraising Events (6,953)
Total \$ 8,415

#### Schedule B (Form 990)

**Schedule of Contributors** 

OMB No. 1545-0047

Employer identification number

2023

Department of the Treasury Internal Revenue Service

Name of the organization

Attach to Form 990, 990-EZ, or Form 990-PF.

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

United Way of Southwest Louisiana Inc 72-0456901 Organization type (check one): Filers of: Section: X 501(c)(3 Form 990 or 990-EZ ) (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. General Rule For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. **Special Rules** x For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year .....\$

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

Name of organization

United Way of Southwest Louisiana Inc

Етрюуег	idenutication	number
72-	0456901	

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.						
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
_1_	Citgo Petroleum Corporation  PO Box 1562  Lake Charles LA 70602	\$1,009,615	Person  Payroll  Noncash  (Complete Part II for noncash contributions.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
2_	Louisiana Pigment Company  3300 Bayou D'Inde Rd  Westlake LA 70669	\$124,955	Person X Payroll X Noncash (Complete Part II for noncash contributions.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
3	Phillips 66 Pipeline LLC  2200 Old Spanish Trail  Westlake LA 70669	\$641,905	Person K Payroll K Noncash (Complete Part II for noncash contributions.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
4	Turner Industries  PO Box 2599  Sulphur LA 70664	\$ 208,500	Person X Payroll X Noncash (Complete Part II for noncash contributions.)				
(a) No.	(b) Name, address, and ZiP + 4	(c) Total contributions	(d) Type of contribution				
5	Westlake Chemical Corporation  PO Box 2449  Sulphur LA 70664	\$665,528	Person  Payroli  Noncash  (Complete Part II for noncash contributions.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
		\$	Person				

#### SCHEDULE D (Form 990)

Department of the Treasury

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.

OMB No. 1545-0047

Inspection

Go to www.irs.gov/Form990 for instructions and the latest information. Internal Revenue Service Name of the organization Employer identification number United Way of Southwest Louisiana Inc 72-0456901 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 Aggregate value of contributions to (during year) . . . . 2 3 Aggregate value of grants from (during year) . . . . . 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised 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 Part II **Conservation Easements** Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space 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 2a 2b Number of conservation easements on a certified historic structure included on line 2a 2c Number of conservation easements included on line 2c, acquired after July 25, 2006, and not 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the 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 Does each conservation easement reported on line 2d above satisfy the requirements of section 170(h)(4)(B)(i) 8 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 Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets Part III Complete if the organization answered "Yes" on Form 990, Part IV, line 8. If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

Schedul	eD(Form 990) 2023 United Way of S						72-045		Page 2
Parl	III Organizations Maintaining	Collections of	Art, Histo	orical T	reasures	, or Ot	her Similar A	ssets (co	ntinued)
3	Using the organization's acquisition, accessi-	on, and other record	s, check an	y of the fo	llowing that r	nake sig	nificant use of its		
	collection items (check all that apply):								
а	Public exhibition		d [	Loan or	exchange p	rogram			
b	Scholarly research		e	Other		_			
c	Preservation for future generations		<b>-</b>	,		·····	·····	*****	
4	Provide a description of the organization's co	ollections and explai	n how they	further the	organizatio	n's exem	nt numose in Par	t	
-	XIII.	on a significant		10,410, 410	organizatio.	onom	pr paiposo iii i ai	•	
5	During the year, did the organization solicit o	r receive donations	of art histor	ical trasei	iree or other	r elmilar			
Ū	assets to be sold to raise funds rather than t							□ Vac	∏No
Parl			part of the c	ngariizauc	JIIS CORECTIO	11111	· · · · · · · · · · · · · · · · · · ·	. <u>  165</u>	
I CII	Complete if the organization	_	on Form	aan D	art IV line	Q orr	enorted an ar	nount on F	orm
	990, Part X, line 21.	aliswered 165	OH I OHH	990, F	aitiv, iiiie	: 3, UI I	eported air ai	HOUHL OH F	OHIII
			·						
1a	Is the organization an agent, trustee, custodic								П.и.
-	included on Form 990, Part X?					• • • •		∐ Yes	∐ No
b	If "Yes," explain the arrangement in Part XIII	and complete the to	allowing tabl	e.			1 .		
						<u> </u>		nount	
C	Beginning balance								
d	Additions during the year					. 1d			
e	Distributions during the year								
f	Ending balance								
2a	Did the organization include an amount on F	orm 990, Part X, line	e 21, for esc	row or cu	stodial accou	ınt liabilit	y?	. Tyes	☐ No
b	If "Yes," explain the arrangement in Part XIII	. Check here if the e	explanation I	has been	provided on I	Part XIII			
Parl	V Endowment Funds								
	Complete if the organization	answered "Yes"	on Form	990, P	art IV, line	10.			
		(a) Current year	(b) Prior	г уеаг	(c) Two years	s back	(d) Three years back	(e) Four	ears back
1a	Beginning of year balance								
b	Contributions								
c	Net investment earnings, gains, and	***************************************	***************************************						
-	losses								
d	Grants or scholarships								
	Other expenditures for facilities and								
е									
	programs								
f	Administrative expenses				***************************************				
g	End of year balance		70. 4						
2	Provide the estimated percentage of the curr	•	,	olumn (a)	) neld as:				
a	Board designated or quasi-endowment	%							
b	Permanent endowment%								
С	Term endowment%								
	The percentages on lines 2a, 2b, and 2c sho								
3a	Are there endowment funds not in the posse	ession of the organiz	ation that a	re held an	id administer	ed for the	<del>)</del>		
	organization by:								Yes No
	(i) Unrelated organizations?							. 3a(i)	
	(ii) Related organizations?							. 3a(ii)	
b	If "Yes" on line 3a(ii), are the related organiz	zations listed as requ	ired on Sch	edule R?				. 3b	
4	Describe in Part XIII the intended uses of the	e organization's end	lowment fun	nds.				<u> </u>	
Par									
	Complete if the organization		on Form	990. P	art IV, line	11a. S	See Form 990	, Part X. li	ne 10.
	Description of property	(a) Cost or oth	1		r other basis	1	Accumulated	(d) Book	
	<del>3</del>	(investm		• /	other)	l , ,	epreciation	(2) 2001	
	Land			•	184,578			1	84,578
b	Buildings		1		858,813		384,936		73,877
	Leasehold improvements			<u> </u>	, o.r.	<del> </del>	304,330	1,4	, , , 0
۲ د	•			•	276 062		304 200		
d	Equipment				376,963	<del>                                     </del>	304,298		72,665
e	Other				<b>(D)</b>	L		······································	
Total.	Add lines 1a through 1e. (Column (d) must e	equai ⊢orm 990, Pai	rt X, line 10	c, column	(B)			1,7	31,120

	Complete if the organization answered  (a) Description of security or category		(b) Book v			ethod of valuation;
	(including name of security)		*******		Cost or en	d-of-year market value
	derivatives					<del>fulcion funccional and a funccional and</del>
	eld equity interests					and the property of the second
(3) Other						
(A) (B)						
(C)						
(D)	Word PP WWW half the account to a think the shall never a company of the state of t	.,,,	***************************************			
(E)						
(F)					****	
(G)			***************************************			
(H)						
	n (b) must equal Form 990, Part X, line 12, col.(B,	))				
Part VIII	Investments - Program Related Complete if the organization answere	d "Yes" on For	m 990, Pai	t IV, li	ne 11c. See Forn	n 990, Part X, line 13.
	(a) Description of investment		(b) Book v	alue	1	ethod of valuation; id-of-year market value
(1)			******			
(2)						
(3)						
(4)		····				tohining
(5)	* ************************************			······································		
<u>(6)</u>			***************************************			
<u>(7)</u>						***************************************
(8)						4440-14
(9)	n (b) must equal Form 990, Part X, line 13, col. (E	011	v4-144-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1			
Part IX	Other Assets	9//	· · · · · · · · · · · · · · · · · · ·		0.0000000000000000000000000000000000000	
	Complete if the organization answere	d "Yes" on For	m 990. Pai	t IV. li	ne 11d. See Forn	n 990. Part X. line 15.
		escription				(b) Book value
(1)						
(2)						
(3)						
(4)						
(5)		· · ·				
(6)						
<u>(7)</u>						
(8)	May 1944 1944 1944 1944 1944 1944 1944 194					
(9)	n (b) must equal Form 990, Part X, line 15 col. (B	11				***************************************
Part X	Other Liabilities	<i>)</i> )	<u> </u>	• • • •		
[ alt X]	Complete if the organization answere	d "Yes" on For	m 990 Pai	t IV li	ne 11e or 11f Se	e Form 990 Part X
	line 25.	4 100 0111011	000, 1 0	,	110 1 10 01 111. 00	or orm oco, rarez,
1.	(a) Description of liability	(b) Book v	alue			
	ncome taxes	· · · · · · · · · · · · · · · · · · ·	***************************************			
(2)Donor I	Designations Payable		28,324			
(3)	Annah - Annah					
(4)						
(5)						
(6)	and the desired and the second account.					
(8)				4		
(9)						
	(b) must equal Form 990, Part X, line 25 col. (B))		28,324			
	uncertain tax positions. In Part XIII, provide the te:		-			-
organization's	liability for uncertain tax positions under FASB AS	C 740. Check here	in the text of	ine rooti	note has been provide	xım Paπ XIII,

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	i (Ctui II	
1 Total revenue, gains, and other support per audited financial statements	1	5,837,944
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:		3,037,344
a Net unrealized gains (losses) on investments		
b Donated services and use of facilities		
c Recoveries of prior year grants	1	
	·	
	100000000	40 100
	2e 3	40,122
	3	5,797,822
<b>∤</b>		
a Investment expenses not included on Form 990, Part VIII, line 7b		
b Other (Describe in Part XIII.)	1000000	
c Add lines 4a and 4b	4c	529,142
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	6,326,964
Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses p	ar Ketui	m
Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	Tal	4 000 201
1 Total expenses and losses per audited financial statements	1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	4,999,381
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a Donated services and use of facilities	-	
b Prior year adjustments	-	
c Other losses		
d Other (Describe in Part XIII.)		
e Add lines 2a through 2d	2e	40,122
3 Subtract line 2e from line 1	3	4,959,259
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		
b Other (Describe in Part XIII.)		
c Add lines 4a and 4b	4c	529,142
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	5,488,401
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, lin∉	Э
2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.		
01. Other revenues not included on Form 990 (Part XI, line 2d)		
Direct fundraising expenses are netted against fundraising revenue on Part VII	I, line	∍ 8b.
,		
<del></del>		***************************************

Schedule D (Form 990) 2023 United Way of Southwest Louisiana Inc	72-0456901	Page 5
Part XIII Supplemental Information (continued)		
02. Other revenues included on Form 990 (Part XI, line 4b)	····	
Donor designations reduce contribution revenue on the audited financial state	ements.	
DOING GODE TOUGHT TOUGHT TOUGHT ON THE AUGITED TIMESTAL SCALE	ementes.	
03. Other expenses not included on Form 990 (Part XII, line 2d)		
Direct fundraising expenses are netted against fundraising revenue on Part V	III, line 8b.	
04. Other expenses included on Form 990 (Part XII, line 4b)		
		•
Donor designations reduce support expenses on the audited financial statemen	ts.	
	toda na haran da na	
		<del></del>

#### **SCHEDULE G** (Form 990)

Department of the Treasury

Internal Revenue Service

#### **Supplemental Information Regarding Fundraising or Gaming Activities**

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization Employer identification number United Way of Southwest Louisiana Inc 72-0456901 Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Part I Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply. Mail solicitations а Solicitation of non-government grants Internet and email solicitations Solicitation of government grants Phone solicitations Special fundraising events C In-person solicitations Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, Yes No or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (v) Amount paid to (iii) Did fundraiser have (vi) Amount paid to (i) Name and address of individual (iv) Gross receipts (or retained by) custody or control of (or retained by) (II) Activity or entity (fundraiser) from activity fundraiser listed in contributions? organization col. (i) Yes No 1 2 3 5 6 8 9 10 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

		than \$15,000 of fundraising gross receipts greater than	event contributions and	d gross income on Form		•
		g.ccc.rcccp.cc.g.	(a) Event #1  Battle Paddl (event type)	(b) Event #2	(c) Other events  None (total number)	(d) Total events (add col. (a) through col. (c))
Revenue	1	Gross receipts	18,206			18,206
-	2 3	Less: Contributions Gross income (line 1				
		minus line 2)	18,206			18,206
	4	Cash prizes				
	5	Noncash prizes	334		1	334
ses	6	Rent/facility costs	4,347			4,347
Direct Expenses	7	Food and beverages	2,241			2,241
Direct	8	Entertainment	8,010			8,010
	9	Other direct expenses	3,295			3,295
	10 11	Direct expense summary. Add lin Net income summary. Subtract lin				18,227
Pa	rt III	Gaming. Complete if the or \$15,000 on Form 990-EZ, ii	ganization answered "\			more than
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
- Re	1	Gross revenue				
ses	2	Cash prizes				
Expen	3	Noncash prizes				
Direct Expenses	4	Rent/facility costs				
	5	Other direct expenses	Yes %	Yes %	☐ Yes %	
	6	Volunteer labor	No No	Yes%	Yes % No	
	7	Direct expense summary. Add lin	es 2 through 5 in column (o	(t	• • • • • • • • • • • • •	
	8	Net gaming income summary. So	ubtract line 7 from line 1, co	lumn (d)	<del></del>	
	a is	nter the state(s) in which the organiz the organization licensed to conduc "No," explain:		of these states?		
10		ere any of the organization's gamin "Yes," explain:		nded, or terminated during t	•	Yes No

## **SCHEDULE 1** (Form 990)

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. Attach to Form 990.

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

(d) Amount of cash

grant

(e) Amount of

noncash assistance

(f) Method of valuation (book, FMV, appraisa

other)

Department of the Treasury Internal Revenue Service

Name of the organization

(1)Abraham's Tent

<u>United Way of Southwest Louisiana Inc</u>

(a) Name and address of organization

or government

#### General Information on Grants and Assistance 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?

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

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

(c) IRC section

(if applicable)

(1)ADIAMAM S TEME	l			
2300 Fruge St	***************************************			
Lake Charles LA 70601	72-1082217	501(c)(3)	86,983	
(2)Girl Scouts of Louisiana Pi				
1720 Kaliste Saloom Road St				
Lafayette LA 70508	72-0488660	501(c)(3)	10,964	
(3)McNeese Foundation - KDCC				
600 E. McNeese Street				
Lake Charles LA 70605	72-6029144	501(c)(3)	83,000	
(4)Beauregard ARC				
PO Box 13				
Deridder LA 70634	72-0626100	501(c)(3)	14,368	
(5)Beauregard Community Concer				
PO Box 815				
Deridder LA 70634	72-0870513	501(c)(3)	47,344	
(6)Beauregard Council on Aging				
PO Box 534				
Deridder LA 70634	72-0734475	501(c)(3)	54,555	
(7)Girlie Girls Mentoring Prog			***************************************	
608 E Prien Lake Road Ste A				
Lake Charles LA 70607	32-0404007	501(c)(3)	12,626	
(8)Big Brothers Big Sisters of				
4135 Common St				
Lake Charles LA 70607	72-1009565	501(c)(3)	56,745	
(9) Catholic Charities Diocese				
1125 2nd Street				
Lake Charles LA 70601	72-0883986	501(d)(3)	71,593	
(10) Calcasieu Community Clinic				
550 E Sale Road, Suite 217				
Lake Charles LA 70609	72-1454126	501(a)(3)	18,636	
2 Enter total number of section 501(c)(3) a	nd government organ	nizations listed in the line	1 table	
		hia		
3 Enter total number of other organizations	listed in the line 1 tal	<u>ble</u>		<u> </u>

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

## SCHEDULE I (Form 990)

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.

Department of the Treasury Internal Revenue Service

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

Name of the organization

United Way of Southwest Louisiana Inc

#### Part I General Information on Grants and Assistance

- 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?
- 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 answer Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

(a) Name and address of organization     or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraise other)
(1)Children's Museum					Darios
327 Broad Street					
Lake Charles LA 70601	72-1115596	501(c)(3)	20,595		
(2)Calcasieu Council on Aging		·			
3950 Hwy 14					
Lake Charles LA 70607	72-0951694	501(c)(3)	29,219		
(3)Business Disaster and Recov	[		1		-
1180 E McNeese Steet	and the same of th				***
Lake Charles LA 70607	46-3824479	501(c)(3)	41,000		
(4)Iberia Comprehensive - Merr					
567 Walker Street					
Merryville LA 70653	58-2164455	501(c)(3)	18,233		
(5) Southwest Louisiana Youth F				***************************************	
419 Alamo Street					
Lake Charles LA 70601	81-2689132	501(c)(3)	20,000	·	
(6)Boys and Girls Club of Acad				·	
PO Box 62116					
Lafayette LA 70596-2116	72-0940072	501(c)(3)	15,009		
(7)Family & Youth Counseling					
220 Louie St					
Lake Charles LA 70601	72-0688561	501(c)(3)	62,371		
(8)St Jude Childrens Research					
262 Danny Thomas Place					
Memphis TN 38105	62-0646012	501(c)(3)	19,611		
(9) Give A Wish, Inc.					
P.O. Box 778			-		
Kinder LA 70648	47-3058001	501(c)(3)	6,282		
(10Assist Agency					
107 E Nezpique St					
Jennings LA 70546	72-0786459	501(c)(3)	10,000		-
2 Enter total number of section 501(c)(3) a	nd government organ	nizations listed in the line 1	table		1

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

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

## SCHEDULE I (Form 990)

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.

Department of the Treasury Internal Revenue Service

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

Name of the organization

United Way of Southwest Louisiana Inc

#### 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?
  - 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 answer Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

(a) Name and address of organization     or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraise other)
(1)Junior Acheivement				****	Outery
200 S Huntington St	•	,			
Sulphur LA 70663	74-1153957	501(c)(3)	15,850		
(2)Literacy Council of SWLA				***************************************	
809 Kirby St Ste 126	]				
Lake Charles LA 70601	72-1113592	501(c)(3)	23,982		
(3)Jeff Davis CADA				***************************************	
P.O. Box 826					
Jennings LA 70546	72-1488905	501(c)(3)	13,749		***************************************
(4)Salvation Army					
PO Box 17166					
Lake Charles LA 70616	58-0660607	501(c)(3)	41,181		
(5)Second Harvest Food Bank		***************************************			
612 LA Ave					
Lake Charles LA 70601	72-0956468	501(c)(3)	16,988		
(6)St Nicholas Center for Chil					1
314 Broad Street Ste B					
Lake Charles LA 70601	26-0566851	501(c)(3)	54,010		
(7)LA Assoc of United Way					
PO Box 3416					
Baton Rouge LA 70821	20-4586416	501(c)(3)	23,711		
(8)United Way Worldwide					
701 N Fairfax St					
Alexandria VA 22314	13-1635294	501(c)(3)	48,682		
(9)Oasis a Safe Haven	and the same of th				
PO Box 276			1		
Lake Charles LA 70606	72-0859660	501(c)(3)	27,609		
(10)					
	<u> </u>				<u></u>

<sup>2</sup> Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

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

<sup>3</sup> Enter total number of other organizations listed in the line 1 table

Schedule I (Form 990) 2023 United Way of Southw Part III Grants and Other Assistance to Do			organization encu	rand "Vaa" on Farm 00
Part III can be duplicated if additional			organization answ	ered tes on Form 99
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)
Food, shelter, clothing and other				
1 assist for disaster victim relief.	13	241	349,508	FMV
2 Energy Bill Payment Assistance	4,230	850,756	-	FMV
3				
4		1994 1994 W.		
5	***************************************			
6				
7				
Part IV Supplemental Information. Provide	the information re	equired in Part I, lin	e 2; Part III, columi	n (b); and any other adc
01. Monitoring procedures (Par	•		and Review commi	ittee which consist
volunteers within the community. This co	ommittee revie	ws agency budget	ts, financial st	tatements, audits,
outcomes, and programs to ensure the str	ict standards	of accountabil:	ity established	by the Organization
02. Estimate calculation (Part	III, colu	mn b)		
The approximate number of individuals as	sisted was de	rived from the (	Organization's p	personnel internal :
observations.				
	***************************************		1	
			Add to the second secon	**************************************

EEA

#### **SCHEDULE J** (Form 990)

Department of the Treasury Internal Revenue Service

**Compensation Information** 

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

OMB No. 1545-0047

2023

Open to Public Inspection

Name of the organization

Employer identification number

	ed Way of Southwest Louisiana Inc 72-0456901			
Part	I Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form			
	990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	☐ First-class or charter travel ☐ Housing allowance or residence for personal use			
	☐ Travel for companions ☐ Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees	100000		
	☐ Discretionary spending account ☐ 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	10000000	Marian de la compania	
~	or reimbursement or provision of all of the expenses described above? If "No," complete Part III to			1
	explain	1b		
	бургант	110		
2	Did the consultation require substantiation rules to unless under the consultation rules to the	HONEY!		Mayana
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all			
	directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line	_		
	1a?	2		
3	Indicate which, if any, of the following the organization used to establish the compensation of the			
	organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a			
	related organization to establish compensation of the CEO/Executive Director, but explain in Part III.			
	☐ Independent compensation consultant			
	☐ Form 990 of other organizations ☐ Approval by the board or compensation committee			
			1000 CM	
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.	Departure.	47
a		4a		X
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		X
С	Participate in or receive payment from an equity-based compensation arrangement?	4c	i se de de de de de	X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			
	compensation contingent on the revenues of:			
а	The organization?	5a		х
b	Any related organization?	5b		х
	If "Yes" on line 5a or 5b, describe in Part III.	100000		
		Transfer Transfer		A second
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:			
а	The organization?	6a	Wall filter	x
b	Any related organization?	6b		<del>!                                    </del>
D	If "Yes" on line 6a or 6b, describe in Part III.	UU	9-4-86 NO	X
	it tes on the oa of ob, describe in Fart in.	133.43		
7	Engagement listed on Form 000 Post VIII Continue A line 4- Mileton constitution and the constitution of the control of the con	14400	(Author)	10.000
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed	۱_		
_	payments not described on lines 5 and 6? If "Yes," describe in Part III	7	X	<b> </b>
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 ill	8		х
		ME		
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9		

Schedule J (Form 990) 2023 United Way of Southwest Louisiana Inc

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from relatinstructions, 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 I

(A) Name and Title		(B) Breakdown of W-2 ar	nd/or 1099-MISC and/or	(O) Nouromonium	(D) Nontaxable	
		(i) Base compensation	(ii) Bonus & incentive compensation	(Iii) Other reportable compensation	other deferred compensation	benefits
Denise Durel	(i)	146,333	20,000	0	18,907	16,902
1 President/Chief Executive		0	0	0	0	0
	(i)					
2	(ii)					·h
	(i)					
3	(ii)					
	(1)					**************************************
4	(ii)		<b></b>			
	(i)		ļ			
5	(ii)					***************************************
	(1)		***************************************		****	
6	(ii)					
	(i)	****				
7	(ii)					
	(i)					
8	(ii)	7.**.A.				
	(1)					
9	(ii)					
	(i)					
10	(ii)					
	(i)					
11	(ii)					
	(i)					
12	(ii)					
	(i)					
13 ·	(ii)					
	(i)					
14	(ii)					
	(i)					
15	(ii)					
	(i)		***********			
16	(ii)					
EEA			1			

Caleddie J (FORTH 990) 2023 United Way of Southwest Louisiana Inc	72-0456901
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
or any additional information.	, 10, 50, 50, 50, 1, and 5, and 10, 1 are 11, 71,0
or any additional information.	
Other are simply manuals (Double T. 13-15)	•
1. Other non-fixed payments (Part I, line 7)	
the Organization provides non-fixed payments in the form of bonuses	when the Executive Director meets
irector goals.	
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	· · · · · · · · · · · · · · · · · · ·
	A majority in property and a majority in a m

EEA

#### SCHEDULE O (Form 990)

#### Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

72-0456901

Department of the Treasury Internal Revenue Service

Name of the organization
United Way of Southwest Louisiana Inc

01. Form 990 governing body review (Part VI, line 11) A preliminary review of the Form 990 is conducted by the President and the Director of Finance. After the preliminary review, the Board of Directors are provided a copy of the Form 990, and the Form 990 is filed once the Board gives its approval of the Form 990. 02. Conflict of interest policy compliance (Part VI, line 12c) The Board of Directors and staff review the policy once a year and sign off that they are aware of the policy as well as in compliance. 03. CEO, executive director, top management comp (Part VI, line 15a) The Chief Executive Officer's compensation is determined by a performance review and evaluation. The Executive Committee then discusses and votes on an appropriate compensation. 04. Form 990 availability to public (Part VI, line 18) The Organization makes the Form 990 available to the public upon request. 05. Governing documents, etc, available to public (Part VI, line 19) The Organization makes its governing documents, conflict of interest policy, and financial statements available to the public upon request.