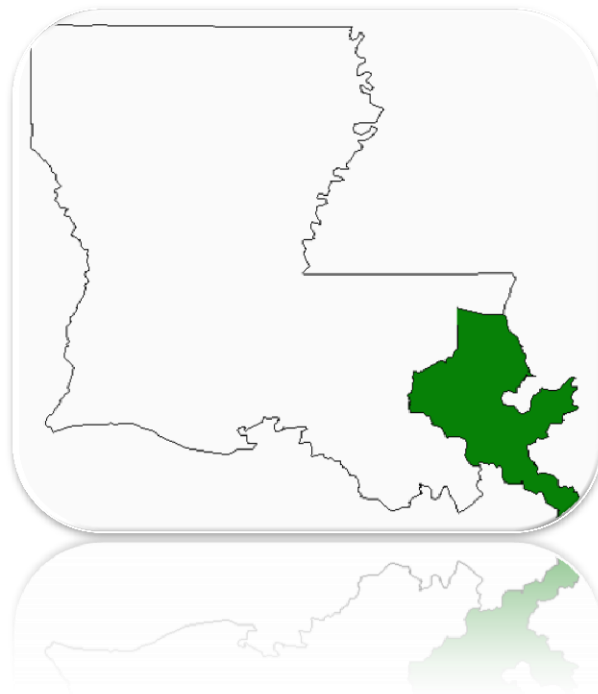


A PROFILE OF NONPROFIT ORGANIZATIONS IN THE GREATER NEW ORLEANS METROPOLITAN AREA



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EXECUTIVE SUMMARY

In the past decade, the New Orleans nonprofit sector has coped with several critical challenges. Hurricane Katrina stretched the capacity of area nonprofits to meet residents' most basic needs for months after the storm. The BP oil spill disrupted economic and ecological systems in the area, and the Great Recession hit when many of New Orleans' nonprofits were still getting back on their feet. The recession brought greater numbers of people seeking services as well as heightened concerns about potential drops in government funding.

To understand the unique challenges and opportunities facing nonprofits in the New Orleans metropolitan area, The Kresge Foundation commissioned the Urban Institute's Center on Nonprofits and Philanthropy to conduct an in-depth study of the region's health and human services nonprofit organizations, excluding hospitals and higher education. Findings are based on analysis of IRS Form 990 data and a survey of health and human services charities conducted in 2011.

SIZE AND SCOPE OF THE HEALTH AND HUMAN SERVICES SECTOR

- **Within Louisiana, the nonprofit health and human services sector in the New Orleans metropolitan area is large; compared with other metro areas of similar size, however, it is about average.** In 2010, the New Orleans metro area had 444 health and human services public charities that were registered with the IRS as 501(c)(3) organizations and filed Forms 990. This number represents more than a quarter (29 percent) of the health and human services charities in the state. Per capita, there are 3.9 providers per 10,000 residents in the New Orleans metro region. Compared to four other metro areas of similar size, the New Orleans metro has roughly a similar number of nonprofits, although at least two metro areas (Columbus, Ohio, and Greensboro, North Carolina) spend about 25 percent more on nonprofit human services than does New Orleans.
 - **Both the number of organizations and the financial resources of the sector are concentrated in Orleans Parish.** More than half the nonprofit health and human services providers are located in Orleans Parish. The parish also has the greatest need: it has the lowest median household income in the region (\$36,200) and the highest share of people living in poverty (25.8 percent). Orleans Parish also accounts for three-quarters of the sector's financial resources. Jefferson Parish is second with about 18 percent of the region's total revenues.
 - **Community and economic development organizations are the most prevalent type of nonprofit health and human services providers in the metro area.** One in five providers in the metro area is a community and economic development organization. Next, in order of prevalence, are emergency assistance and homeless services providers (14 percent of all providers), multiservice providers (13 percent), and family services providers (11 percent). Work-readiness programs are the least common type of organization (4.5 percent).
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- **The nonprofit health and human services sector is an important part of the local economy.** Collectively, these organizations (excluding hospitals and higher education institutions) employed an estimated 14,300 people and had annual expenditures of \$558 million in 2010.

FINANCES AND FUNDING

- **Health and human services providers in the New Orleans metro area operate with relatively modest budgets.** On average, they spent \$1.3 million in 2010, with Orleans and Plaquemines parishes reporting the largest average expenditures. However, averages can be deceptive because a few large organizations can skew the average upward. The typical (or median) health and human services provider's budget is \$236,000.
- **The typical health and human services nonprofit operates on a razor-thin margin.** The median operating margin was only 0.4 percent in 2010. Just four of ten nonprofit service industries had positive (median) operating margins ranging from 0.2 to 5.6 percent.
- **Health and human services nonprofits in the metro area rely heavily on government support.** Fifty-six percent of organizations surveyed receive some type of government funding (local, state, and/or federal). The average share of revenue from government in 2010 was 63 percent; the median share was 65 percent.
- **Nonprofit providers in the area foresee shrinking government funding for their services in the next year.** Providers are acutely aware that government at all levels may be tightening their budgets. More than half of survey respondents expected declines in federal and state funding for their programs. About a third anticipated a drop in local government funding. Given the extensive reliance on government funds, it is unlikely that increases in nongovernment revenues would make up for these significant drops.

IMPACT OF HURRICANE KATRINA

- **Hurricane Katrina brought new nonprofits to the area.** About one in seven organizations surveyed (15 percent) were started because of the impact of Hurricane Katrina. In general, nonprofit health and human services providers in the New Orleans region are relatively young. Half have been formed within the past 12 years.
 - **Post-Katrina recovery work continues for more than one in five nonprofits in the metro area.** Of the organizations operating before Katrina hit, about 90 percent were affected by the storm. While most organizations (68 percent) are back to pre-Katrina operating levels, 22 percent have not yet recovered completely. Recovery has been slow for smaller nonprofits and those located in the most damaged areas.
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- **Roughly a quarter of the metro area's health and human services nonprofits are still using disaster recovery funds to support their services.** While two-thirds of the organizations spent their disaster-recovery funds within three years of the storm, about a quarter are still using the funds. But recovery funds are likely to run out soon. Among the groups still using recovery funds, 42 percent expect the funds to be spent within a year, 22 percent within two years, and 36 percent in three or more years.
- **Individual donations and foundations outside Louisiana were the two most common sources of disaster recovery funds.** Multiple sources of funding supported the recovery effort. Three-quarters of survey respondents indicated they received financial support from individual donors and out-of-state foundations. In addition, more than half received funds from local or regional foundations, government, and faith-based groups. Less common sources of support were federated giving programs such as United Way, and national nonprofits such as the Red Cross or Salvation Army. These data do not indicate, however, the amount of money coming from each source.

LEADERSHIP AND DIVERSITY

- **The leaders of the nonprofit health and human services sector in the New Orleans metro area are largely non-Hispanic white.** Most executive directors (62 percent) are non-Hispanic white; about a third (31 percent) are black or African American. Nonprofits offering senior services or preschool and child care programs are most likely to have a person of color as the executive director. Mid-sized organizations tend to have more racially and ethnically diverse leadership than smaller and larger organizations.
 - **Paid staff is more diverse than the leadership of these groups.** The majority of paid staff (56 percent) is a racial-ethnic minority, most often black/African American. An organization's size does not affect staff diversity, but organizations with diverse leadership (e.g., senior services and preschool programs) also tend to have diverse staff.
 - **Most nonprofit boards of directors are chaired by a non-Hispanic white person.** Nearly 70 percent of organizations surveyed reported the chair of their board was white, non-Hispanic. This share is similar to a national study that found 72 percent of board chairs are white. Small and mid-sized organizations are much more likely than large organizations to have a racial-ethnic minority as chair.
 - **The leadership of some types of health and human services nonprofits in the metro area do not reflect their constituencies.** Nearly three-quarters of health and human service providers report a majority of their clients are racial or ethnic minorities; however, the leadership of these organizations often does not mirror their clients. Family services and youth/teen services are two examples of this pattern.
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PARTNERSHIPS AND COLLABORATIONS

- **Nonprofits in the metro area are most likely to work with other nonprofits; they are least likely to work with the federal government and hospitals.** Working with other types of organizations to provide services or strengthen the community is an important capacity-building strategy. The most common partner was another nonprofit (87 percent of nonprofits engage in this type of collaboration), followed by businesses or employers (69 percent) and congregations or faith-based organizations (66 percent). Charities also cited collaboration with local government at a high rate, 63 percent. Nonprofit providers reported they were least likely to collaborate with the federal government or hospitals. About a third of organizations work with each of these entities. The exact nature and formality of these interactions, however, was not obtained.
- **The most common type of collaboration in the metro area is sharing client referrals with other organizations.** Serving clients is critical to the mission of health and human services providers, so when asked about collaborations and partnerships, survey respondents noted their interactions with other organizations to provide client services. More than 80 percent indicated they received a client referral or referred a client to another group. Sharing resources, such as space, equipment, and supplies, was cited by 61 percent of organizations. About half of survey respondents said they have written grant proposals with another organization. The survey did not probe the formality or regularity of these collaborative arrangements.

NEXT STEPS FOR BUILDING NONPROFIT CAPACITY IN THE METRO AREA

- **Financial management is a pressing issue for nonprofits in the New Orleans area.** Forty-seven percent of organizations surveyed are struggling to balance their budgets, and 12 percent report being in serious risk of folding.
 - **Grant writing and technology are the most frequently requested assistance needs.** When asked what types of technical assistance they need, 66 percent report needing help with grant writing and fundraising, and 55 percent need assistance with computers and technology. While most providers (84 percent) have a website, for example, about half update the site only occasionally or annually. Interestingly, many providers are using social media tools (e.g., Facebook, Twitter, and blogs), but the survey did not probe how frequently or for what purposes social media are being used.
 - **Training is needed to develop and use performance management data.** Although 94 percent of surveyed organizations track data to assess program performance, this generally centers on preparing monthly financial reports for funders. Nearly half (44 percent) indicated they could use help in collecting and tracking data on client and program performance, including creating logic models and outcomes measures.
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- **Recruiting dependable paid staff is a concern for a quarter of nonprofit health and human services providers in the region.** Smaller organizations (29 percent) report more difficulties in finding and retaining staff than larger ones (18 percent). As a first step, an assessment of staff salaries and benefits might shed additional light on this concern.

PART I: INTRODUCTION

Every day, nonprofit health and human services organizations are making a difference in someone's life. Parents use nonprofit child care services to help them juggle work and family life. A homeless person may get a bed for the night at a nonprofit shelter. A low-income family may obtain groceries from a nonprofit food bank. An older homebound adult may have a meal delivered to her front door. And children may spend their out-of-school hours at the local Boys and Girls Club having fun in a structured and protected environment.

In so many ways, nonprofit organizations improve people's lives. They help build relationships and trust among residents, foster civic participation and social cohesion, and generally help strengthen and enrich communities. Nonprofits are also an economic force, providing jobs, purchasing commodities, and sometimes selling their products and services. Yet despite the pervasiveness of nonprofit organizations, most people have only a vague idea of the number and types of nonprofits in their local communities or the amount of financial resources needed to support and sustain this work.

Now more than ever, nonprofits are being called upon to address community needs and help people through financially troubled times. The federal government is calling for new partnerships between local nonprofits and government. Private philanthropy from both individuals and foundations is being asked to step-up its financial support for community-based organizations. And all citizens are being asked to volunteer their time in whatever ways they can. To make these policies work, it is essential to understand the size, scope, and structure of the nonprofit sector in local areas, its capacity to expand its current operations, and the challenges it faces in today's environment.

This report, commissioned by The Kresge Foundation, is a comprehensive study of the nonprofit health and human services sector in the New Orleans metropolitan area. It gives residents and policymakers the basic tools for understanding the parameters of the sector—its size, scope, and financial underpinning—and a framework for understanding the trends and issues facing health and human services providers. Using the most current data available, the report profiles health and human services charities in the New Orleans metro area, outlining the size and scope of their activities. In addition, the report looks at efforts to rebuild the sector since Hurricane Katrina and the BP oil spill, the diversity of the leadership of these organizations, the breadth of collaboration with other organizations, and the areas that might help build organizational capacity and strengthen the sector as a whole.

The findings highlight the strengths and shortcomings of New Orleans' nonprofit sector and the challenges it faces. With these facts, community leaders and public policymakers can strategically plan how to build the capacity of the sector and invest in its infrastructure. The findings also serve as a benchmark to track the financial health of New Orleans' nonprofit sector over time, giving decision makers an important tool to help determine when to stay the course and when to change.

The Study's Approach and Methods

Research Questions

The study addresses five questions:

- What is the size and scope of the nonprofit health and human services sector in the New Orleans metropolitan area?
- How are nonprofit resources distributed in the metro area?
- To what extent have nonprofits recovered since Hurricane Katrina and the BP oil spill?
- To what extent do nonprofits in the New Orleans metro work with or are associated with other nonprofits?
- What are the strengths, challenges, and distinctive features of the metro area's nonprofit health and human services sector that can be used to build capacity in the future?

Sources of Data

Two sources of data are used to address these questions. First, data on the size, scope and financial dimensions of health and human services nonprofits in the New Orleans metropolitan area are from the Urban Institute's National Center for Charitable Statistics (NCCS). These data are based on information in the Forms 990 that nonprofits filed with the Internal Revenue Service (IRS) for 2010. Because of lags in data processing, 2010 data are the most complete records on nonprofit finances. The Form 990 provides a wealth of financial data on an organization's revenue, expenses, assets, and liabilities. The analysis was restricted to 501(c)(3) organizations—that is, the charitable component of the nonprofit sector that is defined as a health and human services provider.

Second, data on nonprofit leadership, collaborations, and challenges facing health and human services charities were obtained through a mixed-mode survey (i.e., mail, web-based, and telephone). The survey was sent to 504 health and human services organizations, excluding hospitals and institutions of higher education, in the New Orleans metropolitan area that were registered with the IRS in December 2010. The survey data were collected between March and June 2011. In May, organizations on the IRS revocation list, which records the organizations that had their tax-status revoked for failing to comply with filing regulations, were also removed from the sample. In total, 242 responses were received for an overall response rate of 61.9 percent, after adjusting for terminated and revoked organizations.

A detailed description of the NCCS data is provided in appendix A. The survey methodology is described in appendix B.

Types of Services Studied

This report focuses solely on health and human services providers. These providers are classified into 10 categories. Hospitals and higher education entities have been excluded.

- **Community and economic development** focuses broadly on strengthening the economic, cultural, educational, and social services of an urban community. More specifically, community development organizations provide technical assistance, loans, and management support to create businesses and jobs in local communities.
 - **Housing and group homes** include assistance programs, such as Section 8 housing and other forms of low-cost or temporary housing; group homes provide 24-hour, non-medical care for individuals with disabilities and/or neglected or abandoned youth.
 - **Emergency assistance and homeless services** providers meet basic needs, particularly in emergency situations. They include food banks and pantries, congregate meals, homeless shelters and centers, and Traveler's Aid. They also include domestic violence shelters, sexual abuse and victim services, and spousal and child abuse services.
 - **Family and legal services** support healthy family and individual development. This category includes family counseling, single-parent support, adoption services, family planning, and foster care centers and agencies.
 - **Physical and mental health and disability programs** provide community-based health centers and clinics. This category includes substance abuse prevention and treatment centers, mental health centers, addiction support, and programs for the disabled. Hospitals are not included in this category.
 - **Preschool and child care programs** are organizations that provide care and education for young children during some portion of a 24-hour day.
 - **Senior or elder services** target their services to the older population and include continuing care communities, senior centers, and Meals on Wheels programs.
 - **Work-readiness programs** help individuals find, secure, and sustain gainful employment. This category includes adult continuing education, vocational rehabilitation, Goodwill Industries, sheltered employment for the disabled, job training, and vocational counseling.
 - **Youth and teen programs** provide recreational and supportive services to children and youth. This category includes Boys and Girls Clubs, youth centers, and mentoring programs like Big Brothers-Big Sisters. It also includes services for adolescent parents.
 - **Multipurpose programs** supply a broad range of social services. Nationally recognized groups such as the YMCA, YWCA, Urban League, Salvation Army, and Volunteers of America are included in this category, as well as neighborhood and immigration centers.
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PART II: SIZE AND SCOPE OF THE HEALTH AND HUMAN SERVICES SECTOR

Local nonprofit sectors often reflect the social, economic, and historical roots of their community. For example, population size and density are important factors that shape the size of the sector and the services provided. The community's economic vitality affects the potential need for services and the ability of local donors to support and sustain nonprofit activities. While New Orleans has always had a thriving health and human services nonprofit sector, the region's social and economic environment changed dramatically after Hurricane Katrina and was further impacted by the oil spill. Over the past 10 years, New Orleans has had persistently high poverty rates, experienced the greatest natural disaster in our nation's history, and currently copes with the longest recession since the Great Depression. Given this backdrop, it is a good time to reexamine the size and structure of the health and human services sector in New Orleans so community leaders can make informed decisions.

- **Within Louisiana, the New Orleans metropolitan area's nonprofit health and human services sector is large; compared with other metro areas of similar size, however, it is about average.**

The New Orleans metropolitan area had 444 health and human services public charities registered with the IRS as 501(c)(3) organizations that filed Forms 990 in 2010. This represents more than a quarter (29 percent) of the health and human services charities in Louisiana. Per capita, this translates into 3.9 providers per 10,000 residents—more than the 2.8 providers per 10,000 residents in the Baton Rouge metro area, Louisiana's second-largest city. Both the Baton Rouge and New Orleans metros have similar poverty rates: about 16 percent.

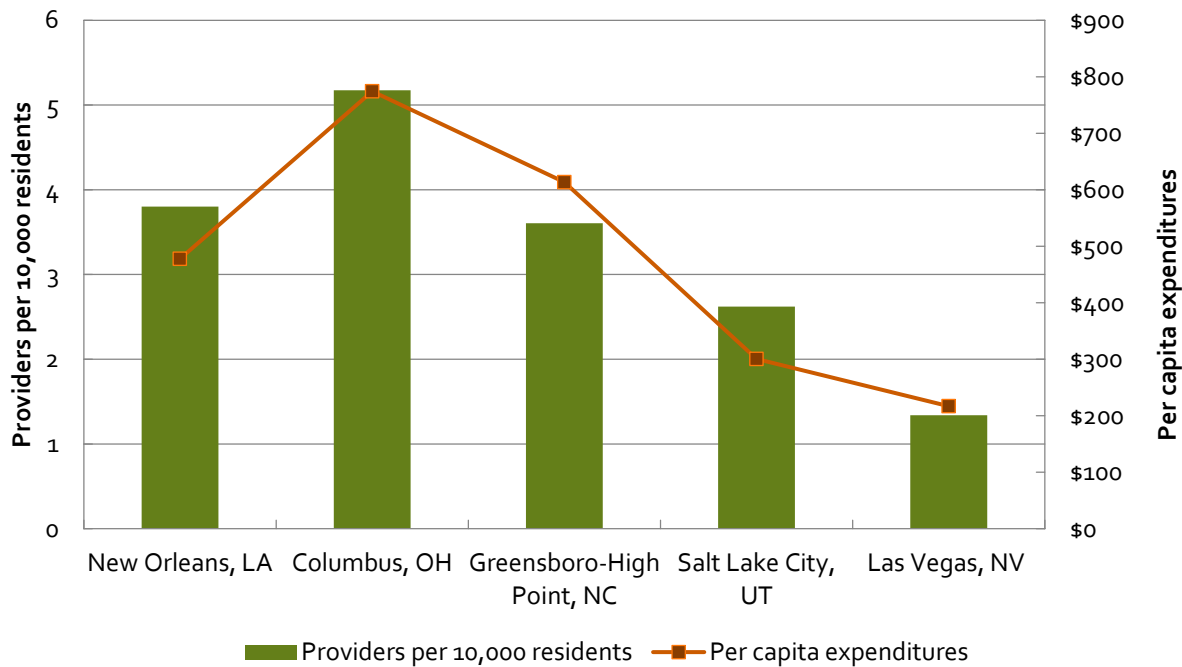
Compared with metropolitan areas of similar population size, New Orleans has about the same number of nonprofits per capita as Greensboro, North Carolina (3.6), fewer than Columbus, Ohio (5.2), and more than Salt Lake City (2.6) and Las Vegas (1.3, as shown in figure 1). However, both Columbus and Greensboro have higher expenditures per capita than New Orleans by at least 25 percent.

- **Health and human services charities are concentrated in Orleans Parish.**

Among the seven parishes comprising the New Orleans metro area, Orleans Parish has the greatest number of health and human services charities. More than half (56 percent) of these nonprofits are located in Orleans Parish. Not only is Orleans one of the most populous parishes in the region, it also has one of the lowest median household incomes and the highest share of people living in poverty (25.8 percent), suggesting the deep needs of the community. This poverty rate is much higher than the state rate (17.8 percent) and at least 10 percentage points higher than any other parish in the metro area.

As table 1 shows, Orleans Parish has 7.6 health and human services providers per 10,000 people, more than twice the providers per capita in Jefferson Parish (2.5), the most populous parish in the metro area. However, many Orleans Parish nonprofits provide services to other parishes. Nearly 60 percent of organizations surveyed in Orleans Parish report they serve at least one additional parish. In fact, a quarter of the service providers in Orleans Parish provide services to all seven parishes in the region.

Figure 1. Number and Expenditures per Capita of Health and Human Services Nonprofits in the New Orleans Metropolitan Area and Comparably Sized Metropolitan Areas, 2010



Sources: The Urban Institute, National Center for Charitable Statistics, Core Files 2010, and U.S. Bureau of the Census, American Community Survey, 2010.

Table 1. Size of the Health and Human Services Nonprofit Sector in the New Orleans Metro Area by Parish, 2008–10

Parish	Number of nonprofits	Population	Median household income (\$)	Percent of people in poverty	Nonprofits per 10,000 residents
Jefferson	109	432,043	47,104	14.3	2.5
Orleans	247	325,834	36,208	25.8	7.6
Plaquemines	9	22,838	56,795	10.0	3.9
St. Bernard	10	32,840	38,076	14.7	3.0
St. Charles	12	52,669	61,050	13.0	2.3
St. John the Baptist	5	46,320	48,393	14.4	1.1
St. Tammany	52	231,681	59,508	9.5	2.2
New Orleans region	444	1,144,225	46,210	16.4	3.9
Louisiana	1,552	4,490,487	43,362	17.8	3.5
United States	110,099	306,738,433	51,222	14.4	3.6

Sources: The Urban Institute, National Center for Charitable Statistics, Core Files (Public Charities, 2010), and U.S. Bureau of the Census, American Community Survey, three-year average (2008–10).

- **Nearly three-quarters of the area's nonprofit financial resources are concentrated in Orleans Parish.**

Not only does Orleans Parish have the most nonprofits, it also has the bulk of the metro area's financial resources—73 percent of total revenues (table 2). As already noted, poverty levels in Orleans are the highest in the area, and many Orleans service providers operate in multiple parishes. What is not known from these data is how much of the financial resources concentrated in Orleans Parish is being used in other parishes.

Jefferson Parish accounts for about 18 percent of the metro area's total nonprofit revenue, while St. Tammany has about 6 percent. All other parishes combined report about 3 percent of total revenues. Similar distributional patterns can be seen for total expenditures and total assets in the region. While at first glance this may seem like a stark imbalance of resources per parish, many Orleans-based providers are serving multiple parishes and may be redistributing financial resources to help fill service gaps in the smaller parishes.

Table 2. Nonprofit Health and Human Services Financial Resources in New Orleans by Parish, 2010

Parish	Number of nonprofits	Total revenue (\$)	Total expenses (\$)	Total end-of-year assets (\$)
Jefferson	109	111,464,611	107,067,464	145,901,635
Orleans	247	439,334,790	392,439,130	742,890,730
Plaquemines	9	8,173,272	14,100,936	10,967,531
St. Bernard	10	3,637,267	3,315,324	2,674,784
St. Charles	12	2,177,794	2,218,695	6,163,322
St. John the Baptist	5	2,974,407	2,822,601	3,119,902
St. Tammany	52	37,462,740	35,909,373	81,588,376
Total	444	605,224,881	557,873,523	993,306,280

Source: The Urban Institute, National Center for Charitable Statistics, Core Files (Public Charities, 2010).

- **Community and economic development organizations are the most prevalent nonprofit health and human services providers in the metro area.**

The three most common nonprofit providers in the region are community and economic development organizations (20 percent of all providers), emergency assistance and homeless service providers (14 percent), and multiservice providers (13 percent). Family services providers account for 11 percent of the metro area's nonprofit health and human services organizations. Work-readiness programs are the least common organizations, accounting for only 4.5 percent of health and human services providers (table 3).

Given the devastation of Hurricane Katrina, the aftermath of the oil spill, and the concentration of poverty, it is not surprising that community and economic development organizations play a

prominent role in the region's nonprofit sector. Some smaller and less populous parishes (e.g., Plaquemines, St. Bernard, St. Charles, and St. John the Baptist) do not have nonprofit providers in all these service categories. Providers from other parishes may fill the gap that locally based nonprofits cannot.

Table 3. Mix of Health and Human Services Providers by Activity and Parish, 2010 (percent of organizations)

	Jefferson	Orleans	Plaquemines	St. Bernard	St. Charles	St. John the Baptist	St. Tammany	Region
Community and economic development	15.6	23.1	22.2	10.0	33.3	-	13.5	19.8
Emergency assistance and homeless services	12.8	12.1	22.2	20.0	25.0	20.0	19.2	14.0
Family services	11.0	10.1	-	10.0	16.7	-	13.5	10.6
Housing and group homes	8.3	8.5	11.1	-	-	-	15.4	8.8
Physical and mental health and disability	7.3	3.6	11.1	10.0	8.3	20.0	19.2	7.0
Preschool and child care programs	12.8	4.0	11.1	-	-	-	3.8	6.1
Senior and elder services	8.3	11.3	-	-	-	20.0	5.8	9.2
Work-readiness programs	5.5	5.7	-	-	-	-	-	4.5
Youth and teen programs	10.1	5.3	11.1	20.0	8.3	-	3.8	6.8
Multipurpose programs	8.3	16.2	11.1	30.0	8.3	40.0	5.8	13.3
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0

Source: The Urban Institute, National Center for Charitable Statistics, Core Files (Public Charities, 2010).

Note: Percentages may not sum to 100 because of rounding.

- **Health and human services organizations in the New Orleans metro area are relatively young; one in four was founded since Hurricane Katrina.**

Compared with state and national data, the health and human services nonprofits in the New Orleans area are relatively young. Twenty-seven percent were founded after 2005, compared with 21 percent in other parts of Louisiana and 18 percent nationwide. This higher proportion of younger

organizations in the New Orleans area is most likely a response to Hurricane Katrina. In fact, 15 percent of survey respondents said their organization was formed as a result of the impact of Hurricane Katrina.

Table 4. Age and Budget of Health and Human Services Providers in the New Orleans Metro Area by Parish, 2010 (percent, except where noted)

	Jefferson	Orleans	Plaquemines	St. Bernard	St. Charles	St. John the Baptist	St. Tammany	New Orleans metro area
Age								
5 years or less	18.3	29.6	44.4	80.0	25.0	0.0	21.2	26.8
6–10 years	25.7	17.0	22.2	0.0	25.0	20.0	17.3	19.1
11–25 years	32.1	25.9	11.1	20.0	33.3	80.0	53.8	31.1
26–50 years	14.7	13.8	11.1	0.0	16.7	0.0	7.7	12.8
More than 50 years	9.2	13.8	11.1	0.0	0.0	0.0	0.0	10.1
All	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Median age	13	12	7	2.5	10.5	13	13.5	12
Average age	18	20	15	5	11	16	14	18
Budget size								
\$100,000 or less	33.0	21.9	11.1	30.0	50.0	40.0	38.5	27.5
\$100,001–\$250,000	22.9	21.9	44.4	40.0	33.3	0.0	25.0	23.4
\$250,001–\$500,000	10.1	16.6	0.0	10.0	0.0	0.0	9.6	13.1
\$500,001–\$1 million	9.2	13.0	33.3	10.0	16.7	40.0	15.4	13.1
More than \$1 million	24.8	26.7	11.1	10.0	0.0	20.0	11.5	23.0
All	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Median budget (\$)	200,513	315,530	180,850	140,134	74,796	658,082	136,506	236,000
Average budget (\$)	982,270	1,588,822	1,566,771	331,532	184,891	564,520	690,565	1,256,472

Source: The Urban Institute, National Center for Charitable Statistics, Core Files (Public Charities, 2010).

- **Health and human services organizations in the New Orleans metro area operate with relatively modest budgets.**

On average, health and human services providers in the metro area spent \$1.3 million in 2010 (table 4). Orleans and Plaquemines parishes reported the largest average expenditures at around \$1.6 million each. St. Charles and St. Bernard parishes reported the lowest average expenditures: \$184,891 and \$331,532 respectively.

However, average budgets can be deceptive because a few large organizations can skew the average upward. Median budgets, in which half of the organizations are above this figure and half are below, show that the typical health and human services nonprofit budget in the New Orleans metro area is \$236,000. Comparably sized metropolitan areas tend to have higher median budgets for their health and human services charities: Columbus's is \$285,200, Salt Lake City's is \$258,300, and Greensboro's is \$256,700. Las Vegas's median budget is slightly less at \$234,700.

PART III: FINANCIAL OVERVIEW

The financial structure of the nonprofit sector (that is, its revenues, expenditures, and assets) is a critical underpinning for nonprofit activities and provides a proxy for nonprofit capacity. Volunteers, of course, add to the capacity, but financial measures often signal a level of professionalism in service delivery. Because the sector is so diverse, financial indicators vary from industry to industry and by geographic location. In the New Orleans metro area, the following three features stand out:

- **Health and human services expenditures account for a relatively small part of all regional nonprofit expenses.**

While nonprofit health and human services providers represent a third of all public charities in the metro area, they account for only 6 percent of the metro's nonprofit financial resources. Collectively, they had \$605 million in revenues and \$558 million in expenditures in 2010. These figures exclude the revenues and expenditures of hospitals and higher education institutions.

Across the country, hospitals and higher education institutions typically dominate the financial picture of the nonprofit sector. In the New Orleans metro area, these organizations account for just 1 percent of nonprofits yet report nearly 80 percent of the sector's revenues and expenditures. Nationally, hospitals and higher education institutions represent 2 percent of all public charities and 54 percent of nonprofit revenues and expenditures. Other types of nonprofits, such as arts and cultural, environmental, international, and religious-related combined, represent one-quarter of the nonprofits in the New Orleans area but account for just 2 percent of the sector's financial resources.

- **Excluding hospitals and higher education, multipurpose organizations in the metro area account for the largest share of health and human services expenditures.**

The distribution of nonprofit resources varies greatly by type. Some organizations rely heavily on volunteers; others are run by professional staff. Some nonprofits require significant investments in equipment and material goods; others need limited space and supplies. These differences are reflected in the spending patterns of New Orleans' health and human services providers.

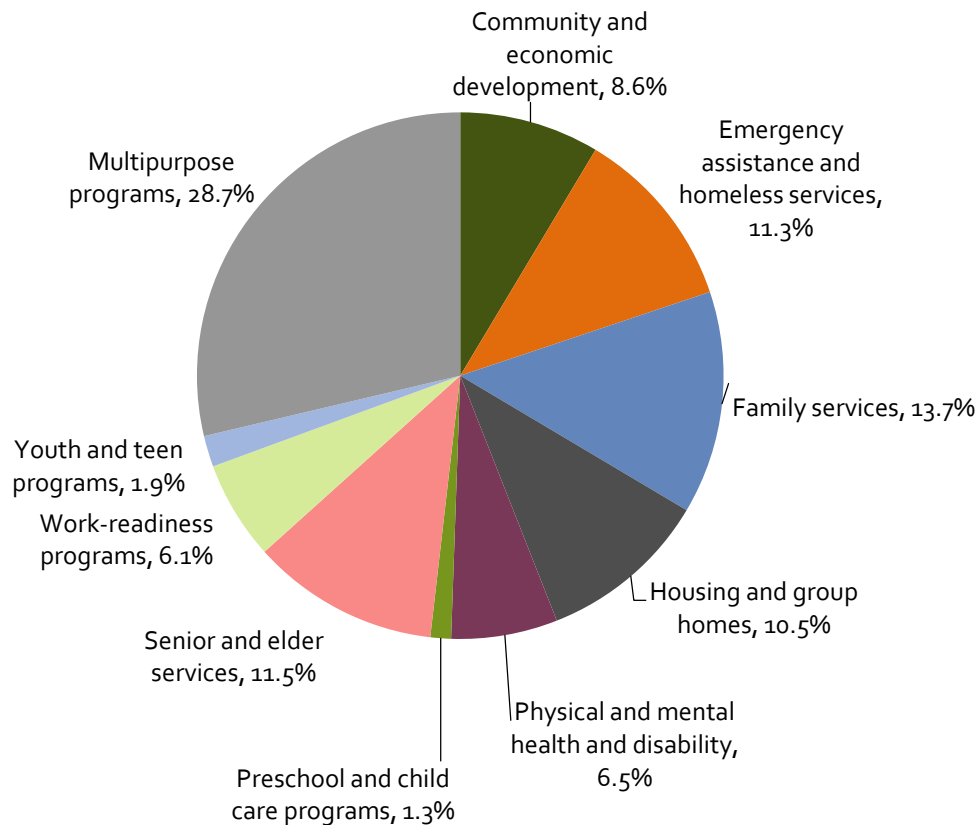
Multipurpose organizations report 29 percent of health and human services expenditures in the New Orleans metro area (figure 2). This category includes organizations that provide a spectrum of

programs from children and youth services to job-readiness programs to financial counseling. Some organizations focus their services on special-needs populations, such as the blind or hearing impaired.

In the New Orleans metro area, three very large multipurpose organizations account for over half of nonprofit expenditures: two are part of large national organizations, and the third has been in the New Orleans area for more than 40 years. If these three large organizations are excluded, the median budget for the remaining multipurpose organizations is just over \$200,000.

Family services report the second-largest share of expenditures (13.7 percent) followed by senior services (11.5 percent), emergency services (11.3 percent), and housing services (10.5 percent). Interestingly, expenditures for organizations that provide youth services and child care services account for less than 2 percent, each, of all health and human services expenditures in the metro area. These programs may be less capital intensive to operate and therefore run on smaller budgets. Nationwide, each group accounts for about 4 percent of expenditures.

Figure 2. Distribution of Financial Resources by Type of Organization, 2010



Source: The Urban Institute, National Center for Charitable Statistics, Core Files (Public Charities, 2010).

- **The average budget for health and human services organizations in the New Orleans metro area is about \$1.3 million, but many nonprofits operate on much smaller budgets.**

The average budget of health and human services providers in the New Orleans metro area is about \$1.3 million, slightly larger than the average for their counterparts in other parts of Louisiana (\$1.1 million). Nationally, the average budget is nearly \$1.8 million.

Average revenues and expenditures, however, vary substantially by type of service provider (table 5). For example, multipurpose agencies in the area have the largest budgets (average revenues and expenditures are about \$2.7 million each), followed by work-readiness programs and senior services (each with revenues and expenditures of about \$1.6 million). The smallest budgets, on average, are in youth programs (roughly \$355,000 in expenditures) and preschool and child care services (about \$261,000). In both these categories, average revenues exceed average expenditures.

Because the averages in table 5 include some very large organizations, median revenues and expenditures may better reflect the typical budget of nonprofit service providers. Based on expenditures, median budgets range from \$113,000 for youth and teen programs to roughly \$582,000 for housing and group homes. The median budget for all health and human services providers in the New Orleans area is \$236,000, about 20 percent more than the budget for a typical health and human services provider in other parts of Louisiana (\$194,000) or in the nation as a whole (\$201,000).

Table 5. Budgets for Health and Human Services Public Charities in the New Orleans Metropolitan Area, 2010

Type of service	Number	Revenue		Expenses	
		Average (\$)	Median (\$)	Average (\$)	Median (\$)
Community and economic development	88	1,123,105	192,408	544,565	136,409
Emergency assistance and homeless services	62	1,029,343	299,872	1,013,380	296,612
Family services	47	1,560,731	268,281	1,624,184	278,172
Housing and group homes	39	1,472,477	603,557	1,500,562	581,919
Physical and mental health and disability	31	1,171,130	192,913	1,174,917	202,049
Preschool and child care programs	27	276,356	214,450	261,135	210,635
Senior and elder services	41	1,610,461	411,017	1,567,729	369,261
Work-readiness programs	20	1,620,084	282,798	1,690,715	327,611
Youth and teen programs	30	370,675	112,508	355,214	113,122
Multipurpose programs	59	2,686,000	284,698	2,712,593	253,533
All nonprofits	444	1,363,119	255,031	1,256,472	236,001

Source: The Urban Institute, National Center for Charitable Statistics, Core Files (Public Charities, 2010).

Where Do Nonprofits Get Their Revenue?

Nonprofit organizations rely on various sources to support their activities: private donations, government grants and contracts, fees for service, and more. The mix and importance of each source generally varies by type of service, but the ability to access these financial resources is critical for creating a stable financial base for the area's nonprofit sector. A diverse funding base is considered ideal. Reliance on any single source of funding may present problems if that source is disrupted. However, in very difficult financial times, even a diversified portfolio is no guarantee of financial stability.

- **Health and human services providers in the New Orleans metro area rely heavily on government grants.**

Government grants account for nearly half (46 percent) of the revenue of nonprofit health and human services providers in the New Orleans metropolitan area (table 6). This is almost double the proportion (26 percent) that health and human services providers receive nationally. Because of Katrina, there was a massive infusion of government dollars into the region. However, the proportion of revenues coming from government has now returned to roughly pre-Katrina levels (46 percent in 2010 compared with 43 percent in 2003).

According to the 2011 Urban Institute survey, more than half (56 percent) of health and human services providers in the metro area report receiving money from the government (local, state, or federal). Of these organizations, 78 percent received funds from the state, 61 percent from the federal government, and 47 percent from local government. When organizations receive government funds, it generally represents a large share of their revenue. For example, among groups with government funding, 63 percent of the organization's total revenue, on average, comes from the government. The median percentage is 65 percent.

- **Community and economic development groups rely most heavily on government grants.**

Seventy-three percent of revenues for community and economic development organizations come from government grants. This is up significantly since Hurricane Katrina. In 2003, government grants accounted for only 18 percent of revenues.

Multipurpose, emergency assistance and homeless services, and physical and mental health organizations all have government grants accounting for 50 percent or more of their total revenue. The proportion of government funding for multipurpose programs is about the same before and after Katrina. For physical and mental health programs, the share from government grants increased over 10 percentage points after Katrina. In contrast, emergency assistance and homeless services programs reported a drop in the share of their revenues coming from government grants: 70 percent before Katrina to 56 percent now. Most likely, this is because these organizations saw a surge in donations after Katrina. Private contributions to emergency assistance and homeless services nearly tripled between 2003 and 2010, while the dollar value of government grants grew about 39 percent.

Table 6. Revenue Sources for Health and Human Services Public Charities by Type, 2010

Type of service	Number	Total revenue (\$)	Percentage of Total Revenue				
			Private contributions	Government grants	User fees and contracts	Investment income	Other income
Community and economic development	52	94,733,662	16	73	5	2	3
Emergency assistance and homeless services	44	62,182,062	27	55	16	0	2
Family services	25	70,458,999	16	31	50	1	1
Housing and group homes	31	56,148,392	16	18	42	10	13
Physical and mental health and disability	20	35,092,836	9	51	40	0	1
Preschool and child care programs	21	6,367,913	22	22	55	1	0
Senior and elder services	34	65,227,950	4	10	77	6	2
Work-readiness programs	14	31,363,924	17	45	13	1	24
Youth and teen programs	15	9,817,287	55	14	21	3	7
Multipurpose programs	32	155,079,593	20	58	19	1	1
New Orleans region	288	586,472,618	17	46	30	3	4
Louisiana	954	1,889,254,868	25	33	37	1	4
United States	67,582	197,291,757,153	18	26	52	2	3

Source: The Urban Institute, National Center for Charitable Statistics, Core Files (Public Charities, 2010).

Notes: Data are from the Form 990. The Form 990-EZ does not include information on sources of revenue, so 156 organizations that filed EZ forms are not in the analysis. Total revenues in this table (\$586 million) are therefore less than the total for all nonprofits (\$605 million) cited earlier.

- **Senior and elder services, preschool and childcare programs, and family services organizations rely heavily on user fees and contracts.**

Senior and elder services in the New Orleans metro area receive 77 percent of their funding from user's fees or through third-party payers on behalf of users, such as insurance companies, Medicare, and Medicaid. Because user fees and contracts income are reported together on one line of the Form 990 (i.e., program service revenue), the amount from each source cannot be separated. We know, however, that government plays a major role in financing health care for seniors.

Similarly, preschool and childcare programs and family services receive around 50 percent of their funding from user fees and contracts. Voucher income, which is becoming more prevalent in the health and human services field, is also included as a user fee on the Form 990. Consequently, government funding, in all its forms, provides the major underpinning for New Orleans metro area health and human services organizations.

- **Nonprofit youth and teen programs rely heavily on private donations but also raise funds from other sources.**

The most common source of support of New Orleans' youth and teen programs is private donations. Over half their funding (55 percent) comes from this source. User fees and contracts account for about a fifth of revenue. Another 14 percent comes from government grants, and 7 percent of their funding comes from other income, which may include such activities as car washes, raffles, crafts sales, and bake sales.

- **The majority of organizations currently receiving state or federal funding expect it to decrease in the coming year.**

Over half the organizations surveyed that currently receive government funding feel that their government support will shrink in the coming year (table 7). Given the strong reliance on government as a funding source (57 percent receive some type of government funding, which accounts for more than 60 percent of an organization's budget), a decrease in government funding could put many health and human services providers in the New Orleans metro area in financial limbo.

Table 7. Expectations for Funding Sources in the Coming Year (percent)

Funding source	Decrease	Remain the same	Increase
Individual donations	17.8	46.1	36.0
Foundations (private, community, corporate)	16.5	44.6	38.9
Businesses or corporations	16.5	42.8	40.7
Fee-for-service, such as tuition or admission tickets	4.3	55.7	40.0
Local government	32.1	47.9	20.0
State government	52.3	36.8	10.9
Federal government	53.1	34.8	12.1

Source: The Urban Institute 2011 survey of health and human services providers in the New Orleans metropolitan area.

Managing the Money

In every economic environment, nonprofits are challenged to raise funds and spend wisely. As mission-driven organizations, they also try to serve as many people as possible. And especially in today's cost-conscious times, donors want to know that their dollars make a difference and go directly to support

programs, not administrative, fundraising, and overhead expenses. As a result, executive directors must balance the needs of their programs with their organization's infrastructure needs.

This can be difficult because there is no benchmark to guide an executive director on an appropriate amount to spend on administrative versus program activities. Nonprofit executives do not want to appear "wasteful" to potential donors or the community for spending money on non program-related activities. However, research shows that high levels of spending on program activities often come at the expense of investing in the organization's infrastructure and technological capacity that can improve organizational efficiency.¹ Many nonprofits try to make do with outdated equipment to free up funds for service programs. In the long run, this strategy can compromise the quality of service delivery.

Moreover, spending most of one's budget on program expenses can put the nonprofit in a vulnerable position if revenues decline or program costs rise. Faced with the need to cut costs in a down economy, the only option may be to cut programs and services because there are no other areas to trim.²

So how do health and human services providers in the New Orleans area spend their resources?

- **The bulk of health and human services dollars goes to program activities.**

Like most nonprofits around the country, the health and human services providers in the New Orleans area use their resources to support program activities. On average, 86 percent of these funds go to program expenses (table 8). But these shares vary by type of service provider, ranging from 91 percent (for emergency assistance programs) to 82 percent (for housing and group homes).

- **On average, administrative and fundraising expenses account for 14 percent of health and human services budgets in the New Orleans metro area.**

Providers tend to spend more on administrative expenses than on fundraising: 11 versus 3 percent, respectively. Again, these shares vary by type of service provider.

Preschool and child care organizations report the highest share of administrative expenses (17 percent), followed by physical and mental health programs (16 percent), then work-readiness programs and housing and group home services (13 percent each). Administrative expenses generally include salaries, rent, utilities, and other expenses for running the organization. Youth and teen programs have the lowest proportion of their budgets going to administrative expenses (6 percent).

Fundraising expenses range from 11 percent for youth and teen programs to -4 percent for preschool and child care organizations. As these data illustrate, not every fundraising strategy is successful; in the aggregate, preschool and child care programs encountered a net loss on their fundraising activities in 2010.

¹ Mark A. Hager, Thomas Pollak, Kennard Wing, and Patrick M. Rooney, "Getting What We Pay For: Low Overhead Limits Nonprofit Effectiveness," Nonprofit Overhead Cost Project Brief #2 (Washington, DC: The Urban Institute and Indiana University, 2004).

² Cyril F. Chang and Howard P. Tuckman, "Financial Vulnerability and Attrition as Measures of Nonprofit Performance," in *The Nonprofit Sector in a Mixed Economy*, edited by Avner Ben-Ner and Benedetto Gui (Ann Arbor: University of Michigan Press, 1993).

Table 8. Expenditures Devoted to Program Costs by Type of Organization, 2010

Type of service	Number	Total expenses (\$)	Percent of Total Expenses:		
			Program expenses	Administrative expenses	Fundraising expenses
Community and economic development	52	43,771,399	83	10	7
Emergency assistance and homeless services	44	61,309,717	91	8	1
Family services	25	73,354,804	85	12	4
Housing and group homes	31	57,125,194	82	13	5
Physical and mental health and disability	20	35,287,259	80	16	4
Preschool and child care programs	21	6,017,678	87	17	-4
Senior and elder services	34	63,323,966	91	9	0
Work-readiness programs	14	32,821,486	87	13	0
Youth and teen programs	15	9,060,374	83	6	11
Multipurpose programs	32	156,227,268	86	11	3
Total	288	538,299,145	86	11	3

Source: The Urban Institute, National Center for Charitable Statistics, Core Files (Public Charities, 2010).

Note: Data are from the Form 990. The Form 990-EZ does not include information on sources of revenue, so 156 organizations that filed EZ forms are not in the analysis. Total expenses in this table (\$538 million) are less than the total for all nonprofits (\$558 million) cited earlier.

- **Despite difficult economic times, nonprofit health and human services providers averaged an 8 percent end-of-year operating margin in 2010. This varied, however, by the type of service provider.**

Overall, New Orleans area health and human services providers in 2010 had an operating margin of 8 percent—that is, total revenues exceeded total expenses by 8 percent at the end of the year (table 9). However, there was wide variation in this measure. Five of the 10 service industries ended the year with a positive operating margin. Indeed, community and economic development organizations reported a 51.5 percent margin—that is, they took in about 50 percent more revenue than they spent that year. Some of these funds may represent carryover revenues from previous years. On the other hand, five other service industries had small negative balances at the end of the year (i.e., expenses exceeded revenues). The largest one-year deficit was for work-readiness programs, which ended 2010 with a -4.4 percent operating deficit, followed closely by family services at -4.1 percent.

Balancing a nonprofit budget has never been easy. Before Hurricane Katrina struck, a typical health and human services charity in 2004 had an operating margin of 1.2 percent of total revenues. In 2007 as financial support poured into the region to rebuild after Katrina, operating margins jumped to 4.8 percent. Most of this increase was because of financial support going to community and economic development organizations. But as memories of Katrina fade and the economic recession lingers, operating margins are now at their lowest point since before Katrina—0.4 percent. The depth of the struggle is reflected in the number of health and human services fields unable to produce positive end-of-year operating margins: six fields in 2010, compared with two in 2004 and 2007.

Table 9. Operating Margin of Nonprofit Health and Human Services Organizations in the New Orleans Metropolitan Area by Type, 2010

Type of service	Number	Total revenue (\$)	Total expenses (\$)	Operating margin (\$)	Operating margin as a percent of total revenue	Rank
Community and economic development	88	98,833,226	47,921,721	50,911,505	51.5	1
Emergency assistance and homeless services	62	63,819,243	62,829,552	989,691	1.6	5
Family services	47	73,354,362	76,336,629	-2,982,267	-4.1	9
Housing and group homes	39	57,426,595	58,521,916	-1,095,321	-1.9	8
Physical and mental health and disability	31	36,305,023	36,422,424	-117,401	-0.3	6
Preschool and child care programs	27	7,461,607	7,050,654	410,953	5.5	2
Senior and elder services	41	66,028,917	64,276,905	1,752,012	2.7	4
Work-readiness programs	20	32,401,677	33,814,291	-1,412,614	-4.4	10
Youth and teen programs	30	11,120,235	10,656,433	463,802	4.2	3
Multipurpose programs	59	158,473,996	160,042,998	-1,569,002	-1.0	7
Total	444	605,224,881	557,873,523	47,351,358	7.8	

Source: The Urban Institute, National Center for Charitable Statistics, Core Files (Public Charities, 2010).

Table 10. Median Operating Margin for Health and Human Services Nonprofits by Type, 2004–10

Type of organization	2004	2007	2010
Community and economic development	2.0	27.7	5.6
Emergency assistance and homeless services	3.8	5.0	0.6
Family services	4.3	7.9	-1.8
Housing and group homes	3.0	1.7	-1.4
Physical and mental health and disability	1.1	0.6	0.2
Preschool and child care programs	-0.4	0.9	3.3
Senior and elder services	-3.9	-1.1	-0.4
Work-readiness programs	1.4	-0.8	-3.1
Youth and teen programs	5.4	16.6	-0.3
Multipurpose programs	1.7	6.3	-0.2
Total	1.2	4.8	0.4

Source: The Urban Institute, National Center for Charitable Statistics, Core Files (Public Charities, 2004, 2007, and 2010).

- **Nonprofit health and human services organizations had \$547 million in net assets in 2010, but almost half of these assets are leveraged to obtain loans.**

In 2010, nonprofit health and human services organizations as a whole had about \$993 million in financial assets, but carried roughly \$446 million in liabilities, which included accounts and grants

payable, deferred revenue, mortgages, and other debt (table 11). The difference between assets and liabilities leaves roughly \$547 million in net assets—a proxy for the overall net worth of the health and human services sector in the New Orleans metro area. In all but two service industries (senior services and preschool and child care services), 85 percent or more of service providers had positive net assets.

Nonprofits often use their net assets as collateral for loans—that is, they borrow against (or leverage) their assets. In 2010, 55 percent of the health and human services sector’s assets were unencumbered by debt. But this percentage is driven largely by senior services providers. Less than half (49 percent) of senior-serving organizations had positive net assets, and, as a whole, senior services providers were “underwater”—their total liabilities exceeded their total assets.

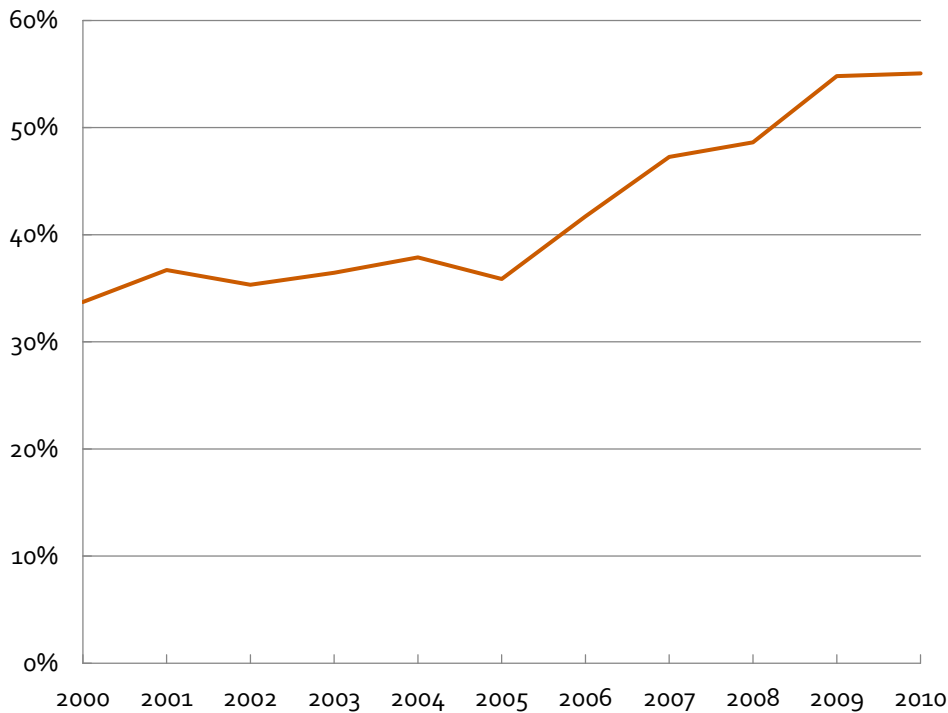
Table 11. Financial Assets of Health and Human Services Nonprofits in the New Orleans Metropolitan Area, 2010

Type of service	Number	Total assets (\$)	Total liabilities (\$)	Net assets (\$)	Net assets as a % of total assets	% of nonprofits with positive net assets
Community and economic development	88	223,635,452	43,860,562	179,774,890	80	91
Emergency assistance and homeless services	62	56,565,303	11,080,074	45,485,229	80	100
Family services	47	55,052,342	6,219,848	48,832,494	89	96
Housing and group homes	39	183,988,502	85,215,477	98,773,025	54	87
Physical and mental health and disability	31	30,945,574	13,547,055	17,398,519	56	87
Preschool and child care programs	27	2,916,816	1,491,054	1,425,762	49	70
Senior and elder services	41	201,711,331	206,510,703	-4,799,372	-2	49
Work-readiness programs	20	32,915,163	6,424,136	26,491,027	80	85
Youth and teen programs	30	14,940,503	1,921,177	13,019,326	87	93
Multipurpose programs	59	190,635,294	70,134,305	120,500,989	63	90
Total	444	993,306,280	446,404,391	546,901,889	55	87

Source: The Urban Institute, National Center for Charitable Statistics, Core Files (Public Charities, 2010).

Interestingly, during the past decade (2000 to 2010), health and human services nonprofits have actually become less leveraged (figure 3). From 2005 to 2010, the proportion of debt-free assets has grown by nearly 20 percentage points. This is most likely the result of the surge in financial resources to the region after Hurricane Katrina, but it may also reflect better management of financial resources by the new and surviving nonprofits that operate in the metro area. Further study is needed to determine if today’s nonprofits are better managers of their resources than their predecessors of ten years ago.

Figure 3. Net Assets as a Percentage of Total Assets for Health and Human Services Nonprofits in the New Orleans Metropolitan Area, 2000–10



Source: The Urban Institute, National Center for Charitable Statistics, Core Files (Public Charities, 2000–10).

PART IV: EFFECTS OF HURRICANE KATRINA

No one could have imagined the extensive havoc Hurricane Katrina wreaked on the New Orleans area, or the slow response by the state and federal governments to aid those in need. Public charities stepped in immediately to offer food, shelter, clothing, and other assistance, all the while dealing with the effects of Katrina on their own buildings, equipment, and supplies, as well as the devastating personal effects on their employees. The UI survey collected information on the impact of Hurricane Katrina on provider operations as well as disaster-recovery funds received.

- **Most health and human services organizations founded in the past five years were formed in response to the impact of Hurricane Katrina.**

Fifteen percent of nonprofit health and human services organizations in the New Orleans area were founded because of Hurricane Katrina. The majority of these organizations (69 percent) are located in Orleans Parish. Another 19 percent are located in Jefferson Parish. Examining these organizations by service type, multipurpose programs account for 32 percent of new organizations, followed by community and economic development (23 percent). Emergency assistance and homeless services account for another 17 percent.

- **Almost all health and human services charities in the New Orleans metro area were affected by Hurricane Katrina; some have yet to return to normal operating levels.**

Ninety percent of health and human services charities were affected to some degree by the storm. Whether it was physical damage to their buildings or surrounding location, shortage of supplies, damaged equipment, or reduced staffing levels, Hurricane Katrina was a major blow to the health and human services sector. Data show it has not been an easy road to recovery, no doubt exacerbated by the recent oil spill.

About two-thirds (68 percent) of the organizations surveyed report they are back to pre-Katrina operating levels. The median amount of time to recover was 12 months (that is, half the organizations recovered in less than a year; the other half needed more than a year to recover).

Location of the organization affected the length of time needed to resume normal operating levels. Organizations in parishes with greater damage generally took more time to recover. For example, providers in Orleans Parish had a median recovery time of 12 month, while providers in Jefferson Parish reported a median recovery time of 7 months.

Smaller organizations needed more time to recover than larger ones. Organizations with less than \$250,000 in expenses had a median recovery time of 12 months, while mid-sized organizations (expenses of \$250,000 to \$999,999) had a median of 9 months. Large organizations (expenses greater than \$1million) recovered in roughly 6 months. Mid-sized to large organizations are more likely to serve in multiple locations, have mobile units, and larger staffs and were therefore likely to resume normal operations faster than smaller organizations.

- **About one in five health and human services providers in the New Orleans metro area have yet to fully recover from Hurricane Katrina.**

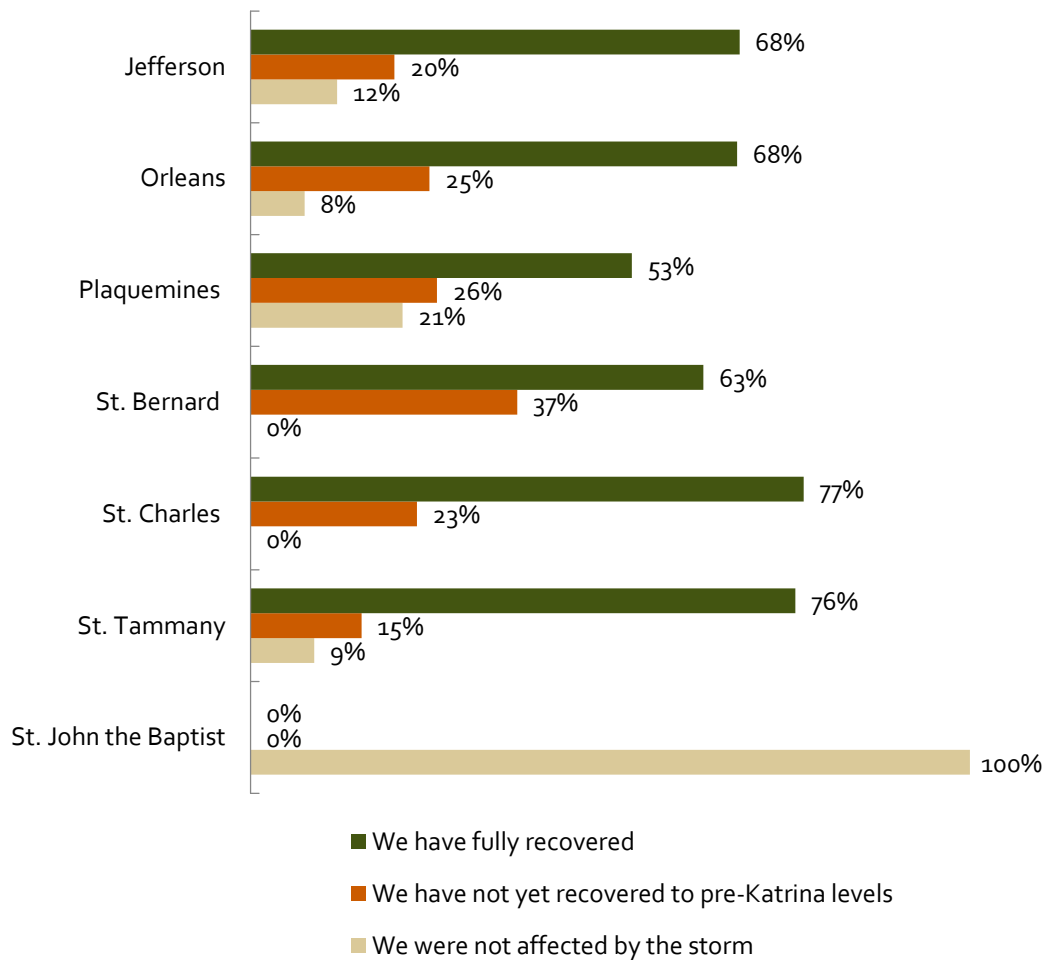
Saint Bernard Parish is least recovered from the storm. About 37 percent of nonprofits have not reached their pre-Katrina operating levels (figure 4). Plaquemines, St. Charles, and Orleans parishes all have more than 20 percent of their nonprofits operating below pre-Katrina levels. Again, smaller organizations were more affected by Katrina than larger organizations. Twenty-nine percent of organizations with less than \$250,000 in expense had not yet fully recovered, compared with 13 percent of mid-sized organizations and 22 percent of large organizations.

- **About one in three survey respondents in the New Orleans metro area received disaster-recovery funds for Hurricane Katrina, with Orleans Parish receiving the bulk of the funding.**

Sixty percent of the health and human services nonprofits that received disaster funding were located in Orleans Parish. Thirteen percent were located in Jefferson Parish, and another 13 percent were in Saint Tammany Parish.

Not only did Orleans Parish nonprofits receive a greater share of the disaster recovery support, they also tended to receive larger amounts. As figure 5 shows, the median level of support for nonprofits in Orleans Parish was \$500,000—the highest of any parish in the region. Saint Charles Parish had the second-highest median level of support, \$250,000. The median level of support for nonprofits in the other parishes was less than \$100,000.

Figure 4. Effects of Hurricane Katrina on Health and Human Service Nonprofits by Parish



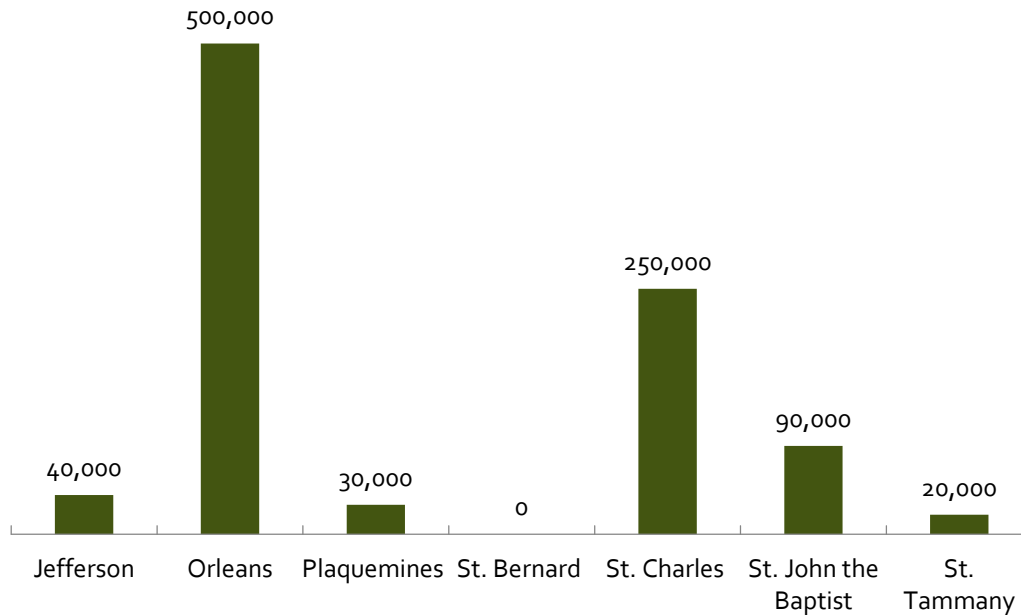
Source: The Urban Institute 2011 survey of health and human services providers in the New Orleans metropolitan area.

Note: Percentages may not sum to 100 because of rounding.

Looking at the distribution of disaster-recovery funds by type of organization, multipurpose programs accounted for one-third of organizations receiving funds. Housing and group homes accounted for another 14 percent. Interestingly, emergency assistance and homeless services accounted for only 8 percent of organizations receiving funds.

While a greater number of multipurpose organizations reported receiving disaster-recovery funds, the total dollar amount received by these organizations only accounted for 11 percent of the total amount received by the organizations surveyed. Housing and group homes received the majority of funds: 68 percent. This was followed by family services organizations, which accounted for 23 percent of the total amount of disaster recovery funds.

Figure 5. Median Dollar Amount of Disaster Recovery Funds Received by Parish



Source: The Urban Institute 2011 survey of health and human services providers in the New Orleans metropolitan area.

- **Individual donations and foundations outside Louisiana were the two most common sources of disaster recovery funds.**

Multiple funding sources supported the recovery effort. The two most common sources were individual donations and foundations outside Louisiana. About three of every four health and human services nonprofits in the New Orleans metro area received funding from these sources (figure 6). Over half the organizations received funds from local or regional foundations, government, and faith-based groups. Federated giving programs, such as the United Way, and national nonprofits, such as the Red Cross or Salvation Army, were the two least common sources, although financial support from these types of organizations reached 35–50 percent of nonprofits in the metro area.

- **Nearly a quarter of New Orleans–area health and human services nonprofits are still using disaster-recovery funds.**

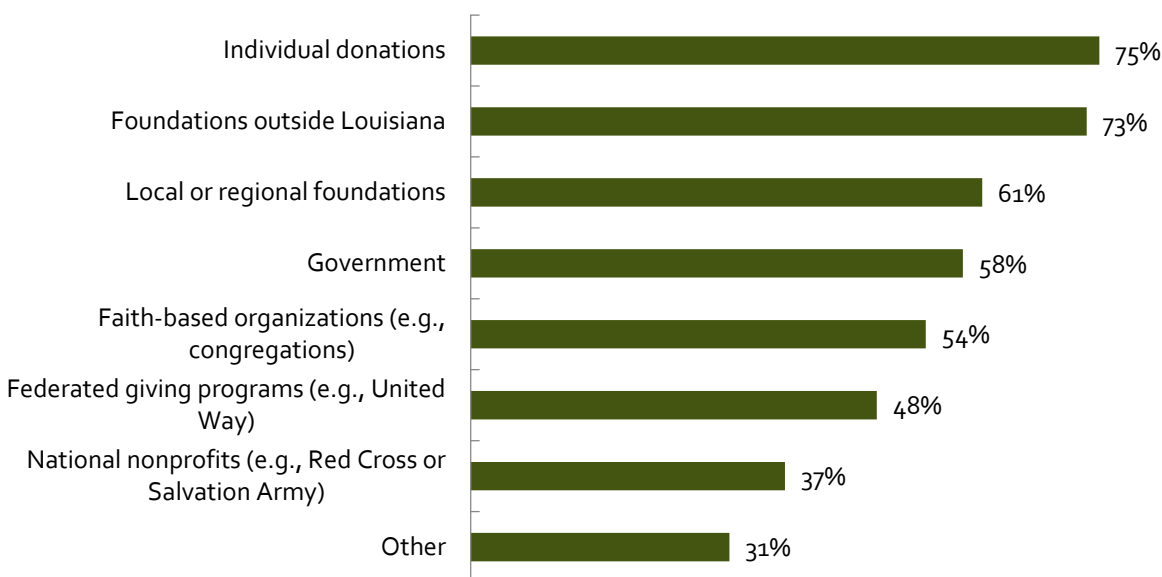
While two-thirds of the organizations used their disaster-recovery funds within three years of the storm, nearly a quarter are still using their funds to recover. Nonprofits in Orleans Parish, where the impact and aftermath of Katrina were especially severe, are most likely to continue using disaster recovery funds. According to the UI survey, 28 percent of health and human services nonprofits in Orleans Parish that received disaster funds are still using those funds to recover.

A greater proportion of mid-sized and large organizations continue to have disaster-recovery funds than smaller organizations. While 7 percent of small organizations are still using disaster-recovery funds, 32 percent of mid-sized organizations and 26 percent of large organizations are still using the funds.

Over 40 percent of community and economic development organizations, as well as child care programs, report that they are still using disaster-recovery funds. Additionally, a third of housing and group homes and a quarter of emergency assistance and homeless services are still using disaster-recovery funds.

Among organizations that continue to have disaster-recovery funds, 42 percent expect the funding to end this year, 22 percent expect it to end next year, and 36 percent expect it to end in three or more years.

Figure 6. Disaster-Recovery Funds for Health and Human Services Charities in the New Orleans Metropolitan Area by Source (percent)



Source: The Urban Institute 2011 survey of health and human services providers in the New Orleans metropolitan area.

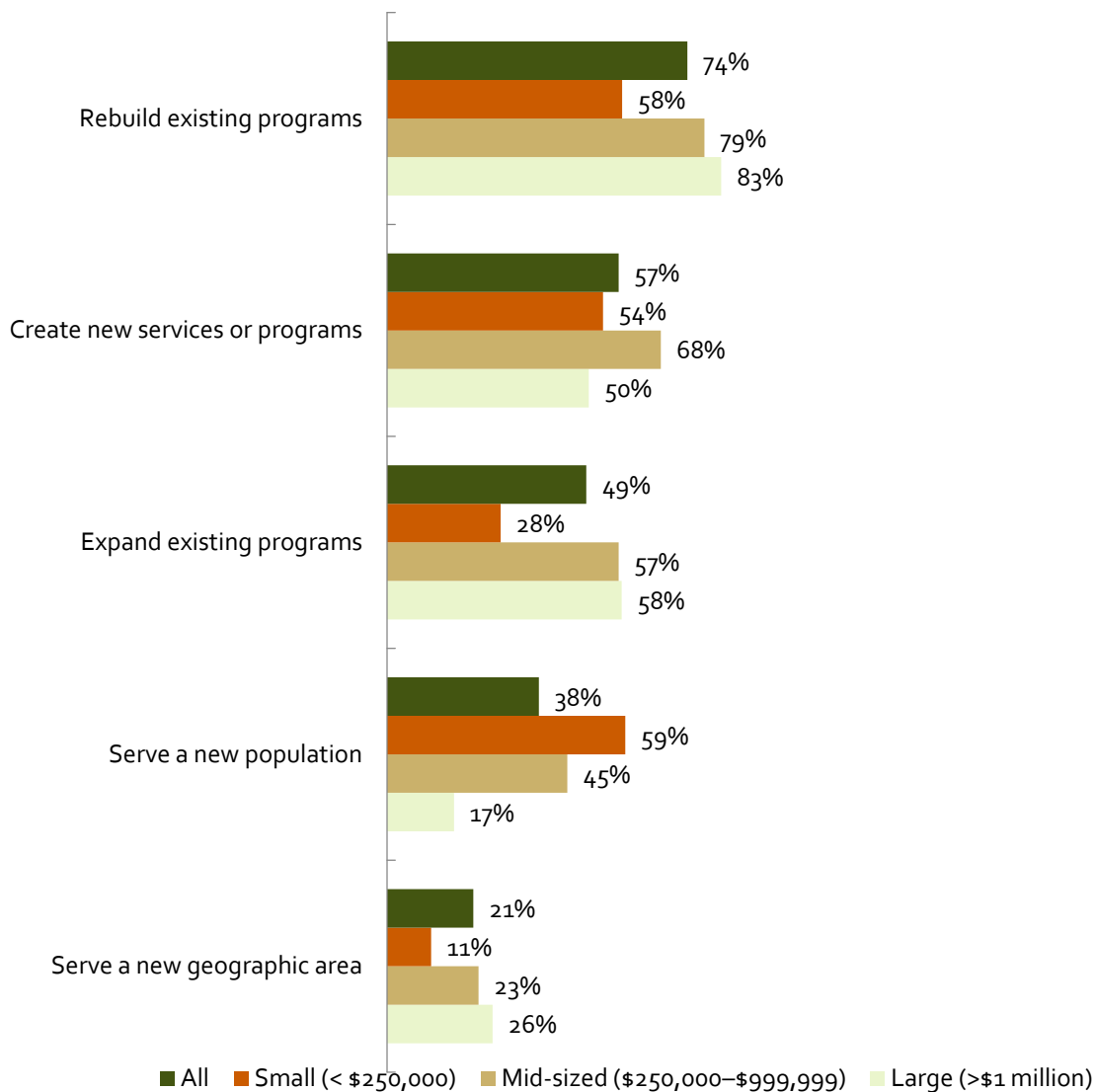
- **Disaster-recovery funds were most often used to rebuild existing programs.**

Approximately three of every four organizations used at least some portion of their disaster recovery funds to rebuild existing programs (figure 7). Creating new programs and services and expanding existing programs were also popular uses. Fifty-seven percent of organizations surveyed used disaster recovery funds to create new programs; 49 percent used them to expand existing

programs. Much less common was to use the funds to serve a new geographic area or to serve a new population.

The size of the organization appears to influence how disaster recovery funds were used. Larger organizations were more likely to serve a new geographic area and rebuild or expand existing programs than mid-size or smaller organizations. Yet, small and mid-size nonprofits were more likely than their larger counterparts to serve a new population or create new services or programs.

Figure 7. Use of Disaster-Recovery Funds by Organizational Size (percent)



Source: The Urban Institute 2011 survey of health and human services providers in the New Orleans metropolitan area.

PART V: LEADERSHIP AND DIVERSITY

Developing and nurturing local leadership is a critical role for nonprofit organizations. Community leaders often speak for community interests, convey information to local residents, and help establish cohesion within the community. The UI survey collected demographic data about nonprofit executives, chairs of nonprofit boards, and staff to see the diversity of leadership in the region's health and human services organizations.

- **Half the chief executives of health and human services organizations in the New Orleans metropolitan area have been with their organizations for six years or less.**

Most executive directors assumed their current positions in nonprofit health and human services agencies after Hurricane Katrina ravaged the region. Sixty-three percent of organizations surveyed reported that their chief executive had been with the organization for less than 10 years. Half had been in this leadership position for six years or less.

Smaller organizations tend to have greater turnover of chief executives than larger organizations. For example, nearly half of small organizations surveyed (annual expenditures of less than \$250,000) reported that their current chief executive had been in the position for less than five years, compared with 36 percent of large organizations (budgets of \$1million or more).

The tenure of the chief executive seems to be associated with the type of organization being led. Senior and elder services, preschool and childcare programs, and work-readiness programs had relatively lower turnover. These organizations reported that half their chief executives have been with the organization for more than 12 years. In contrast, half the chief executives in emergency assistance and homeless services and community and economic development had been on the job for four years or less.

Although turnover can bring fresh ideas into an organization, it also brings the need to retrain and reorient the organization's board, staff, and key stakeholders during the transition. While transitions can sometimes open new opportunities, they also can add costs as people sort out new roles, lines of authority and responsibility, and leadership styles.

- **Over half the executive directors of health and human services nonprofits are women.**

The nonprofit sector has always been known as a place for women to develop leadership skills. This is especially true in the New Orleans metro area, where 58 percent of nonprofit chief executives are women. Similar shares of female CEOs are found in California (54 percent) and the Baltimore–Washington, D.C., region (50 percent).³

Of the nonprofits surveyed in the New Orleans metro area, women were more likely to lead small and mid-sized organizations than large ones. More than 60 percent of small and mid-sized organizations had a woman chief executive compared with 47 percent of large organizations.

³ See Carol J. De Vita, Katie L. Roeger, and Max Niedzwiecki, *Measuring Racial-Ethnic Diversity in California's Nonprofit Sector* (Washington, DC: The Urban Institute, 2009); and Carol J. De Vita and Katie L. Roeger, *Measuring Racial-Ethnic Diversity in the Baltimore–Washington Region's Nonprofit Sector* (Washington, DC: The Urban Institute, 2010).

There is some difference, however, in the types of nonprofits that women lead. Women held the majority of chief executive positions in seven of the ten service fields studied but were far less likely to lead organizations focused on emergency assistance/homeless services and work-readiness programs. Just over a quarter of emergency assistance and homeless services providers and 30 percent of work-readiness programs had female executives.

- **The majority of health and human services chief executives are non-Hispanic whites.**

Leadership in the New Orleans region's health and human services sector is predominantly white, non-Hispanic. Sixty-two percent of chief executives are white, non-Hispanic, and 31 percent are black or African American. The remaining 7 percent are of other racial and ethnic backgrounds.⁴

Mid-sized nonprofits tend to have more racially and ethnically diverse leadership than smaller and larger organizations. Forty-seven percent of mid-sized nonprofits had a chief executive who was a person of color, compared with 36 percent of small organizations and 32 percent of large nonprofits.

Senior and elder services organizations and preschool and childcare programs in the survey had more persons of color in executive positions than other types of nonprofit providers (figure 8). All the preschool and childcare programs and 65 percent of the senior and elder services programs had a chief executive who was a person of color. One hundred percent of work-readiness programs were headed by a non-Hispanic white person.

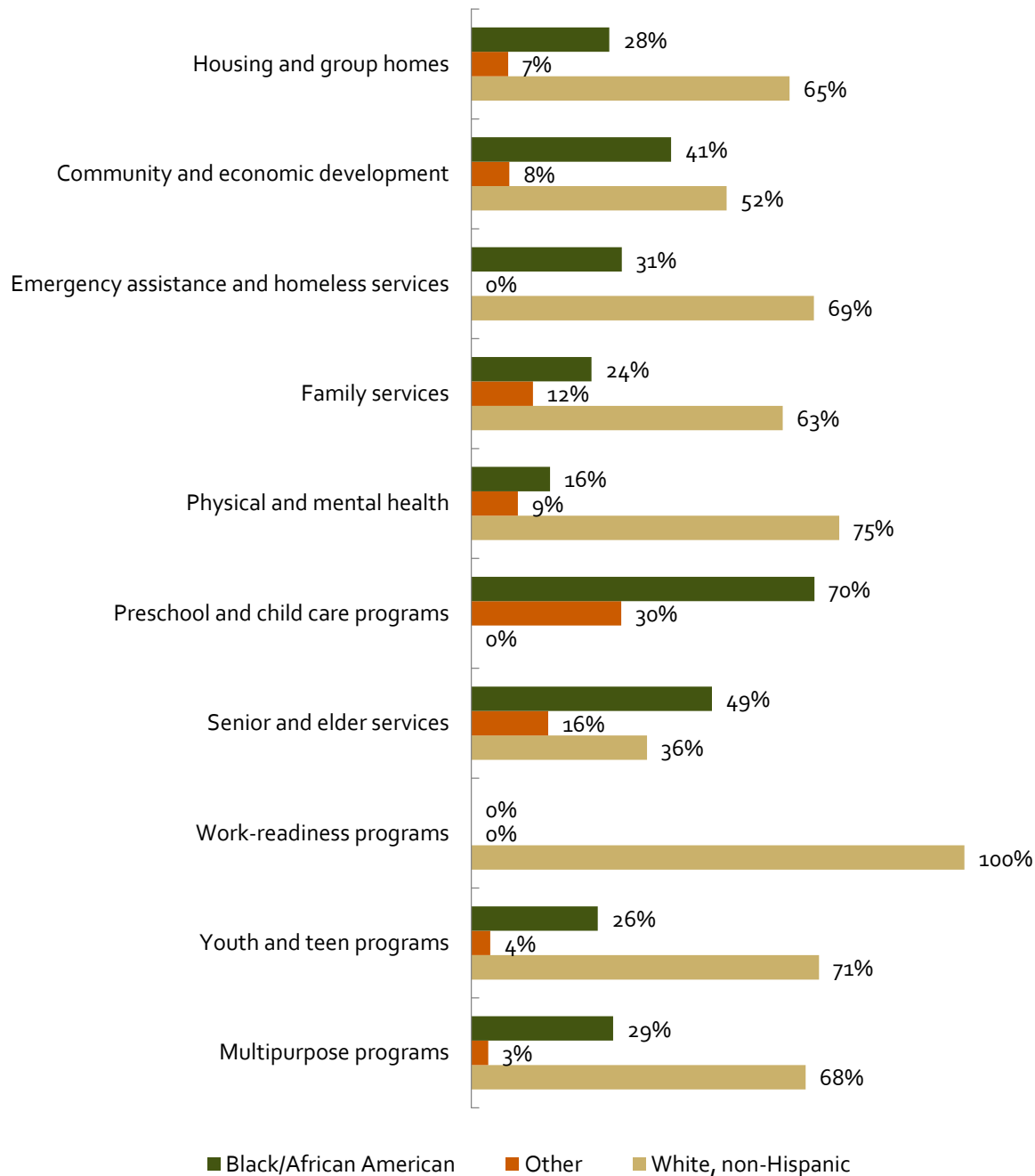
- **The paid staff of health and human services providers is much more diverse than the leadership.**

The majority of paid staff (56 percent) of health and human services providers in the New Orleans metro area is a racial-ethnic minority: most are black/African American. While staff diversity did not vary greatly by size of organization, it did vary by type of organization. Over two-thirds of employees in senior and elder services, preschool and childcare, and work-readiness programs are racial-ethnic minorities. Emergency assistance and homeless services, on the other hand, report 18 percent of their personnel as racial-ethnic minorities. Community and economic development nonprofits have about 40 percent of their paid staff from minority population groups.

Given the flows of people in and out of the region after Hurricane Katrina, one might assume that the composition of nonprofit employees changed. When asked if the racial-ethnic diversity of paid staff has changed over the past two years, 71 percent said it had remained the same, 19 percent said it had increased, and 9 percent said it had decreased. An organization's size does not seem to affect changes in the racial-ethnic diversity of paid staff, but striking differences are seen among types of organizations. Over a quarter of emergency assistance and homeless services, community and economic development, housing and group homes, and family and legal services report that the diversity of their staff increased in the past two years. These data suggest that more people of color have found employment in these nonprofit service fields in the aftermath of Katrina. It is too soon to tell what effect the oil spill may have had on migration and employment patterns.

⁴ In the two diversity studies cited in note 3, 75 percent of nonprofit CEOs were non-Hispanic white in California, as were 78 percent in the Baltimore–Washington, D.C., area.

Figure 8. Race-Ethnicity of Chief Executives in the New Orleans Metropolitan Area Health and Human Services Sector by Organization Type



Source: The Urban Institute 2011 survey of health and human services providers in the New Orleans metropolitan area.

- **Most nonprofit boards of directors are chaired by a non-Hispanic white person.**

Sixty-nine percent of organizations surveyed reported the chair of their board of directors was white and non-Hispanic. This share is very similar to a national study that found 72 percent of board chairs are white.⁵ Small and mid-sized organizations were much more likely than large organizations to have a racial-ethnic minority as chair. More than a third of organizations with less than \$1million in annual expenditures reported a person of color as board chair, compared with 18 percent of organizations with budgets of \$1 million or more.

Board chairs were most likely to be persons of color in nonprofits that operated work-readiness programs (three-quarters of chairs are persons of color) and preschool and child care programs (two-thirds are of color). Emergency assistance and homeless services had the lowest proportion of nonwhite board chairs (20 percent).

- **The leadership of some health and human services charities in the New Orleans metro area does not reflect their constituency.**

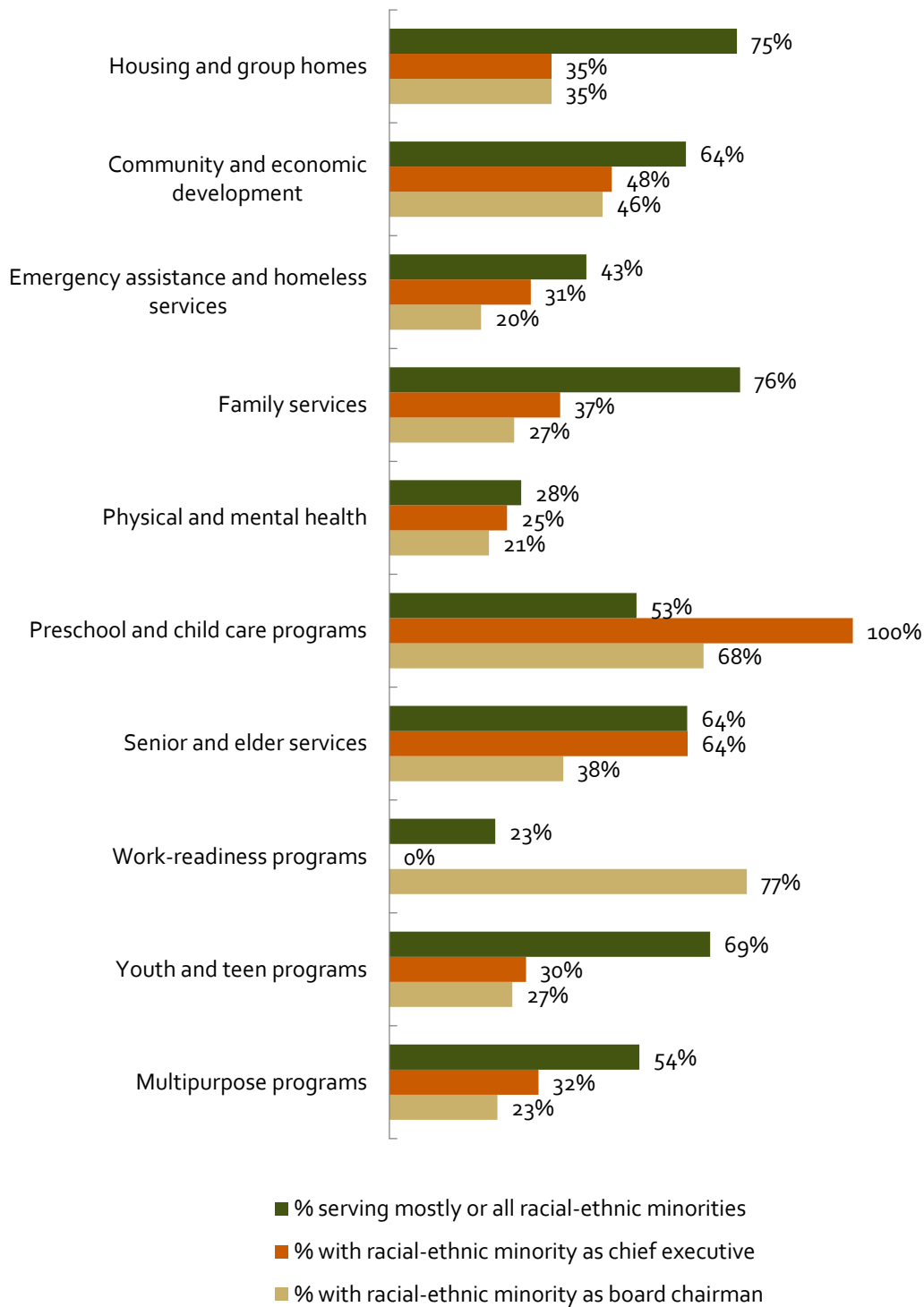
Nearly three-quarters of health and human services nonprofits in the New Orleans metro area reported that most of their clients were racial/ethnic minorities, but the leadership of these organizations did not always mirror their constituencies. For example, 76 percent of family services organizations reported that most or all of their clients were racial-ethnic minorities. Yet, among family services providers, only 37 percent of chief executives and 27 percent of board chairs were minorities (figure 9). Youth and teen programs present a similar example. Sixty-nine percent of organizations served mostly or all racial-ethnic minorities, but 30 percent had a chief executive of color and 27 percent had a person of color as board chair. On the other hand, preschool and child care facilities, senior services, and physical and mental health providers all had board chairs and executive directors of color in similar or greater proportions than the clientele they served.

PART VI: BUILDING CAPACITY

After Hurricane Katrina and the oil spill, and now during a prolonged recession, nonprofit health and human services organizations are being called upon to address community needs and help people through financially troubled times. At the same time, many nonprofits are finding themselves with less funding and uncertain about their own financial future. Under these circumstances, every resource must be used wisely to effectively achieve the organization's mission. Strategic relationships through partnerships and collaborations and management tools, such as recruiting, retaining, and training staff, strategic planning, and performance evaluation, go hand in hand in building a high-capacity organization.

⁵Francie Ostrower, *Nonprofit Governance in the United States: Findings on Performance and Accountability from the First National Representative Study* (Washington, DC: The Urban Institute, 2007).

Figure 9. Racial-Ethnic Composition of Population Served and Organization Leadership in New Orleans Metropolitan Area by Organization Type



Source: The Urban Institute 2011 survey of health and human services providers in the New Orleans metropolitan area.

Partnerships and Collaborations

Nonprofits can often expand their capacity through formal affiliations with state or national organizations and through collaborations with other groups. The survey explored these arrangements in the New Orleans metropolitan area and how nonprofit organizations are reaching out to the public, elected officials, and community leaders to build strategic relationships to further their mission. The terms collaboration and partnerships were interpreted broadly by survey respondents to mean “interactions” with other organizations, not necessarily formal or contractual relationships.

- **Less than half of nonprofit health and human services providers in the New Orleans metropolitan area are affiliated with larger organizations or networks.**

Only 47 percent of organizations surveyed reported they were part of a larger organization or formally affiliated with a national or regional group. This finding suggests that most nonprofits in the New Orleans area are locally formed organizations without access to potential resources and support that affiliation might bring. Assistance might include help with programming, fundraising, or training, although the exact nature of the assistance was not explored in the survey.

- **The most common type of collaboration is receiving a client referral or referring a client to another group.**

Sharing client referrals with other organizations was the most commonly cited type of collaboration. More than 80 percent of organizations received a client referral or referred a client to another group. Sharing resources, such as space, equipment, and supplies, was reported by 61 percent of organizations. While not as popular as other types of collaboration, just over half of survey respondents said they had written grant proposals with another organization.

- **Nonprofits in the metro area are most likely to work with other nonprofits; they are least likely to work with the federal government and hospitals.**

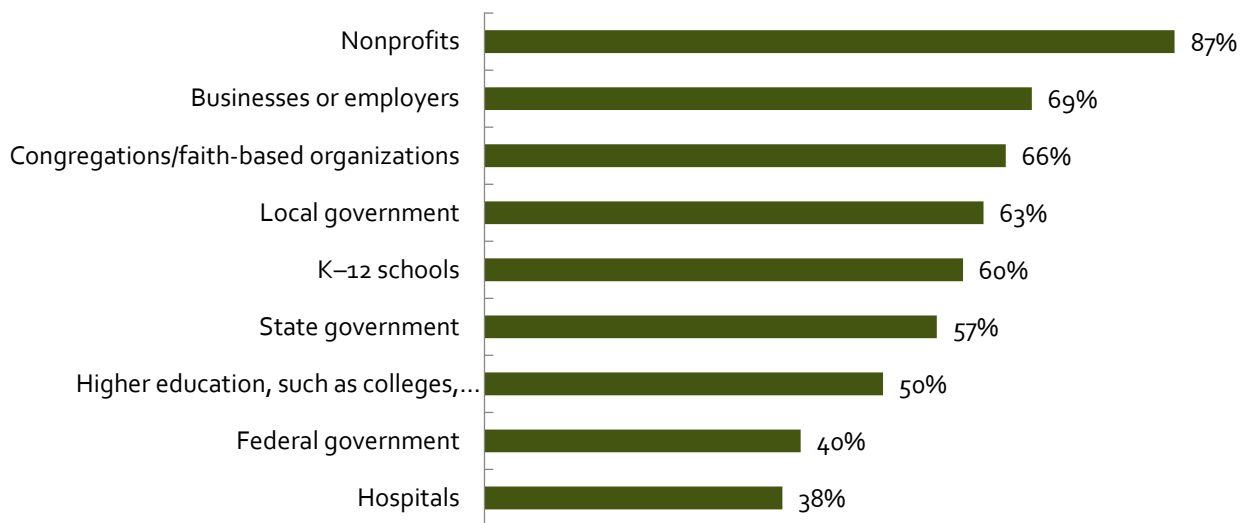
Working with other types of organizations to provide services or strengthen the community is an important capacity-building strategy (figure 10). The most common collaboration is with another nonprofit. Eighty-seven percent of nonprofits engaged in this type of collaboration, followed by collaborations with businesses or employers (69 percent) and with congregations or faith-based organizations (66 percent). Charities also cited collaboration with local government at a high rate (63 percent), although some of these responses may simply mean that the organization received funding from the local government. Federal government and hospitals were the least likely organizations for providers to collaborate, with about a third of organizations working with each entity.

- **Most health and human services providers in the metro area have websites, but many are not using them as effective outreach and educational tools.**

While 84 percent of organizations surveyed report having a website, only 44 percent update their website weekly or monthly. Half these organizations update their websites only occasionally or annually.

Larger organizations are somewhat more likely to have a website, and they are much more likely to update their sites more frequently. Whereas just over 35 percent of small and mid-sized organizations updated their websites weekly or monthly, 64 percent of large organizations did so. This is most likely because of the presence of an IT person or team whose job it is to maintain and update the website rather than a volunteer or a staff member whose job responsibilities go beyond website functions.

Figure 10. Types of Collaborations among Health and Human Services Charities in the New Orleans Metropolitan Area



Source: The Urban Institute 2011 survey of health and human service providers in the New Orleans metropolitan area.

- **Nearly two-thirds of organizations are using social media such as Facebook, Twitter, and blogs for outreach.**

While organizations may not be updating their websites often, they are turning to social media tools like Facebook, Twitter, and blogs to share information. Sixty-two percent of organizations reported using social media for outreach in the past two years. Interestingly, mid-sized organizations are more likely to use social media than small and large organizations. While fewer than 60 percent of small and large organizations used social media, nearly 80 percent of mid-sized organizations used them for outreach. It is not known from these data if these relatively high percentages represent one-time use of Facebook or Twitter or an ongoing communication strategy. Anecdotal evidence suggests that, like websites, these new social media sites are not frequently updated.

Management Tools

Building a high-capacity organization often involves training and recruiting dependable staff, developing and implementing strategic plans, having adequate technology, and finding ways to measure success.

- **The typical health and human services provider in the New Orleans metropolitan area has 5.5 (full-time-equivalent) employees and 5 volunteers working in a typical month.**

Not surprisingly, large organizations tend to have more paid staff. Organizations with less than \$250,000 in annual expenditures have a median staff size of 2 compared with large organizations (expenditures of \$1 million or more) that have a median staff size of 28. Interestingly, large organizations also tend to have more volunteers working in a typical month than smaller organizations. A large organization typically has 10 volunteers each month versus 5 volunteers for a small organization.

Staff turnover is common. Three of every five organizations surveyed (59 percent) had at least one staff person leave in the past year, and two in three (67 percent) had at least one new employee come into their organization. While one staff person leaving per year may not seem large, in an office of only five people, it can be disruptive to workflows when someone leaves.

- **Nearly a quarter of health and human services providers have difficulty recruiting dependable paid staff.**

Twenty-four percent of health and human services providers surveyed in the New Orleans metro area reported that they had difficulty recruiting dependable paid staff. Smaller organizations (29 percent) seemed to have more difficulties in staffing than larger ones (18 percent). Although the survey did not ask about staff salaries and compensation, smaller organizations likely offer lower salaries and fewer benefits and may have more trouble attracting and retaining good candidates for their positions.

- **Just over half of organizations surveyed report that they held trainings in the last two years to upgrade staff skills on computers, grant-writing, leadership, and so on.**

Staff training can sometimes be perceived as a luxury by nonprofit organizations. Yet, sound management principles recommend training as an important way to build organizational capacity. About half of organizations surveyed (54 percent) held staff training at some point in the past two years. Investing in staff training seemed to be related to organizational size. A greater proportion of mid-sized to large organizations in the New Orleans area held training for their staff than small organizations. While two-thirds of large organizations and 61 percent of mid-sized organizations report training for staff, less than half (45 percent) of small organizations did so.

- **Most nonprofit health and human services providers in the New Orleans metro area raise funds without the assistance of a fundraising specialist or a grant writer.**

Fundraising is an essential part of any nonprofit organization. Even groups that operate with an all-volunteer staff may need funds to pay for supplies and incidentals to run their programs. However,

using the services of a professional fundraiser or grant writer is not the norm in the greater New Orleans area. Only 30 percent of organizations surveyed had a professional fundraiser (employee or contractor), and 45 percent had a paid grant writer (employee or contractor). Larger providers were much more likely than smaller groups to seek the services of a fundraising specialist. About half of the groups with budgets of \$1 million or more had a fundraising specialist, compared with a quarter of organizations with budgets below \$1 million.

Hiring a grant writer, however, is more common regardless of organizational size. Although the likelihood of working with a grant writer increases as the size of the organization increases, the differences are not substantial. Forty-two percent of small organizations (less than \$250,000 in expenses) surveyed had paid grant writers, compared with 47 percent of mid-sized organizations (\$250,000 to \$999,999 in expenses) and 53 percent of larger organizations (\$1million or more).

- **The majority of nonprofit health and human services providers in the metro area do not have information technology personnel.**

Dedicated IT specialists are another perceived luxury in the nonprofit world. Only 39 percent of health and human services organizations surveyed had IT personnel (employee or contractor). Investment in IT personnel varied with size of organization, with larger nonprofits more likely to make the investment than smaller ones—57 versus 29 percent, respectively. Some savvy practitioners in the area are using cloud solutions that do not require specific IT support. This may be a new development worth watching to see how quickly and widely this technology catches on.

- **Most organizations have a formal strategic plan, but only a quarter of them have a succession plan.**

Planning for the future and having a roadmap for obtaining major goals is a common characteristic of high-performing organizations. Strategic plans are essential tools for directing and guiding the work of a nonprofit organization. Succession plans provide a framework for managing unexpected changes in leadership. Health and human services providers in the New Orleans area are more likely to have a strategic plan than a succession plan.

Sixty-four percent of the organizations surveyed said they had a formal strategic plan. However, one in three providers was without a formal plan for achieving their missions and organizational goals. Larger organizations were somewhat more likely to have a strategic plan than smaller organizations—73 versus 64 percent, respectively.

The likelihood of having a strategic plan varied considerably by type of services provided. For example, less than half of emergency assistance and homeless services, preschool and child care programs, and physical, mental health and disability providers had a strategic plan. In contrast, more than three-quarters of multipurpose organizations had a plan in place.

Developing a succession plan for the unexpected departure of a key leader is much rarer. Only a quarter of health and human services providers had a plan, with large organizations more likely to have a succession plan than small organizations. Nearly two in five large organizations (38 percent) had succession plans, compared with one in five small organizations (20 percent).

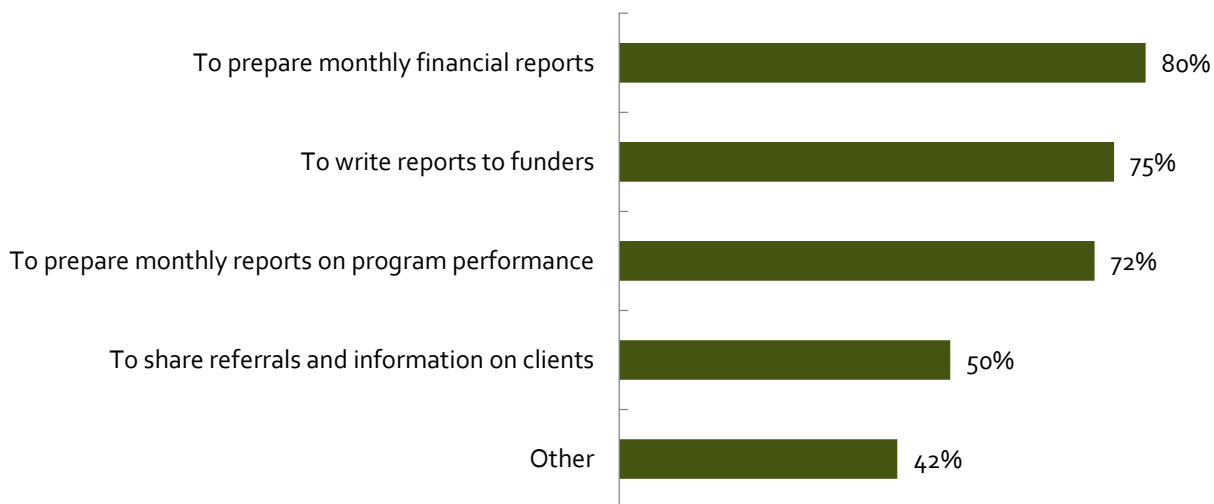
- **Nearly all organizations track data, but they may need additional training on using the data to effectively evaluate program performance.**

Performance and outcome data are essential components for running a high-performance organization. More and more funders (both government and private foundations) are requiring nonprofits to be accountable for the ways they use funds and the outcomes achieved with those funds. To be responsive, nonprofit leaders need to know the strengths and weaknesses of their organization, so they can preserve what is working well and change what is not working as well.

Ninety-four percent of the organizations surveyed tracked data to assess program performance, report to funders, or share referrals. As figure 11 shows, the most common reason for tracking data was to prepare monthly financial reports, cited by 80 percent of survey respondents. Seventy-five percent used the data in reports to funders, and 72 percent collected the data to prepare monthly performance reports.

Although organizations are tracking data, they may not be using the data as effectively as they could in evaluating program performance. Forty-four percent of survey respondents said they could use training on developing logic models and outcomes—basic components for assessing program performance.

Figure 11. Reasons for Tracking Program Data for New Orleans Area Health and Human Services Providers (percent)



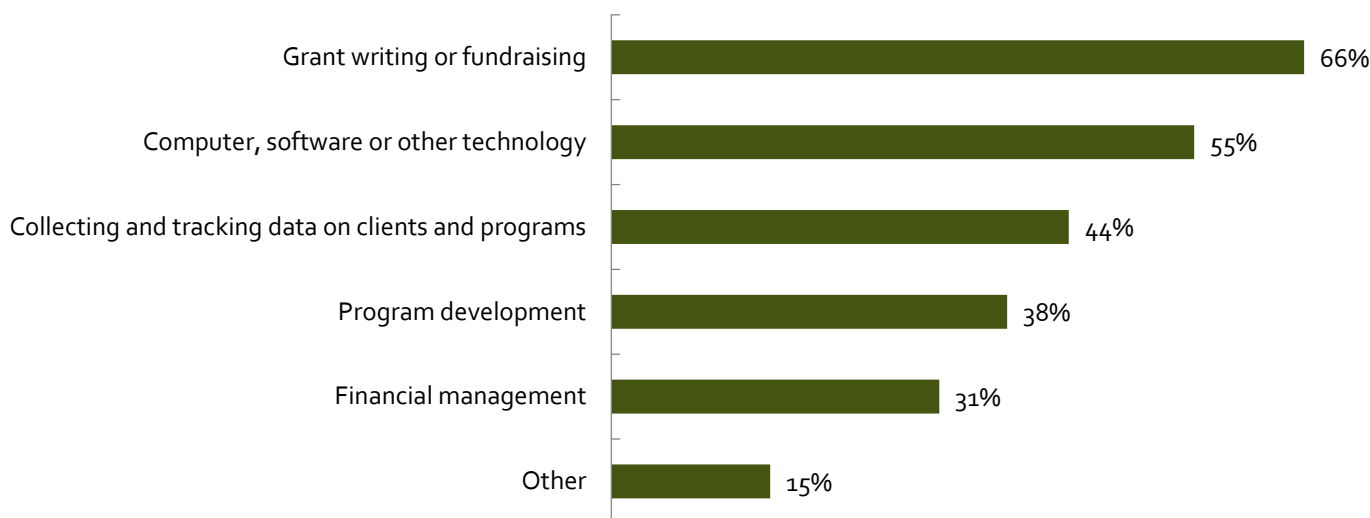
Source: The Urban Institute 2011 survey of health and human services providers in the New Orleans metropolitan area.

- **Health and human services nonprofits in the New Orleans metro area would like assistance with grant-writing, fundraising, and technology.**

When asked what types of technical assistance are most needed, the majority of respondents indicated two areas: grantwriting or fundraising; and computers, software, or other technology (figure 12). Sixty-six percent of respondents would like technical assistance to write grants or fundraising, and 55 percent would like assistance with their computers, software, or other technology.

Small to mid-sized organizations were more interested in receiving technical assistance for grant writing and fundraising than larger organizations—70 versus 59 percent, respectively. Smaller organizations also showed more interest than larger organizations in receiving technical assistance in program development and in collecting and tracking data on clients and programs.

Figure 12. Types of Technical Assistance Needed



Source: The Urban Institute 2011 survey of health and human services providers in the New Orleans metropolitan area.

PART VII: SUMMARY

As the past decade has shown, health and human services nonprofits in the New Orleans metropolitan area are resilient and responsive to local needs. They rallied after Hurricane Katrina to provide needed services despite the physical damage and emotional challenges that many providers sustained at the time. They also came to the assistance of people affected by the oil spill, and now are responding to the prolonged recession with nearly half serving more clients. Four broad findings emanate from this study:

- 1. The nonprofit health and human services sector is an important part of the local economy.** Excluding hospitals and higher education, there are 444 organizations registered with the IRS as 501(c)(3) public charities in the New Orleans metropolitan area—about the same number as in communities of similar size. These organizations not only provide an array of services to the community, they also offer employment to local residents, purchase goods and services, and contribute to the vitality of the local area. Collectively, these groups employed an estimated 14,300 people (based on an average of 32 employees per organization) and had 2010 annual expenditures of \$558 million.
- 2. Health and human services nonprofits have made impressive strides to recover after Hurricane Katrina.** Although nearly all service providers were affected by Katrina and the Gulf oil spill, about two-thirds are back to pre-Katrina operating levels. Recovery came more quickly to large organizations than smaller ones and to those farther away from the direct path of the storm. Typical recovery time was about 12 months, although roughly one in four nonprofits report that they still are not fully recovered from the storm. About 15 percent of today's health and human services sector was created in response to Hurricane Katrina.

The recovery effort was supported financially by multiple sources including individual donations, foundations, and government. Orleans Parish received the bulk of the aid. The median level of support for disaster recovery was \$500,000 in Orleans Parish, compared with \$250,000 in St. Charles Parish and less than \$100,000 in each of the other parishes.

Most of the funds went to housing, community development, family services, and multipurpose organizations. Groups used the funds largely to rebuild existing programs, although about half created new programs or expanded existing ones. Fewer organizations used the funding to spread services to new geographic areas or serve new population groups.

About one in four nonprofits, particularly in the harder hit areas, still have some disaster recovery funds to support their programs. Nonetheless, two-thirds of these organizations indicated that recovery funds will end by next year; the other third suggested a three-year window before recovery funds dried up.

- 3. Health and human services providers in the metro area are likely to face severe financial pressures if the economic recession lingers and the recovery funds disappear.** The average budget for health and human services organizations is about \$1.3 million, but this includes some very large providers. The typical budget is around \$236,000.

Health and human services nonprofits in the New Orleans metro area rely heavily on government to support their programs. About half the funds come from government grants—almost double the national average (26.4 percent). In fact, reliance on government funds jumped by more than 10 percentage points following Katrina but returned to pre-Katrina levels in 2010 (43.1 percent in 2003 compared with 45.8 percent in 2010).

Most service providers expect government funding cuts over the next few years, which is likely to bring considerable belt-tightening. These organizations already operate on razor-thin margins. In 2010, revenues exceeded expenses by only 0.4 percent. In fact, six service industries reported

negative operating margins (i.e., expenses exceeded revenues). Even for service industries that had positive operating margins, the median ranged from 0.2 to 5.6 percent. About half the sector's service providers had net assets that might be leveraged to obtain loans, but further study is needed to understand the implications of taking this action.

Making financial ends meet during this economic recession is a major challenge for nonprofits in the region. Indeed, nearly half the survey respondents said they were struggling to balance their budgets, and 12 percent reported being in serious risk of folding.

- 4. Beyond funding, nonprofits can use numerous strategies to build capacity.** One important way is to increase collaborations and partnerships. Most nonprofits already work with other local nonprofits, businesses, and congregations, but these associations need to go beyond client referrals. More might be done to share resources, collaborate on writing grants, coalesce around advocacy issues, and create learning circles where nonprofits can help one another strengthen the local systems for delivering services.

Nonprofits could also use assistance and training to upgrade staff skills, particularly in technology; develop strategic plans and succession plans; and measure program performance and outcomes. Nonprofits can incorporate these strategic steps into their operations to be more accountable to their funders and their communities.

The next few years will be an important time for the New Orleans health and human services sector to strengthen its capacity and demonstrate its achievements to public officials and the community at large. It has come a long way since the destructive days of Katrina, but the road ahead is still rocky. Developing leaders with both the vision and skill to navigate these turbulent waters will be crucial. Leadership will be a key to ensuring that the nonprofit sector is a good steward of public funds and the public's trust.

APPENDIX A:

NCCS DATA AND FINANCIAL MEASURES

NCCS Database

The primary source of data for analyzing the financial status of nonprofit organizations in the New Orleans metropolitan area is the Core Files of the Urban Institute's National Center for Charitable Statistics (NCCS). Based on Forms 990 filed annually with the U.S. Internal Revenue Service (IRS), the Core Files contain detailed information on the finances of 501(c)(3) organizations with gross incomes of \$25,000 or more for 2010. Smaller organizations and religious organizations are not required to file the Form 990, although some file voluntarily. Despite the under representation of some small and religious groups, the Core Files are the most comprehensive database on U.S. nonprofits.

The financial analysis in this study examined nonprofits that filed the Form 990 in fiscal year 2010, the latest and most complete records available. The dataset includes 444 nonprofit organizations that operated in the seven-parish region of greater New Orleans in 2010 and filed a Form 990. The New Orleans metropolitan area comprises Jefferson Parish, Orleans Parish, Plaquemines Parish, Saint Bernard Parish, Saint Charles Parish, Saint John the Baptist Parish, and Saint Tammany Parish.

Although the NCCS Core File is the most comprehensive database available on U.S. nonprofits, it has two limitations. First, some small and religious organizations may be missing from the database. While we expect the effect of these omissions on the financial analysis to be negligible, the study undercounts the number of nonprofits in the community. Second, Form 990 contains organizational rather than establishment data, which means that the dataset misses satellite offices of groups that work in multiple locations.

Analytic Design

The analysis used basic statistics to determine the size and fiscal health of the nonprofit sector in the New Orleans metropolitan area. Size was assessed as the number of organizations and their level of spending.

Three measures (type of organization, size of organization, and location) were used to better understand the strengths and limitations of health and human services providers in the area.

- First, using codes from the National Taxonomy of Exempt Entities–Core Code System (NTEE–CC), the organizations were categorized into ten categories (or service types) within the health and human services sector: community and economic development, emergency assistance and homeless services, family services, housing and group homes, physical and mental health and disability, preschool and child
-

care programs, senior and elder services, work-readiness programs, youth and teen programs, and multipurpose programs. These codes reflect the organizations' primary service activity.

- Second, organizations were classified into one of three size categories based on their annual (2010) level of expenditures. Small organizations had expenditures of less than \$250,000, mid-sized organizations had expenditures between \$250,000 and \$999,999, and large organizations had expenditures of \$1 million or more.
- Third, organizations were classified by their geographic location (i.e., by parish) within the New Orleans metropolitan area.

Fiscal health was analyzed as reliance on various sources of income, operating margins, and net assets. Operating margins were calculated as total revenues minus total expenditures. Net assets equaled total assets minus total liabilities.

APPENDIX B:

SURVEY METHODOLOGY

Background and Objectives

From March through June 2011, the Social and Economic Sciences Research Center (SESRC) at Washington State University conducted a mixed-mode survey for the Urban Institute on nonprofit human services agencies in the New Orleans metropolitan area. The purpose of the study was to learn how nonprofit health and human services agencies are faring in today's economic climate and their ability to recover from Hurricane Katrina and the BP oil spill. The survey asked about the demand for services, levels and sources of funding, and management/capacity issues. Findings from the study are intended to inform nonprofit leaders, policymakers, advocates, foundation officials, and other stakeholders so they have up-to-date information on the sector to guide their decisionmaking.

Population and Sample

The population consisted of all health and human services nonprofit agencies, excluding hospitals and institutions of higher education, in the New Orleans metropolitan area that are registered with the U.S. Internal Revenue Service (IRS) and file a Form 990 (an annual financial statement). This information is housed at the Urban Institute's National Center for Charitable Statistics (NCCS). It is the most comprehensive database on U.S. nonprofits. The NCCS database includes all 501(c)(3) organizations with gross incomes of \$5,000 or more that are required to register with the IRS. Smaller organizations and religious organizations are not required to register, although some do so voluntarily. The sample was limited to organizations that filed a Form 990 for 2008, the most recent data available at the time the sample was drawn, and therefore have more than \$25,000 in gross receipts.

The Urban Institute compiled the list of 504 names, addresses, and, when available, phone numbers and email addresses for health and human services nonprofits that filed Forms 990 and provided it to SESRC. SESRC conducted a look-up process for the records with incomplete information, using various web-based searches to find contact information.

Questionnaire Design

The questionnaire was designed jointly by the Urban Institute and SESRC. It was reviewed by several nonprofit leaders in the New Orleans metropolitan area and the foundation program officer overseeing the study.

The final questionnaire had 43 questions, including skip patterns. The web version contained 46 screens, which included an introduction page, instruction page, and a survey submission page. The paper version was printed on 11"x17" paper and folded in half to form an eight-page booklet. The telephone questionnaire averaged 15 to 25 minutes to complete, depending on skip patterns.

Human Subjects Research Review

The survey questionnaire and data collection procedures were reviewed and approved by the Urban Institute's Institutional Review Board. This procedure is followed for all Urban Institute studies to ensure compliance with federal regulations for human subject research. Approval was received on March 1, 2011.

Pretest

A pretest was conducted with 10 organizations. The purpose of the pretest was to test the wording and branching of the questionnaire as well as the ease of completing the questionnaire by the respondents. However, the pretest fell during New Orleans' Mardi Gras festivities, so most organizations could not be reached. Therefore, these organizations were contacted during the regular data collection activities.

Data Collection

The key element of this tailored design method⁶ survey procedure was to implement carefully designed and timed contacts to the survey respondents. The first contact was a questionnaire and cover letter sent to all health and human services organizations in the New Orleans metropolitan area. The letter was printed on Urban Institute letterhead and signed by Tom Pollak, Study Director of New Orleans-area research for the Urban Institute. The letter introduced the study and told the respondents that they had been selected to participate in a study on human services nonprofits in the New Orleans area. This contact was sent on March 14, 2011. The mailing packet also included a business reply envelope to return the completed questionnaire and information on how the respondent could complete the questionnaire online.

One week later, SESRC sent a postcard reminder asking for participation. This postcard was sent on SESRC letterhead and signed by the SESRC Study Director.

For the third contact on April 4, 2011, a mailing packet was sent to all nonrespondents. It contained a paper questionnaire, modified cover letter, and business reply envelope. As with the other letters, the web-based address was included in the letter.

⁶Don A. Dillman, Jolene D. Smyth, and Leah M. Christian, *Internet, Mail, and Mixed-Mode Surveys: The Tailored Design Method*, 3rd ed. (New York: John Wiley & Sons, 2009).

Nonrespondents were contacted a fourth time by telephone beginning on April 14, 2011. The purpose of this call was to complete the survey by telephone. If respondents were unwilling or unable to complete the survey by telephone, they were encouraged to complete either the paper version of the questionnaire or to answer online. Telephone contacts were continued until June 15, 2011.

A fifth contact, an email blast message was initiated on May 27, 2011, to all nonrespondents that had known and valid email addresses. This email included a link to the online web survey as well as contact information if the respondent wanted either to complete the survey by telephone or ask questions about the study.

The web site remained open for survey respondents through the end of data collection (June 15, 2011). At that time, the access was closed and the final results were compiled.

Survey Weights

Survey weights were applied to the data to take into account possible non response bias. Specifically, the survey weights adjust for slightly lower response rates among smaller organizations and lower response rates in some of the parishes included in the study. All reported estimates in this report are appropriately weighted.

Response Rate

The following table displays the response rate calculations for all completed and partially completed questionnaires following the guidelines for the American Association of Public Opinion Research. With 242 responses, the overall response rate is 61.9 percent.

Table B-1. Response Rate Calculation

	Disposition codes	Category	Number of cases
Interview (Category 1)	1		
Phone completes	1.11	I	106
Mail completes	1.12	I	64
Web completes	1.13	I	57
Phone partial completes	1.21	P	8
Web partial completes	1.23	P	7
Eligible, non-interview (Category 2)	2		
Refusal	2.11	RF	28
Noncontact	2.2	NC	45
Respondent never available	2.21	NC	5
Answering machine household—no message left	2.221	NC	44
Answering machine household—message left	2.222	NC	6
Language problem	2.33	O	1
Unknown eligibility, non-interview (Category 3)	3		
Always busy	3.12	UH	1
No answer	3.13	UH	12
Call blocking	3.15	UH	2
Returned to sender due to various USPS violations	3.24	UO	6
Not eligible (Category 4)	4		
Fax/data line	4.2	NW	4
Nonworking number	4.31	NW	32
Disconnected number	4.32	NW	19
Temporarily out of service	4.33	NW	3
Number changed	4.41	NW	18
No eligible respondent	4.7	IE	13
No eligible respondent—teen phone	4.71	IE	14
No eligible respondent—out of area	4.72	IE	3
Other	4.91	OT	1
Duplicates	4.92	OT	5
Total numbers used			504
I = Complete interviews (1.1)			227
P = Partial interviews (1.2)			15
RF = Refusal and break off (2.1)			28
NC = Noncontact (2.2)			100
O = Other (2.0, 2.3)			1
e is the estimated proportion of cases of unknown eligibility that are eligible.			0.946
UH = Unknown household (3.1)			15
UO = Unknown other (3.2–3.9)			6
Response rate (with eligibility factor included)	$(I + P) / ((I + P) + (R + NC + O) + e(UH + UO))$		61.90%

APPENDIX C: PARISH FACT SHEETS

Jefferson Parish

LOUISIANA

Jefferson Parish is both the most populous and most diverse parish in the Greater New Orleans area. Non-Hispanic whites account for 56 percent of the population, African Americans for 26 percent, Hispanics 12 percent, Asians 4 percent, and all other racial-ethnic groups about 2 percent. Jefferson had a slightly higher median household income in 2010 than the region as a whole, and its poverty rate was somewhat lower.

After Orleans Parish, Jefferson has the largest number of nonprofits registered with the IRS – 1,552 organizations in 2010. About 80 percent were founded before Hurricane Katrina. Between 2000 and 2010, program services revenue, which includes government contracts, grew from 29 to 44 percent of the revenue base for Jefferson's health and human services nonprofits.



Jefferson Parish Data

Demographics	2000	2010	CHANGE IN NUMBER ¹	NEW ORLEANS REGION, 2010	LOUISIANA, 2010
Total population	455,466	432,552	↓ 5%	1,167,764	4,533,372
Median age (years)	35.9	38.4	↑ 7%	37.1	35.8
Percentage under age 5	7%	7%	↓ 6%	7%	7%
Percentage school age (between 5 and 17)	19%	16%	↓ 19%	17%	18%
Percentage working age (between 18 and 64)	63%	64%	↓ 3%	65%	63%
Percentage age 65 and older	12%	14%	↑ 9%	12%	12%
Race	2000	2010	CHANGE IN NUMBER ¹	NEW ORLEANS REGION, 2010	LOUISIANA, 2010
Percentage white, non-Hispanic	65%	56%	↓ 19%	54%	60%
Percentage black or African American, non-Hispanic	23%	26%	↑ 8%	34%	32%
Percentage Hispanic	7%	12%	↑ 66%	8%	4%
Percentage Asian, non-Hispanic	3%	4%	↑ 19%	3%	2%
Percentage of all other racial-ethnic groups ²	2%	2%	↑ 5%	2%	2%
Economy	2000	2008-10	CHANGE IN NUMBER ¹	NEW ORLEANS REGION, 2008-10	LOUISIANA, 2008-10
Number of households	176,424	165,518	↓ 6%*	448,257	1,678,868
Percentage age 25 and older with a bachelor's degree or higher	22%	23%	↑ 5%*	26%	21%
Median household income (2010 constant dollars)	50,306	47,104	↓ 6%*	\$46,210	\$43,362
Percentage of households with income of \$35,000 or less	46%	37%	↓ 24%*	39%	41%
Percentage of households with income of \$200,000 or more	2%	4%	↑ 83%*	4%	3%
Percentage of households with Social Security income	25%	28%	↑ 5%*	26%	28%
Average Social Security income (2010 constant dollars)	14,344	14,994	↑ 5%*	\$14,502	\$13,961
Unemployment rate	4.3%	6.9%	47%*	7.4%	7.3%
Poverty	2000	2008-10	CHANGE IN NUMBER ¹	NEW ORLEANS REGION, 2008-10	LOUISIANA, 2008-10
Total number of people below poverty	61,608	61,538	↓ <1%	185,060	778,329
Percentage of population below poverty	14%	14%	↓ <1%	16%	18%
Percentage of children under the age of 18 below poverty	37%	23%	↓ 5%	24%	26%
Percentage of elderly age 65 and older below poverty	10%	9%	↑ <1%	11%	13%
Percentage of families with female householder, no husband present, below poverty	29%	30%	↑ 3%	33%	36%
Number below 150% of poverty	105,201	102,543	↓ 3%	296,902	1,244,352
Number below 200% of poverty	144,062	145,899	↑ 1%	405,391	1,674,419
Health Insurance Coverage	2000	2008-10	CHANGE IN NUMBER ¹	NEW ORLEANS REGION, 2008-10	LOUISIANA, 2008-10
Total civilian noninstitutionalized population uninsured	n/a	18%	n/a	18%	18%

¹ Percentage change is calculated based on actual population counts, not percentage of population.

² Other racial-ethnic groups include Native American, Alaskan Native, Native Hawaiian or other Pacific Islander, mixed race or multiracial, and others.

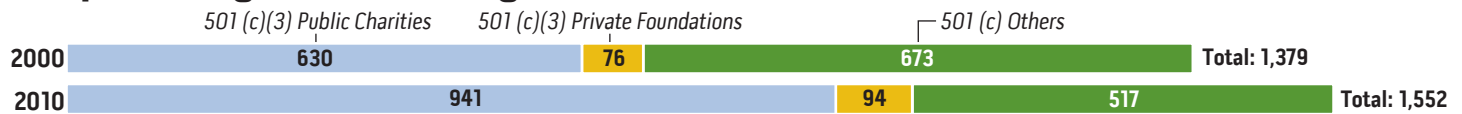
* Differences are statistically significant at the 90% confidence level.

Sources: The U.S. Census Bureau, 2000 Census was used for all year 2000 figures. The U.S. Census Bureau, 2010 Census was used for the 2010 demographics and race figures. The U.S. Census Bureau, American Community Survey, 3-year average, 2008-10 was used for the economy, poverty, and health insurance figures. The unemployment rate is from the U.S. Department of Labor, Bureau of Labor Statistics, 2000 and 2010.

Nonprofits in Jefferson Parish

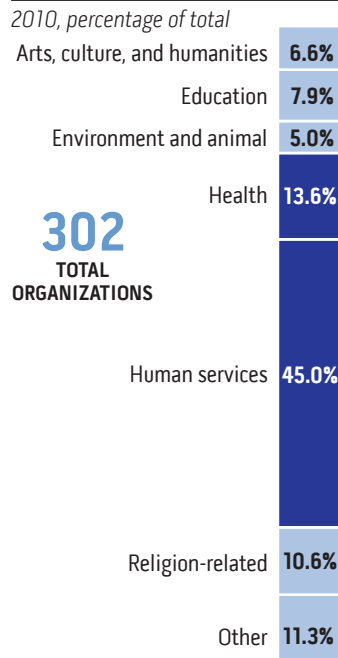
LOUISIANA

Nonprofit Organizations Registered with the IRS

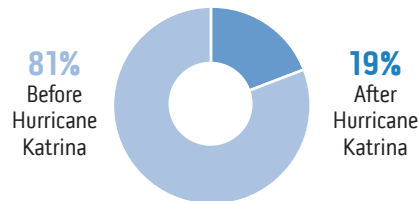


Public Charities Filing with the IRS

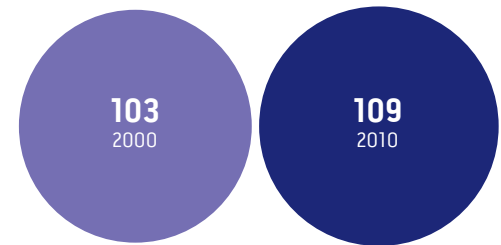
Types of Organizations



Nonprofit Founding Date¹



Number of Health and Human Services Organizations



Finances, Health and Human Service Organizations

Total revenue



Total expenses



Total assets



Sources of Revenue

CONTRIBUTIONS (includes government grants)



PROGRAM SERVICE REVENUE (includes government contracts)



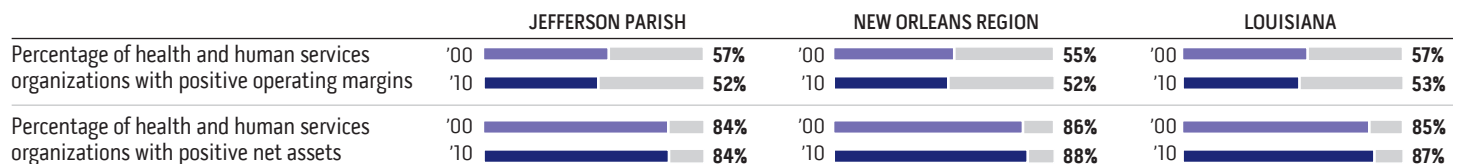
INVESTMENT INCOME



OTHER



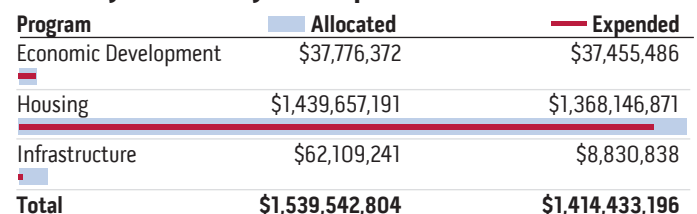
Fiscal Health of Health and Human Services



After Hurricane Katrina



Recovery Community Development Block Grant Funds



¹ The founding date is based on the date that the organization received its tax-exempt status from the Internal Revenue Service

² Adjusted for inflation and shown in 2010 constant dollars.

³ FEMA dollars include funding to government, nonprofit organizations, and individuals.

Notes: Totals may not sum to 100 percent because of rounding.

Sources: The Urban Institute, National Center for Charitable Statistics, Core Files (Public Charities, 2000 and 2010), the Internal Revenue Service, Exempt Organization Division, Business Master File (2000-2011), U.S. Federal Emergency Management Agency, "Disaster Declarations Summary," 2012, and U.S. State of Louisiana Disaster Recovery Unit, "Parish Level Katrina/Rita Recovery CDBG Program Financial Data as of 12/2010," 2012.

Orleans Parish

LOUISIANA

Orleans Parish, home to the city of New Orleans, lost about 30 percent of its population between 2000 and 2010. Orleans Parish also has the highest poverty rate in the region. One in four people is poor. Median household income in 2010 was \$36,200 – the lowest level in the region.

The number of Orleans' nonprofits rebounded after Hurricane Katrina. Forty percent are human service providers, 17 percent are education-related, and 11 percent are health-related. Arts and cultural nonprofits comprise roughly 15 percent of the sector. While financial support comes largely from contributions, program service revenue, which includes government contracts, accounts for nearly 40 percent of the financial base of health and human service providers.



Orleans Parish Data

Demographics	2000	2010	CHANGE IN NUMBER ¹	NEW ORLEANS REGION, 2010	LOUISIANA, 2010
Total population	484,674	343,829	↓ 29%	1,167,764	4,533,372
Median age (years)	33.1	34.6	↑ 5%	37.1	35.8
Percentage under age 5	7%	6%	↓ 34%	7%	7%
Percentage school age (between 5 and 17)	20%	15%	↓ 47%	17%	18%
Percentage working age (between 18 and 64)	62%	68%	↓ 22%	65%	63%
Percentage age 65 and older	12%	11%	↓ 34%	12%	12%
Race	2000	2010	CHANGE IN NUMBER ¹	NEW ORLEANS REGION, 2010	LOUISIANA, 2010
Percentage white, non-Hispanic	27%	30%	↓ 19%	54%	60%
Percentage black or African American, non-Hispanic	67%	60%	↓ 37%	34%	32%
Percentage Hispanic	3%	5%	↑ 22%	8%	4%
Percentage Asian, non-Hispanic	2%	3%	↓ 9%	3%	2%
Percentage of all other racial-ethnic groups ²	1%	2%	↓ 6%	2%	2%
Economy	2000	2008-10	CHANGE IN NUMBER ¹	NEW ORLEANS REGION, 2008-10	LOUISIANA, 2008-10
Number of households	188,365	139,939	↓ 26%*	448,257	1,678,868
Percentage age 25 and older with a bachelor's degree or higher	26%	32%	↓ 11%*	26%	21%
Median household income (2010 constant dollars)	35,513	36,208	↑ 2%	\$46,210	\$43,362
Percentage of households with income of \$35,000 or less	60%	49%	↓ 40%*	39%	41%
Percentage of households with income of \$200,000 or more	2%	4%	↑ 29%*	4%	3%
Percentage of households with Social Security income	25%	24%	↓ 29%*	26%	28%
Average Social Security income (2010 constant dollars)	12,709	12,992	↑ 2%	\$14,502	\$13,961
Unemployment rate	5.1%	8.9%	↑ 21%*	7.4%	7.3%
Poverty	2000	2008-10	CHANGE IN NUMBER ¹	NEW ORLEANS REGION, 2008-10	LOUISIANA, 2008-10
Total number of people below poverty	130,896	81,592	↓ 38%*	185,060	778,329
Percentage of population below poverty	28%	26%	↓ 38%*	16%	18%
Percentage of children under the age of 18 below poverty	40%	39%	↓ 47%*	24%	26%
Percentage of elderly age 65 and older below poverty	19%	17%	↓ 45%*	11%	13%
Percentage of families with female householder, no husband present, below poverty	43%	41%	↓ 41%*	33%	36%
Number below 150% of poverty	189,167	118,840	↓ 37%*	296,902	1,244,352
Number below 200% of poverty	233,775	150,408	↓ 36%*	405,391	1,674,419
Health Insurance Coverage	2000	2008-10	CHANGE IN NUMBER ¹	NEW ORLEANS REGION, 2008-10	LOUISIANA, 2008-10
Total civilian noninstitutionalized population uninsured	n/a	20%	n/a	18%	18%

¹ Percentage change is calculated based on actual population counts, not percentage of population.

² Other racial-ethnic groups include Native American, Alaskan Native, Native Hawaiian or other Pacific Islander, mixed race or multiracial, and others.

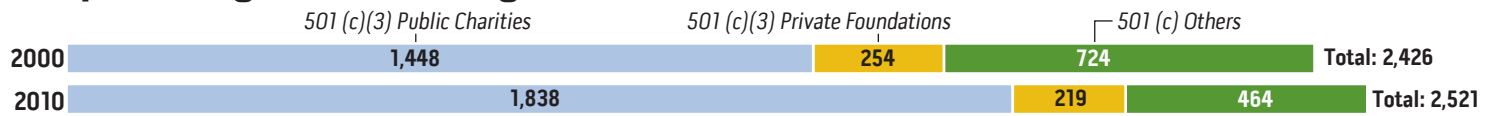
* Differences are statistically significant at the 90% confidence level.

Sources: The U.S. Census Bureau, 2000 Census was used for all year 2000 figures. The U.S. Census Bureau, 2010 Census was used for the 2010 demographics and race figures. The U.S. Census Bureau, American Community Survey, 3-year average, 2008-10 was used for the economy, poverty, and health insurance figures. The unemployment rate is from the U.S. Department of Labor, Bureau of Labor Statistics, 2000 and 2010.

Nonprofits in Orleans Parish

LOUISIANA

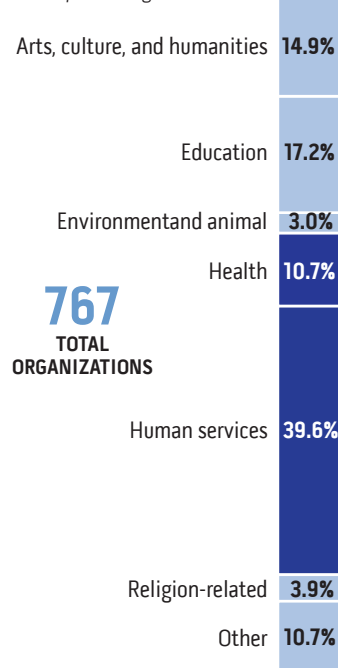
Nonprofit Organizations Registered with the IRS



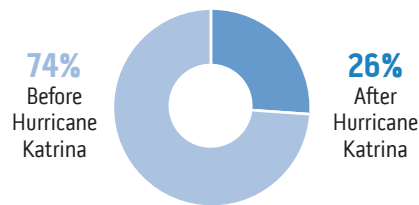
Public Charities Filing with the IRS

Types of Organizations

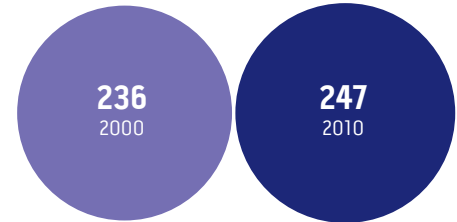
2010, percentage of total



Nonprofit Founding Date²



Number of Health and Human Services Organizations



Finances, Health and Human Service Organizations

Total revenue



Total expenses



Total assets



Sources of Revenue

CONTRIBUTIONS (includes government grants)



PROGRAM SERVICE REVENUE (includes government contracts)



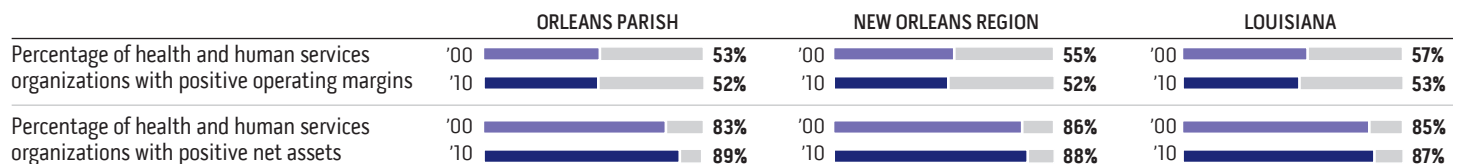
INVESTMENT INCOME



OTHER



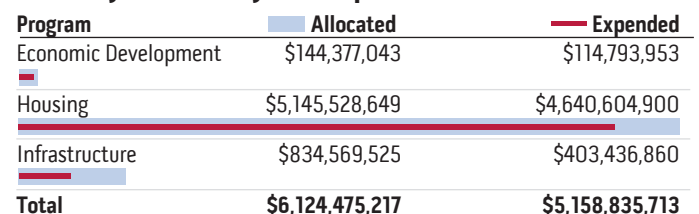
Fiscal Health of Health and Human Services



After Hurricane Katrina



Recovery Community Development Block Grant Funds



¹ The founding date is based on the date that the organization received its tax-exempt status from the Internal Revenue Service

² Adjusted for inflation and shown in 2010 constant dollars.

³ FEMA dollars include funding to government, nonprofit organizations, and individuals.

Notes: Totals may not sum to 100 percent because of rounding.

Sources: The Urban Institute, National Center for Charitable Statistics, Core Files (Public Charities, 2000 and 2010), the Internal Revenue Service, Exempt Organization Division, Business Master File (2000-2011), U.S. Federal Emergency Management Agency, "Disaster Declarations Summary," 2012, and U.S. State of Louisiana Disaster Recovery Unit, "Parish Level Katrina/Rita Recovery CDBG Program Financial Data as of 12/2010," 2012.

Plaquemines Parish

LOUISIANA

Plaquemines Parish had 23,000 residents in 2010 – a 14 percent decrease since 2000. People of all ages left the parish, but younger age groups led the way, leaving behind a higher percentage of elderly. The number of people in poverty also dropped from 18 percent in 2000 to 10 percent in 2010. Children have a slightly higher poverty rate than elderly.

There are now more nonprofits in Plaquemines than there were 10 years ago – 76 in 2010 compared with 57 in 2000. Almost 30 percent of the organizations were formed after Hurricane Katrina. Plaquemines' nonprofits rely largely on contributions. However after Katrina, they received almost \$310,000 from HUD's Community Development Block Grant recovery funds and \$815 million from FEMA.



Plaquemines Parish Data

Demographics	2000	2010	CHANGE IN NUMBER ¹	NEW ORLEANS REGION, 2010	LOUISIANA, 2010
Total population	26,757	23,042	↓ 14%	1,167,764	4,533,372
Median age (years)	33.7	36.3	↑ 8%	37.1	35.8
Percentage under age 5	7%	7%	↓ 19%	7%	7%
Percentage school age (between 5 and 17)	22%	21%	↓ 19%	17%	18%
Percentage working age (between 18 and 64)	61%	61%	↓ 13%	65%	63%
Percentage age 65 and older	10%	11%	↓ 1%	12%	12%
Race	2000	2010	CHANGE IN NUMBER ¹	NEW ORLEANS REGION, 2010	LOUISIANA, 2010
Percentage white, non-Hispanic	69%	68%	↓ 15%	54%	60%
Percentage black or African American, non-Hispanic	23%	20%	↓ 25%	34%	32%
Percentage Hispanic	2%	5%	↑ 146%	8%	4%
Percentage Asian, non-Hispanic	3%	3%	↑ 4%	3%	2%
Percentage of all other racial-ethnic groups ²	4%	4%	↓ 3%	2%	2%
Economy	2000	2008-10	CHANGE IN NUMBER ¹	NEW ORLEANS REGION, 2008-10	LOUISIANA, 2008-10
Number of households	9,001	8,315	↓ 8%*	448,257	1,678,868
Percentage age 25 and older with a bachelor's degree or higher	11%	18%	↑ 50%*	26%	21%
Median household income (2010 constant dollars)	49,963	56,795	↑ 14%	\$46,210	\$43,362
Percentage of households with income of \$35,000 or less	46%	32%	↓ 36%*	39%	41%
Percentage of households with income of \$200,000 or more	2%	2%	↑ 40%	4%	3%
Percentage of households with Social Security income	22%	25%	↑ 8%*	26%	28%
Average Social Security income (2010 constant dollars)	13,225	15,846	↑ 20%	\$14,502	\$13,961
Unemployment rate	5.4%	6.2%	↓ 7%	7.4%	7.3%
Poverty	2000	2008-10	CHANGE IN NUMBER ¹	NEW ORLEANS REGION, 2008-10	LOUISIANA, 2008-10
Total number of people below poverty	4,682	2,295	↓ 51%*	185,060	778,329
Percentage of population below poverty	18%	10%	↓ 51%*	16%	18%
Percentage of children under the age of 18 below poverty	34%	12%	↓ 52%*	24%	26%
Percentage of elderly age 65 and older below poverty	18%	9%	↓ 54%*	11%	13%
Percentage of families with female householder, no husband present, below poverty	37%	34%	↑ 11%	33%	36%
Number below 150% of poverty	6,972	4,909	↓ 30%*	296,902	1,244,352
Number below 200% of poverty	9,718	7,098	↓ 27%*	405,391	1,674,419
Health Insurance Coverage	2000	2008-10	CHANGE IN NUMBER ¹	NEW ORLEANS REGION, 2008-10	LOUISIANA, 2008-10
Total civilian noninstitutionalized population uninsured	n/a	12%	n/a	18%	18%

¹ Percentage change is calculated based on actual population counts, not percentage of population.

² Other racial-ethnic groups include Native American, Alaskan Native, Native Hawaiian or other Pacific Islander, mixed race or multiracial, and others.

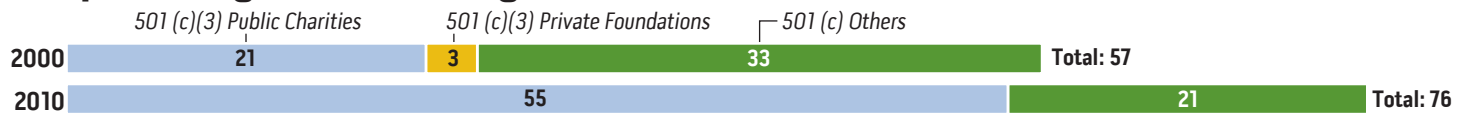
* Differences are statistically significant at the 90% confidence level.

Sources: The U.S. Census Bureau, 2000 Census was used for all year 2000 figures. The U.S. Census Bureau, 2010 Census was used for the 2010 demographics and race figures. The U.S. Census Bureau, American Community Survey, 3-year average, 2008-10 was used for the economy, poverty, and health insurance figures. The unemployment rate is from the U.S. Department of Labor, Bureau of Labor Statistics, 2000 and 2010.

Nonprofits in Plaquemines Parish

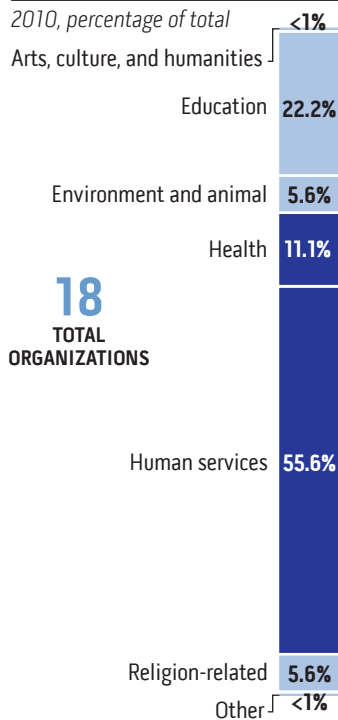
LOUISIANA

Nonprofit Organizations Registered with the IRS

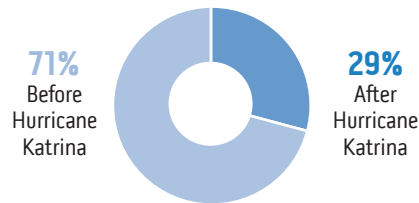


Public Charities Filing with the IRS

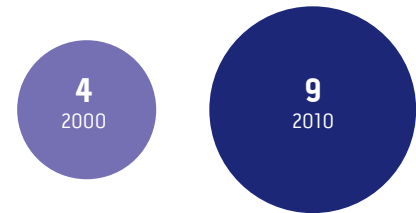
Types of Organizations



Nonprofit Founding Date¹



Number of Health and Human Services Organizations



Finances, Health and Human Service Organizations

Total revenue



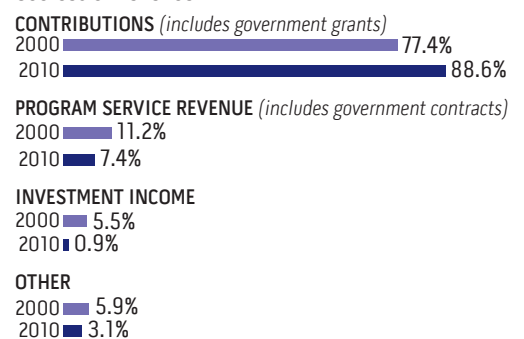
Total expenses



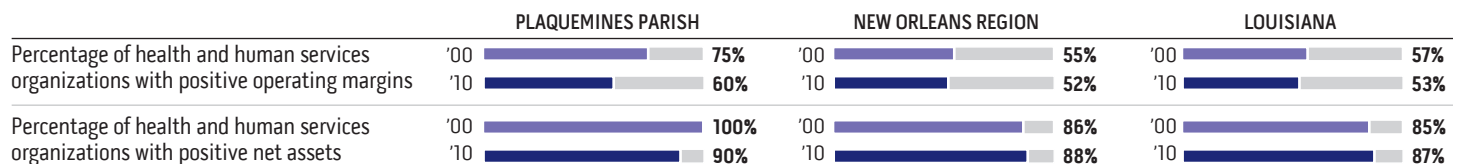
Total assets



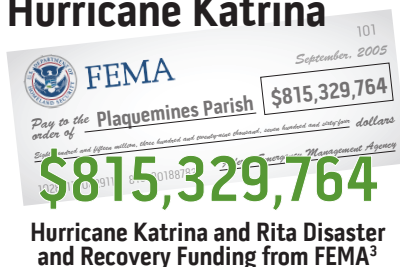
Sources of Revenue



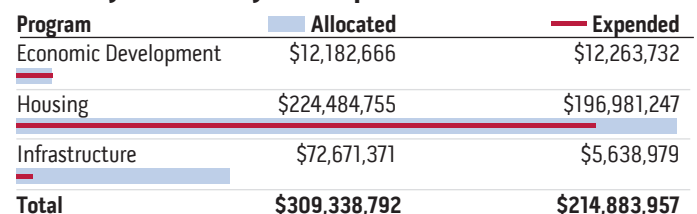
Fiscal Health of Health and Human Services



After Hurricane Katrina



Recovery Community Development Block Grant Funds



¹ The founding date is based on the date that the organization received its tax-exempt status from the Internal Revenue Service

² Adjusted for inflation and shown in 2010 constant dollars.

³ FEMA dollars include funding to government, nonprofit organizations, and individuals.

Notes: Totals may not sum to 100 percent because of rounding.

Sources: The Urban Institute, National Center for Charitable Statistics, Core Files (Public Charities, 2000 and 2010), the Internal Revenue Service, Exempt Organization Division, Business Master File (2000-2011), U.S. Federal Emergency Management Agency, "Disaster Declarations Summary," 2012, and U.S. State of Louisiana Disaster Recovery Unit, "Parish Level Katrina/Rita Recovery CDBG Program Financial Data as of 12/2010," 2012.

St. Bernard Parish

LOUISIANA

St. Bernard Parish lost nearly half its population between 2000 and 2010. People of all ages left, but the decline in the number of older people (age 65+) was particularly steep. St. Bernard is one of the poorest parishes in the metro area – second only to Orleans Parish. Fifteen percent of St. Bernard residents have incomes below poverty.

Hurricane Katrina decimated St. Bernard's nonprofit sector. The number of nonprofits dropped from 145 in 2000 to 88 in 2010. Nearly all revenues for health and human services organizations come from private contributions. Sixty percent of the parish's nonprofits ended the year 2010 with a positive operating margin (i.e., revenues exceeded expenses).



St. Bernard Parish Data

Demographics	2000	2010	CHANGE IN NUMBER ¹	NEW ORLEANS REGION, 2010	LOUISIANA, 2010
Total population	67,229	35,897	↘ 47%	1,167,764	4,533,372
Median age (years)	36.6	32.9	↘ 10%	37.1	35.8
Percentage under age 5	6%	8%	↘ 33%	7%	7%
Percentage school age (between 5 and 17)	19%	18%	↘ 50%	17%	18%
Percentage working age (between 18 and 64)	61%	65%	↘ 43%	65%	63%
Percentage age 65 and older	14%	9%	↘ 65%	12%	12%
Race	2000	2010	CHANGE IN NUMBER ¹	NEW ORLEANS REGION, 2010	LOUISIANA, 2010
Percentage white, non-Hispanic	84%	69%	↘ 57%	54%	60%
Percentage black or African American, non-Hispanic	8%	17%	↗ 23%	34%	32%
Percentage Hispanic	5%	9%	↘ 3%	8%	4%
Percentage Asian, non-Hispanic	1%	2%	↘ 22%	3%	2%
Percentage of all other racial-ethnic groups ²	2%	3%	↘ 7%	2%	2%
Economy	2000	2008-10	CHANGE IN NUMBER ¹	NEW ORLEANS REGION, 2008-10	LOUISIANA, 2008-10
Number of households	25,065	12,235	↘ 51%*	448,257	1,678,868
Percentage age 25 and older with a bachelor's degree or higher	9%	12%	↘ 37%*	26%	21%
Median household income (2010 constant dollars)	47,039	38,076	↘ 19%*	\$46,210	\$43,362
Percentage of households with income of \$35,000 or less	49%	47%	↘ 53%*	39%	41%
Percentage of households with income of \$200,000 or more	1%	1%	↘ 42%	4%	3%
Percentage of households with Social Security income	30%	24%	↘ 60%*	26%	28%
Average Social Security income (2010 constant dollars)	14,167	14,511	↗ 2%	\$14,502	\$13,961
Unemployment rate	5.1%	7.5%	↘ 25%*	7.4%	7.3%
Poverty	2000	2008-10	CHANGE IN NUMBER ¹	NEW ORLEANS REGION, 2008-10	LOUISIANA, 2008-10
Total number of people below poverty	8,687	4,778	↘ 45%*	185,060	778,329
Percentage of population below poverty	13%	15%	↘ 45%*	16%	18%
Percentage of children under the age of 18 below poverty	33%	22%	↘ 36%*	24%	26%
Percentage of elderly age 65 and older below poverty	11%	6%	↘ 80%*	11%	13%
Percentage of families with female householder, no husband present, below poverty	28%	29%	↘ 41%*	33%	36%
Number below 150% of poverty	14,430	9,602	↘ 33%*	296,902	1,244,352
Number below 200% of poverty	20,846	14,558	↘ 30%*	405,391	1,674,419
Health Insurance Coverage	2000	2008-10	CHANGE IN NUMBER ¹	NEW ORLEANS REGION, 2008-10	LOUISIANA, 2008-10
Total civilian noninstitutionalized population uninsured	n/a	13%	n/a	18%	18%

¹ Percentage change is calculated based on actual population counts, not percentage of population.

² Other racial-ethnic groups include Native American, Alaskan Native, Native Hawaiian or other Pacific Islander, mixed race or multiracial, and others.

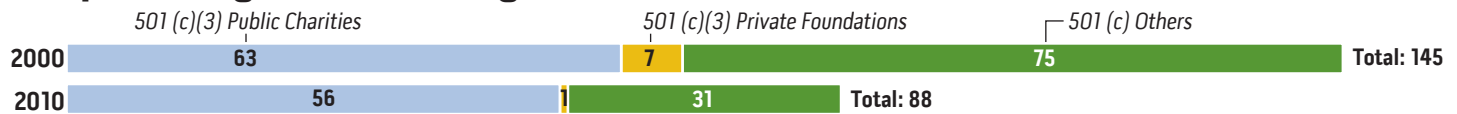
* Differences are statistically significant at the 90% confidence level.

Sources: The U.S. Census Bureau, 2000 Census was used for all year 2000 figures. The U.S. Census Bureau, 2010 Census was used for the 2010 demographics and race figures. The U.S. Census Bureau, American Community Survey, 3-year average, 2008-10 was used for the economy, poverty, and health insurance figures. The unemployment rate is from the U.S. Department of Labor, Bureau of Labor Statistics, 2000 and 2010.

Nonprofits in St. Bernard Parish

LOUISIANA

Nonprofit Organizations Registered with the IRS

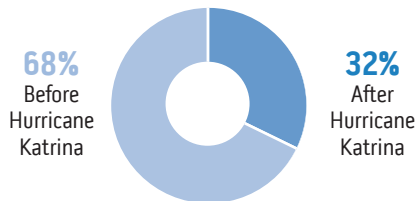


Public Charities Filing with the IRS

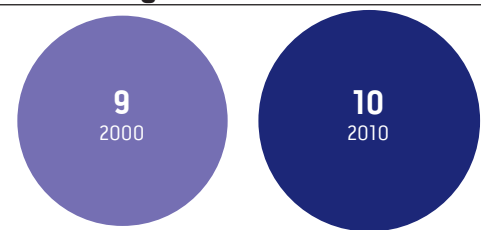
Types of Organizations



Nonprofit Founding Date¹



Number of Health and Human Services Organizations



Finances, Health and Human Service Organizations

Total revenue



Total expenses



Total assets

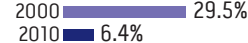


Sources of Revenue

CONTRIBUTIONS (includes government grants)



PROGRAM SERVICE REVENUE (includes government contracts)



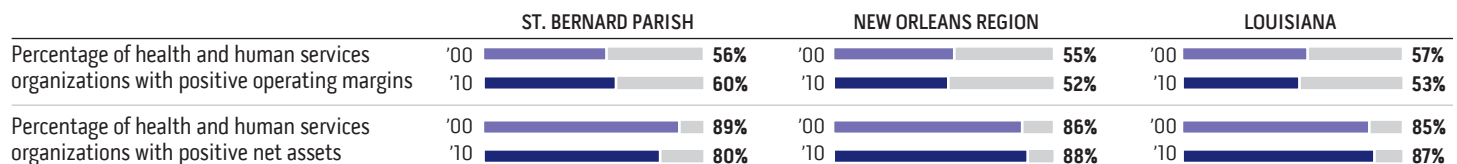
INVESTMENT INCOME



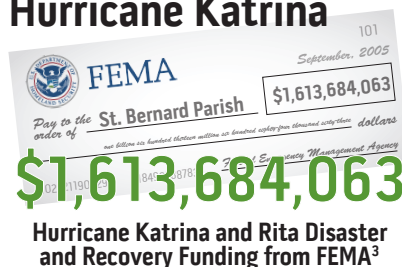
OTHER



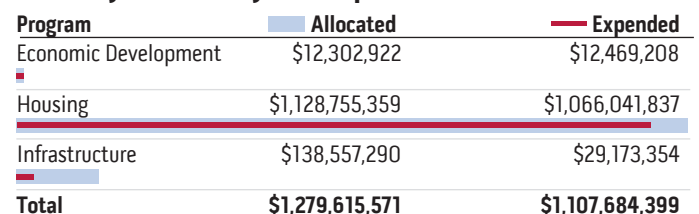
Fiscal Health of Health and Human Services



After Hurricane Katrina



Recovery Community Development Block Grant Funds



¹ The founding date is based on the date that the organization received its tax-exempt status from the Internal Revenue Service

² Adjusted for inflation and shown in 2010 constant dollars.

³ FEMA dollars include funding to government, nonprofit organizations, and individuals.

Notes: Totals may not sum to 100 percent because of rounding.

Sources: The Urban Institute, National Center for Charitable Statistics, Core Files (Public Charities, 2000 and 2010), the Internal Revenue Service, Exempt Organization Division, Business Master File (2000-2011), U.S. Federal Emergency Management Agency, "Disaster Declarations Summary," 2012, and U.S. State of Louisiana Disaster Recovery Unit, "Parish Level Katrina/Rita Recovery CDBG Program Financial Data as of 12/2010," 2012.

St. Charles Parish

LOUISIANA

St. Charles' population grew to 52,780 residents by 2010. About two-thirds are non-Hispanic white, one-quarter are African American, and the remainder are from other racial-ethnic groups. St. Charles is better off financially than other parishes in the region. In 2010, it had the highest median income, and its poverty rate was below the regional average.

St. Charles' nonprofit sector is relatively small. In 2010, 156 nonprofits were registered with the IRS. More than half are human service providers. Financial support for these organizations comes equally from private contributions and program service revenue, which includes government contracts. On average, these nonprofits are well managed. Sixty-four percent ended 2010 with positive operating margins (i.e., revenues exceeded expenditures).



St. Charles Parish Data

Demographics	2000	2010	CHANGE IN NUMBER ¹	NEW ORLEANS REGION, 2010	LOUISIANA, 2010
Total population	48,072	52,780	↗ 10%	1,167,764	4,533,372
Median age (years)	34.2	36.5	↗ 7%	37.1	35.8
Percentage under age 5	7%	7%	↗ 5%	7%	7%
Percentage school age (between 5 age 17)	23%	20%	↘ 5%	17%	18%
Percentage working age (between 18 age 64)	61%	63%	↗ 14%	65%	63%
Percentage age 65 and older	9%	10%	↗ 22%	12%	12%
Race	2000	2010	CHANGE IN NUMBER ¹	NEW ORLEANS REGION, 2010	LOUISIANA, 2010
Percentage white, non-Hispanic	71%	66%	↗ 3%	54%	60%
Percentage black or African American, non-Hispanic	25%	26%	↗ 16%	34%	32%
Percentage Hispanic	3%	5%	↗ 97%	8%	4%
Percentage Asian, non-Hispanic	<1%	1%	↗ 64%	3%	2%
Percentage of all other racial-ethnic groups ²	1%	2%	↗ 64%	2%	2%
Economy	2000	2008-10	CHANGE IN NUMBER ¹	NEW ORLEANS REGION, 2008-10	LOUISIANA, 2008-10
Number of households	16,393	18,700	↗ 14%*	448,257	1,678,868
Percentage age 25 and older with a bachelor's degree or higher	18%	21%	↗ 36%*	26%	21%
Median household income (2010 constant dollars)	59,081	61,050	↗ 3%	\$46,210	\$43,362
Percentage of households with income of \$35,000 or less	13%	29%	↘ 15%*	39%	41%
Percentage of households with income of \$200,000 or more	1%	3%	↗ 166%*	4%	3%
Percentage of households with Social Security income	22%	23%	↗ 21%*	26%	28%
Average Social Security income (2010 constant dollars)	14,082	15,748	↗ 12%*	\$14,502	\$13,961
Unemployment rate	5.2%	6.9%	↗ 39%*	7.4%	7.3%
Poverty	2000	2008-10	CHANGE IN NUMBER ¹	NEW ORLEANS REGION, 2008-10	LOUISIANA, 2008-10
Total number of people below poverty	5,424	6,683	↗ 23%	185,060	778,329
Percentage of population below poverty	11%	13%	↗ 23%	16%	18%
Percentage of children under the age of 18 below poverty	38%	17%	↗ 17%	24%	26%
Percentage of elderly age 65 and older below poverty	12%	10%	↘ 15%	11%	13%
Percentage of families with female householder, no husband present, below poverty	29%	32%	↗ 42%*	33%	36%
Number below 150% of poverty	9,473	10,803	↗ 14%	296,902	1,244,352
Number below 200% of poverty	13,377	14,486	↗ 8%	405,391	1,674,419
Health Insurance Coverage	2000	2008-10	CHANGE IN NUMBER ¹	NEW ORLEANS REGION, 2008-10	LOUISIANA, 2008-10
Total civilian noninstitutionalized population uninsured	n/a	12%	n/a	18%	18%

¹ Percentage change is calculated based on actual population counts, not percentage of population.

² Other racial-ethnic groups include Native American, Alaskan Native, Native Hawaiian or other Pacific Islander, mixed race or multiracial, and others.

* Differences are statistically significant at the 90% confidence level.

Sources: The U.S. Census Bureau, 2000 Census was used for all year 2000 figures. The U.S. Census Bureau, 2010 Census was used for the 2010 demographics and race figures. The U.S. Census Bureau, American Community Survey, 3-year average, 2008-10 was used for the economy, poverty, and health insurance figures. The unemployment rate is from the U.S. Department of Labor, Bureau of Labor Statistics, 2000 and 2010.

Nonprofits in St. Charles Parish

LOUISIANA

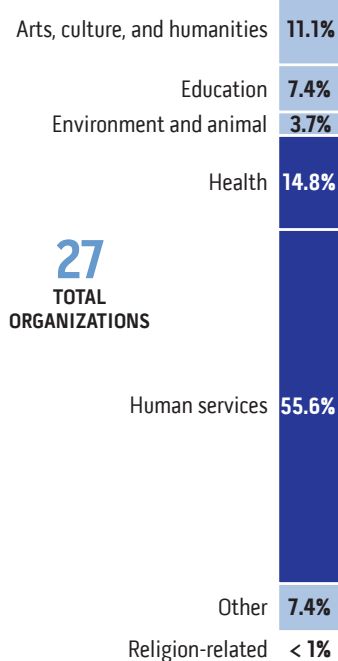
Nonprofit Organizations Registered with the IRS



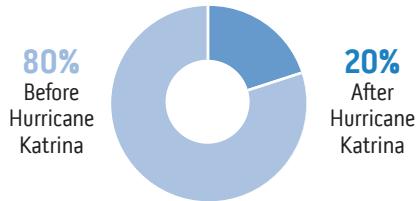
Public Charities Filing with the IRS

Types of Organizations

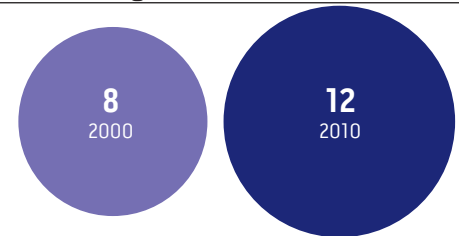
2010, percentage of total



Nonprofit Founding Date¹



Number of Health and Human Services Organizations



Finances, Health and Human Service Organizations

Total revenue



Total expenses



Total assets



Sources of Revenue

CONTRIBUTIONS (includes government grants)



PROGRAM SERVICE REVENUE (includes government contracts)



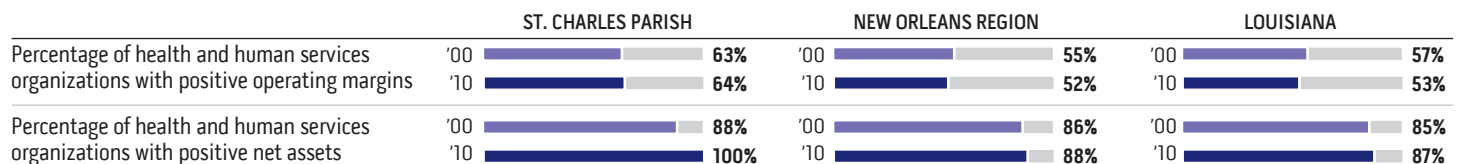
INVESTMENT INCOME



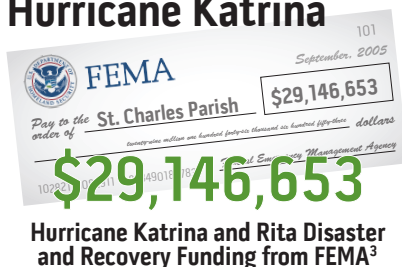
OTHER



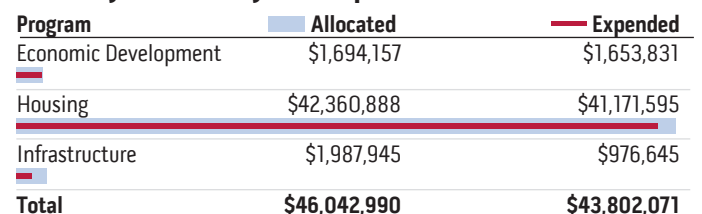
Fiscal Health of Health and Human Services



After Hurricane Katrina



Recovery Community Development Block Grant Funds



¹ The founding date is based on the date that the organization received its tax-exempt status from the Internal Revenue Service

² Adjusted for inflation and shown in 2010 constant dollars.

³ FEMA dollars include funding to government, nonprofit organizations, and individuals.

Notes: Totals may not sum to 100 percent because of rounding.

Sources: The Urban Institute, National Center for Charitable Statistics, Core Files (Public Charities, 2000 and 2010), the Internal Revenue Service, Exempt Organization Division, Business Master File (2000-2011), U.S. Federal Emergency Management Agency, "Disaster Declarations Summary," 2012, and U.S. State of Louisiana Disaster Recovery Unit, "Parish Level Katrina/Rita Recovery CDBG Program Financial Data as of 12/2010," 2012.

St. John the Baptist Parish

LOUISIANA

St. John the Baptist Parish grew to nearly 46,000 residents by 2010. Children account for 27 percent of the population; elderly comprise 10 percent. The majority of residents are African American; non-Hispanic whites account for 40 percent. Median household income in 2010 was slightly higher than the regional average, and poverty rates were slightly lower. A larger share of children is in poverty (21 percent) than elderly (15 percent).

In 2010, 119 nonprofits were registered with the IRS. Most are older, established organizations. Total revenues and expenditures roughly quadrupled during the decade, reaching almost \$3 million by 2010. One likely reason for this surge was the influx of federal FEMA funding and HUD's Community Development Block Grant recovery funds after Hurricane Katrina.



St. John the Baptist Parish Data

Demographics	2000	2010	CHANGE IN NUMBER ¹	NEW ORLEANS REGION, 2010	LOUISIANA, 2010
Total population	43,044	45,924	↗ 7%	1,167,764	4,533,372
Median age (years)	32.0	35.5	↗ 11%	37.1	35.8
Percentage under age 5	8%	7%	↘ 3%	7%	7%
Percentage school age (between 5 and 17)	23%	20%	↘ 10%	17%	18%
Percentage working age (between 18 and 64)	61%	63%	↗ 10%	65%	63%
Percentage age 65 and older	8%	10%	↗ 41%	12%	12%
Race	2000	2010	CHANGE IN NUMBER ¹	NEW ORLEANS REGION, 2010	LOUISIANA, 2010
Percentage white, non-Hispanic	51%	40%	↘ 16%	54%	60%
Percentage black or African American, non-Hispanic	45%	53%	↗ 27%	34%	32%
Percentage Hispanic	3%	5%	↗ 77%	8%	4%
Percentage Asian, non-Hispanic	<1%	1%	↗ 41%	3%	2%
Percentage of all other racial-ethnic groups ²	1%	1%	↗ 49%	2%	2%
Economy	2000	2008-10	CHANGE IN NUMBER ¹	NEW ORLEANS REGION, 2008-10	LOUISIANA, 2008-10
Number of households	14,250	15,948	↗ 12%*	448,257	1,678,868
Percentage age 25 and older with a bachelor's degree or higher	13%	15%	↗ 33%*	26%	21%
Median household income (2010 constant dollars)	51,642	48,393	↘ 6%	\$46,210	\$43,362
Percentage of households with income of \$35,000 or less	45%	36%	↘ 9%*	39%	41%
Percentage of households with income of \$200,000 or more	1%	1%	↗ 152%	4%	3%
Percentage of households with Social Security income	20%	28%	↗ 60%*	26%	28%
Average Social Security income (2010 constant dollars)	13,634	14,690	↗ 8%	\$14,502	\$13,961
Unemployment rate	6.4%	10.1%	↗ 65%*	7.4%	7.3%
Poverty	2000	2008-10	CHANGE IN NUMBER ¹	NEW ORLEANS REGION, 2008-10	LOUISIANA, 2008-10
Total number of people below poverty	7,114	6,542	↘ 8%	185,060	778,329
Percentage of population below poverty	17%	14%	↘ 8%	16%	18%
Percentage of children under the age of 18 below poverty	41%	21%	↘ 11%	24%	26%
Percentage of elderly age 65 and older below poverty	18%	15%	↗ 16%	11%	13%
Percentage of families with female householder, no husband present, below poverty	38%	30%	↘ 2%*	33%	36%
Number below 150% of poverty	11,202	11,241	↗ <1%	296,902	1,244,352
Number below 200% of poverty	15,618	15,519	↘ 1%	405,391	1,674,419
Health Insurance Coverage	2000	2008-10	CHANGE IN NUMBER ¹	NEW ORLEANS REGION, 2008-10	LOUISIANA, 2008-10
Total civilian noninstitutionalized population uninsured	n/a	17%	n/a	18%	18%

¹ Percentage change is calculated based on actual population counts, not percentage of population.

² Other racial-ethnic groups include Native American, Alaskan Native, Native Hawaiian or other Pacific Islander, mixed race or multiracial, and others.

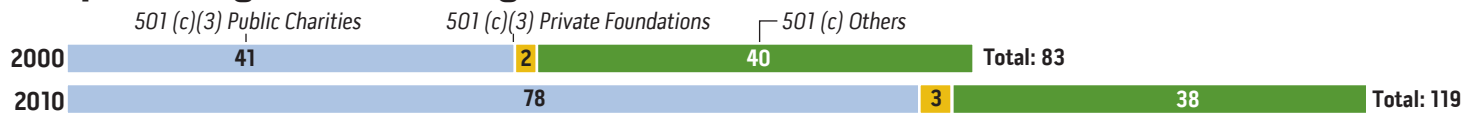
* Differences are statistically significant at the 90% confidence level.

Sources: The U.S. Census Bureau, 2000 Census was used for all year 2000 figures. The U.S. Census Bureau, 2010 Census was used for the 2010 demographics and race figures. The U.S. Census Bureau, American Community Survey, 3-year average, 2008-10 was used for the economy, poverty, and health insurance figures. The unemployment rate is from the U.S. Department of Labor, Bureau of Labor Statistics, 2000 and 2010.

Nonprofits in St. John the Baptist Parish

LOUISIANA

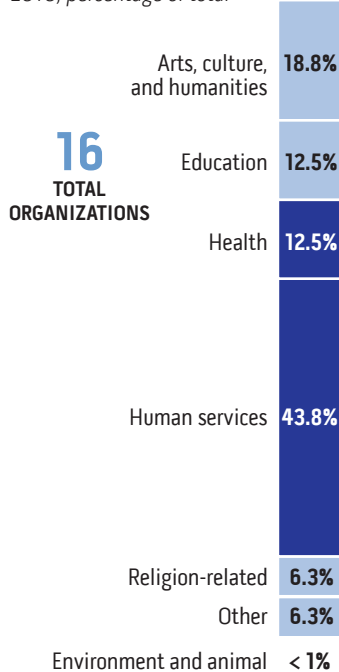
Nonprofit Organizations Registered with the IRS



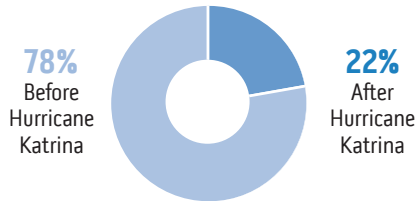
Public Charities Filing with the IRS

Types of Organizations

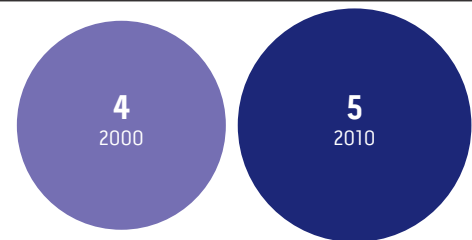
2010, percentage of total



Nonprofit Founding Date¹



Number of Health and Human Services Organizations



Finances, Health and Human Service Organizations

Total revenue



Total expenses

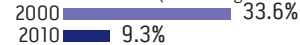


Total assets



Sources of Revenue

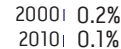
CONTRIBUTIONS (includes government grants)



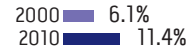
PROGRAM SERVICE REVENUE (includes government contracts)



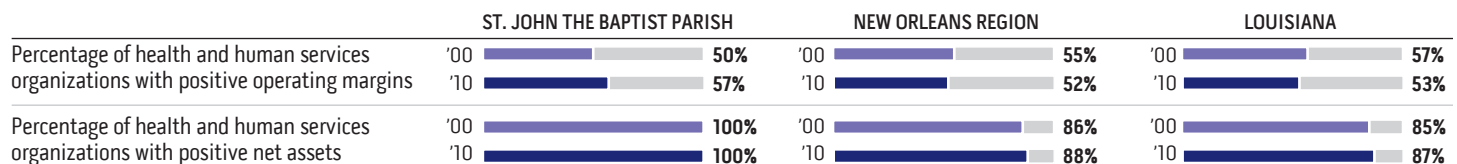
INVESTMENT INCOME



OTHER



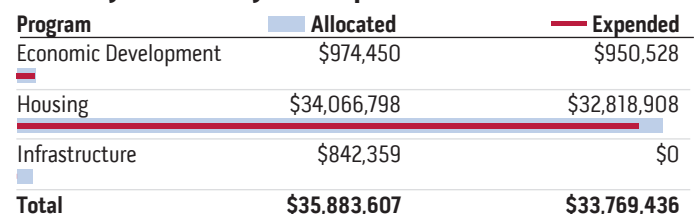
Fiscal Health of Health and Human Services



After Hurricane Katrina



Recovery Community Development Block Grant Funds



¹ The founding date is based on the date that the organization received its tax-exempt status from the Internal Revenue Service

² Adjusted for inflation and shown in 2010 constant dollars.

³ FEMA dollars include funding to government, nonprofit organizations, and individuals.

Notes: Totals may not sum to 100 percent because of rounding.

Sources: The Urban Institute, National Center for Charitable Statistics, Core Files (Public Charities, 2000 and 2010), the Internal Revenue Service, Exempt Organization Division, Business Master File (2000-2011), U.S. Federal Emergency Management Agency, "Disaster Declarations Summary," 2012, and U.S. State of Louisiana Disaster Recovery Unit, "Parish Level Katrina/Rita Recovery CDBG Program Financial Data as of 12/2010," 2012.

St. Tammany Parish

LOUISIANA

With more than a quarter million people, St. Tammany is the third most populous parish in the New Orleans region. The population grew by 22 percent between 2000 and 2010. Median household income dropped 5 percent during the decade, but was still above the regional average. The parish's poverty rate held steady at 10 percent, but the number of people in poverty grew to 21,600.

With 804 nonprofits, St. Tammany has the third largest nonprofit sector in the region. Growth in health and human service providers outpaced growth in revenue (13 percent versus 0.7 percent). On average, St. Tammany's nonprofits struggled financially. Forty-four percent ended 2010 with positive operating margins (i.e., revenues exceeded expenditures), compared with 52 percent for the region.



St. Tammany Parish Data

Demographics	2000	2010	CHANGE IN NUMBER ¹	NEW ORLEANS REGION, 2010	LOUISIANA, 2010
Total population	191,268	233,740	↗ 22%	1,167,764	4,533,372
Median age (years)	36.3	39.3	↗ 8%	37.1	35.8
Percentage under age 5	7%	7%	↗ 12%	7%	7%
Percentage school age (between 5 and 17)	21%	19%	↗ 10%	17%	18%
Percentage working age (between 18 and 64)	62%	62%	↗ 22%	65%	63%
Percentage age 65 and older	10%	13%	↗ 55%	12%	12%
Race	2000	2010	CHANGE IN NUMBER ¹	NEW ORLEANS REGION, 2010	LOUISIANA, 2010
Percentage white, non-Hispanic	85%	81%	↗ 15%	54%	60%
Percentage black or African American, non-Hispanic	10%	11%	↗ 41%	34%	32%
Percentage Hispanic	2%	5%	↗ 132%	8%	4%
Percentage Asian, non-Hispanic	<1%	1%	↗ 106%	3%	2%
Percentage of all other racial-ethnic groups ²	2%	2%	↗ 56%	2%	2%
Economy	2000	2008-10	CHANGE IN NUMBER ¹	NEW ORLEANS REGION, 2008-10	LOUISIANA, 2008-10
Number of households	69,281	87,602	↗ 26%*	448,257	1,678,868
Percentage age 25 and older with a bachelor's degree or higher	28%	30%	↗ 33%*	26%	21%
Median household income (2010 constant dollars)	62,672	59,508	↘ 5%	\$46,210	\$43,362
Percentage of households with income of \$35,000 or less	36%	29%	↗ 2%	39%	41%
Percentage of households with income of \$200,000 or more	3%	5%	↗ 118%*	4%	3%
Percentage of households with Social Security income	23%	28%	↗ 56%*	26%	28%
Average Social Security income (2010 constant dollars)	14,934	15,241	↗ 2%	\$14,502	\$13,961
Unemployment rate	4.0%	5.7%	↗ 62%*	7.4%	7.3%
Poverty	2000	2008-10	CHANGE IN NUMBER ¹	NEW ORLEANS REGION, 2008-10	LOUISIANA, 2008-10
Total number of people below poverty	18,336	21,632	↗ 18%	185,060	778,329
Percentage of population below poverty	10%	10%	↗ 18%	16%	18%
Percentage of children under the age of 18 below poverty	36%	12%	↗ 8%	24%	26%
Percentage of elderly age 65 and older below poverty	10%	9%	↗ 36%*	11%	13%
Percentage of families with female householder, no husband present, below poverty	29%	21%	↗ 7%	33%	36%
Number below 150% of poverty	31,466	38,964	↗ 24%*	296,902	1,244,352
Number below 200% of poverty	46,669	57,423	↗ 23%*	405,391	1,674,419
Health Insurance Coverage	2000	2008-10	CHANGE IN NUMBER ¹	NEW ORLEANS REGION, 2008-10	LOUISIANA, 2008-10
Total civilian noninstitutionalized population uninsured	n/a	15%	n/a	18%	18%

¹ Percentage change is calculated based on actual population counts, not percentage of population.

² Other racial-ethnic groups include Native American, Alaskan Native, Native Hawaiian or other Pacific Islander, mixed race or multiracial, and others.

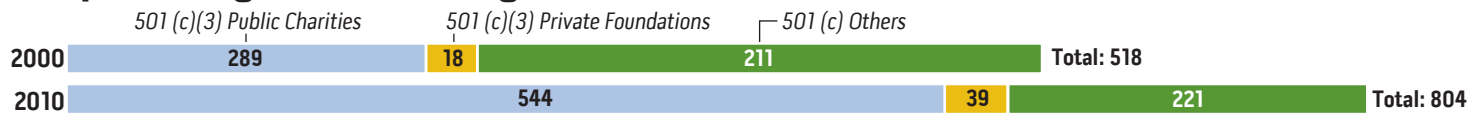
* Differences are statistically significant at the 90% confidence level.

Sources: The U.S. Census Bureau, 2000 Census was used for all year 2000 figures. The U.S. Census Bureau, 2010 Census was used for the 2010 demographics and race figures. The U.S. Census Bureau, American Community Survey, 3-year average, 2008-10 was used for the economy, poverty, and health insurance figures. The unemployment rate is from the U.S. Department of Labor, Bureau of Labor Statistics, 2000 and 2010.

Nonprofits in St. Tammany Parish

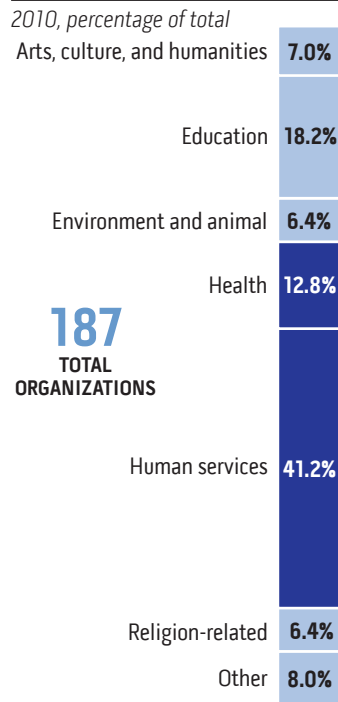
LOUISIANA

Nonprofit Organizations Registered with the IRS

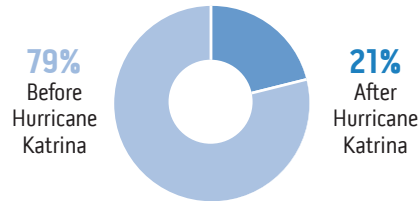


Public Charities Filing with the IRS

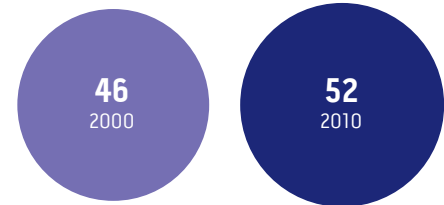
Types of Organizations



Nonprofit Founding Date¹



Number of Health and Human Services Organizations



Finances, Health and Human Service Organizations

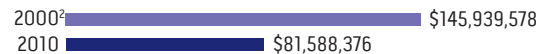
Total revenue



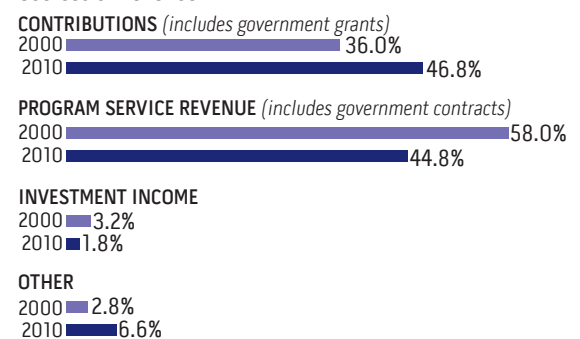
Total expenses



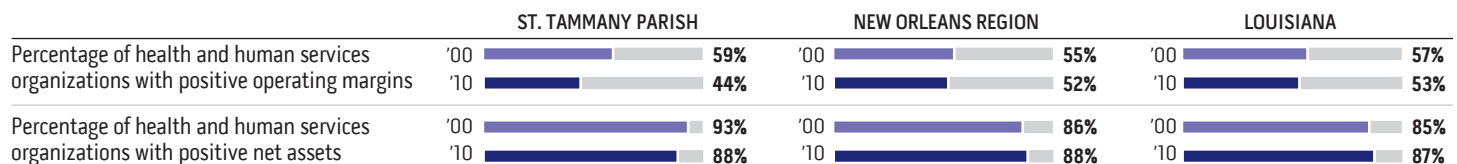
Total assets



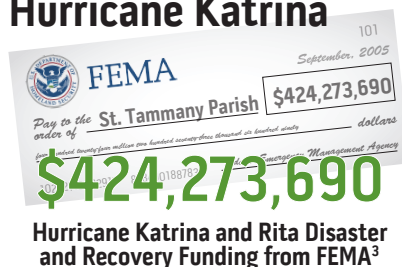
Sources of Revenue



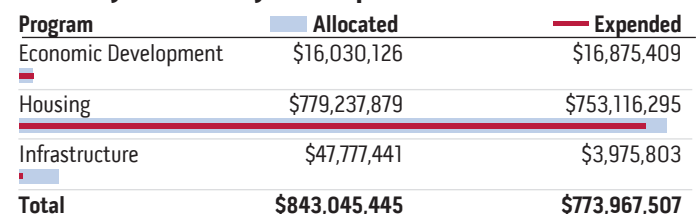
Fiscal Health of Health and Human Services



After Hurricane Katrina



Recovery Community Development Block Grant Funds



¹ The founding date is based on the date that the organization received its tax-exempt status from the Internal Revenue Service

² Adjusted for inflation and shown in 2010 constant dollars.

³ FEMA dollars include funding to government, nonprofit organizations, and individuals.

Notes: Totals may not sum to 100 percent because of rounding.

Sources: The Urban Institute, National Center for Charitable Statistics, Core Files (Public Charities, 2000 and 2010), the Internal Revenue Service, Exempt Organization Division, Business Master File (2000-2011), U.S. Federal Emergency Management Agency, "Disaster Declarations Summary," 2012, and U.S. State of Louisiana Disaster Recovery Unit, "Parish Level Katrina/Rita Recovery CDBG Program Financial Data as of 12/2010," 2012.