Form **990**

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

Except black lung benefit trust or private foundation)
 ► The organization may have to use a copy of this return to satisfy state reporting requirements.

2011

2:Openito Rublic.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

<u>A</u>	For the 2	011 calen	dar year, or tax year beginning , 2011, and ending				 	
В	Check if app	olicable:	C	D Employ	er Identificat	tion Number		
	Address	s change	LOWERNINE.ORG	11-3	382160	1		
	Name of	•	6018 EL DORADO STREET	E Telepho				
	 	•	NEW ORLEANS, LA 70117	504.	-278-1	240		
	Initial r			304	2/0-1/	240		
	Termin	ated						
	Amend	ed return		G Gross re	eceipts \$	234,	264.	
	Applica	ation pending	F Name and address of principal officer: WILLIAM ROBINSON H(a) Is	this a group retur	n for affiliates	s? Yes	X No	
				all affiliates incl		Yes	No.	
$\overline{1}$	Tax-exem	nt status	X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527	No,' attach a list.	(see instruct	ions)		
<u>-</u>				aun avametian m	umbar 🕨			
<u></u>	Websit			oup exemption nu		MTP		
K			X Corporation Trust Association Other ► L Year of Formation: 2	UU/ Wis	tate of legal	domicile: ME		
Pa		Summar						
			be the organization's mission or most significant activities: LOWERNINE.OR					
a)	TF	RAINING	RESIDENTS AND VOULUNTEERS IN THE LOWER NINTH WARL	OF NEW_	ORLEAN	<u> </u>		
ű	1.0	DUTSTAN	A IN THE NUMEROUS SKILLS NECESSARY TO BRING THIS (CENTURY-C	DLD NE	GHBORHO	OD	
I.			LIFE IN THE WAKE OF HURRRICANES KATRINA AND RITA.					
Ş.	2 Ch	eck this ho	if the organization discontinued its operations or disposed of more that	n 25% of its	net assets	_		
ၓ	3 Nu	mher of vo	ting members of the governing body (Part VI, line 1a)		3		6	
•ಶ	4 Nu	mber of in	dependent voting members of the governing body (Part VI, line 1b)		4		6	
<u>ië</u>			of individuals employed in calendar year 2011 (Part V, line 2a)		5		6	
Activities & Governance			of volunteers (estimate if necessary)		6		1,100	
Ac			ed business revenue from Part VIII, column (C), line 12		7a		0.	
			business taxable income from Form 990-T, line 34		7 b		0.	
	D 140	t dili ciatoc	pusiness taxable meetre norm compass of mice	Prior Year		Current Ye		
	• 0-	a tuita i iti a aa a	and grants (Part VIII, line 1h)	361,2	00		555.	
<u>o</u>				301,2	.00.		747.	
Revenue			vice revenue (Part VIII, line 2g)			, , ,	512.	
ě			come (Part VIII, column (A), lines 3, 4, and 7d)				J12.	
Œ			e (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	361,2	000	222	011	
			e – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	361,2	.00.	233,	814.	
			milar amounts paid (Part IX, column (A), lines 1-3)				······································	
	14 Ber	nefits paid	to or for members (Part IX, column (A), line 4)					
	15 Sal	laries, othe	er compensation, employee benefits (Part IX, column (A), lines 5-10)	108,0	138.	63,	481.	
68			fundraising fees (Part IX, column (A), line 11e)					
Expenses	1							
Š			sing expenses (Part IX, column (D), line 25)▶			164 040		
ш			ses (Part IX, column (A), lines 11a-11d, 11f-24e)	307,9			848.	
	18 Tot	tal expens	es. Add lines 13-17 (must equal Part IX, column (A), line 25)	415,9	97.		329.	
	19 Re	venue less	expenses. Subtract line 18 from line 12	-54,7	97.	5,	485.	
¥ %				nning of Currer	nt Year	End of Ye	ar	
Net Assets or Fund Balances	20 Tot	tal accate	(Part X, line 16)	101,4			804.	
Bals			ss (Part X, line 26).		86.		511.	
a g	i					104	293.	
TT 12 11 12 1	AND THE RESERVE AND ADDRESS.		fund balances. Subtract line 21 from line 20	98,8	00.	104,	293.	
		<u>Signatuı</u>						
Und	der penalties	of perjury, I o	leclare that I have examined this return, including accompanying schedules and statements, and to the bes arer (other than officer) is based on all information of which preparer has any knowledge.	t of my knowledge	e and belief, i	it is true, correct	t, and	
con	nplete. Decla	ration of prep	arer (other than officer) is based on an information of which preparer has any knowledge.					
Sig	an	Signatu	re of officer	Date				
He	re	WIL	LIAM ROBINSON VALLE PR	ESIDENT_				
		Type or	print name and title.					
		Print/Type t	oreparer's name Repares sonators DV Date	Check	if PTII	ν		
_		1	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	2 self-employ	ے ا	1218736		
Pa				3cm-employ	120.			
	eparer	Firm's nam			> 20 40	01470		
US	se Only	Firm's addr		Firm's EIN	▶ 20-49			
		ļ <u> </u>	MANDEVILLE, LA 70448-7018	Phone no. (985) 626-8299				
Ma	y the IRS	discuss th	nis return with the preparer shown above? (see instructions)		<u> </u>	X Yes	No	

(Rev January 2012

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

File a separate application for each return.

OMB No. 1545-1709

Department of the Treasury Internal Revenue Service If you are filing for an Automatic 3-Month Extension, complete only Part and check this box..... If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part ton page 2 of this form). Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868. Electronic filing (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visitwww.irs.gov/efile and click on e-file for Charities & Nonprofits. Randle Automatic 3-Month Extension of Time. Only submit original (no copies needed). A corporation required to file Form 990-T and requesting an automatic 6-month extension- check this box and complete Part I only..... All other corporations (including 1120-C filers), partnerships, REMICS, and trusts must use Form 7004 to request an extension of time to file income tax returns. Enter filer's identifying number, see instructions Employer identification number (EIN) or Name of exempt organization or other filer, see instructions. Type or print 11-3821601 LOWERNINE.ORG Social security number (SSN) Number, street, and room or suite number. If a P.O. box, see instructions. File by the due date for filing your return. See 6018 EL DORADO STREET City, town or post office, state, and ZIP code. For a foreign address, see instructions. instructions NEW ORLEANS, LA 70117 Enter the Return code for the return that this application is for (file a separate application for each return)..... 01 Return **Application** Return Application ls For Code Code Is For 07 Form 990-T (corporation) 01 Form 990 80 Form 1041-A 02 Form 990-BL 09 Form 4720 01 Form 990-EZ 10 04 Form 5227 Form 990-PF 11 05 Form 6069 Form 990-T (section 401(a) or 408(a) trust) 12 Form 8870 Form 990-T (trust other than above) The books are in the care of LAURA PAUL Telephone No.. ► 504-278-1240_____ FAX No. ►___ If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box.... ▶ ☐. If it is for part of the group, check this box... ▶ ☐ and attach a list with the names and EINs of all members the extension is for. 1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 8/15 , 20 12 , to file the exempt organization return for the organization named above. The extension is for the organization's return for: X calendar year 20 11 or tax year beginning _____, 20 ___, and ending _____, 20 ___. 2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return | |Final return Change in accounting period 3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any 0. 3a|\$ nonrefundable credits. See instructions.... b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax 3b \$ payments made. Include any prior year overpayment allowed as a credit. . c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. 0. 3c|\$ Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for

payment instructions.

Earm 006	8 (Rev 1-2012)				Page 2					
- H WOLL	are filing for an Additional (Not Automatic) 3-Mon	nth Extension	n, complete only Part Hand check th	is box	 ► X					
N-4- Only	y complete Part II if you have already been grante	ed an automa	atic 3-month extension on a previou	ısly filed Form 8868.						
Note. On	are filing for an Automatic 3-Month Extension, co	omplete only	Part Ion page 1).							
n you	Additional (Not Automatic) 3-Month Ex	tension of	Time. Only file the original	(no copies needed).						
ILEG ((CBI))	Additional (Not Automatic) & ments		Enter filer'	s identifying number, see ii	nstructions					
	Name of exempt organization or other filer, see instructions.			Employer identification number (El						
	Manie of exempt organization and an arrangement of the control of									
Type or	LOWERNINE.ORG			X 11-3821601						
print	Number, street, and room or suite number. If a P.O. box, see in	Social security number (SSN)								
File by the extended	SILVA, GURTNER & ABNEY, CPA LI									
due date for	200-B GREENLEAVES BLVD									
return. See instructions.	City, town or post office, state, and ZIP code. For a foreign address, see instructions.									
msuccions.	MANDEVILLE, LA 70448-7018									
Enter the	Return code for the return that this application is	for (file a set	parate application for each return).		01					
Line are	TOTAL TOTAL TOTAL									
Application	nn.	Return	Application		Return					
Application Is For		Code	Is For		Code					
Form 990		01	A contract of the second							
Form 990	BL	02	Form 1041-A		8					
Form 990		01	Form 4720		09					
Form 990	PF	04	Form 5227		10					
	T (section 401(a) or 408(a) trust)	05	Form 6069		11					
	T (trust other than above)	06	Form 8870		12					
Teleph • If the	ooks are in care of ► LAURA_PAUL	FAX No. ► ousiness in th	h Fixemption Number (GEIX)	- , If this i	5 101 1110					
	the extension is for.	3 , ,								
5 For 6 If th 7 Stat GA	quest an additional 3-month extension of time unt calendar year 2011 , or other tax year beginned tax year entered in line 5 is for less than 12 monopole in accounting period the extension. TAX THER INFORMATION NECESSARY TO F	onths, check r	SPECTFULLY REQUESTS ALE	DDITIONAL TIME TO						
noni	is application is for Form 990-BL, 990-PF, 990-T, refundable credits. See instructions.	COCO optor	any refundable credits and estimat	ed tax in the second						
payı with	Form 8868		with this form if required, by using	8b\$						
c Bala EFT	PS (Electronic Federal Tax Fayment System): 03	70 1110 (1 610 (1-1)	st be completed for Part II o							
Under penalt	Signature and Verification of perjury, I declare that I have examined this form, including a complete, and they am authorized to prepare this form.	accompanying sch	nedules and statements, and to the best of my	knowledge and belief, it is true,	/					
Signature	complete, and they am authorized to prepare this form.	· CH	2/	Date Dikil	12 Rev 1 2012					
219.10 8460	- Leaves	E1E70500	07/29/11	Form 8868 (F	10 1.5017)					

FIFZ0502L 07/29/11

Form	9 90 (2011)	LOWERNINE.ORG		11-38	21601 Page 2
Par	till. Stat	ement of Program Sen	rice Accomplishments		
(12 × 12 × 12	Chec	k if Schedule O contains a re	esponse to any question in this Part	III	
1	Briefly descr LOWERNII WARD OF	ribe the organization's mission NE.ORG IS DEDICATE NEW ORLEANS. LOUI	on: D_TO_TRAINING_RESIDENTS SIANA IN THE NUMEROUS_S	S AND VOULUNTEERS IN THE SKILLS NECESSARY TO BRIN KE OF HURRRICANES KATRIN	LOWER NINTH
	Form 990 or If 'Yes,' des	990-EZ?cribe these new services on	Schedule O.	ear which were not listed on the prior	Yes X No
	If 'Yes,' des	cribe these changes on Sche	dule O.	conducts, any program services?	
4	Section 501	(c)(3) and 501(c)(4) organiza	vice accomplishments for each of its tions and section 4947(a)(1) trusts a if any, for each program service rep	three largest program services, as mare required to report the amount of goorted.	easured by expenses. rants and allocations to
4 <i>a</i>	RECONST) (Expenses \$_RUCTION OF HOUSING ARD NEIGHBORHOODS.	199,944. including grants of DESTROYED BY HURRICANE	\$)(Revenue E KATRINA TO HELP RESURE	
4t	(Code:) (Expenses \$	including grants of	\$) (Revenue	\$
40	Code:) (Expenses \$	including grants of	\$) (Revenue	\$)
40		ram services. (Describe in Sc		\ (Payanya ¢	\
40	(Expenses e Total progr	\$ am service expenses ►	including grants of \$ 199,944.) (Revenue \$	· · · · · · · · · · · · · · · · · · ·
					E 000 (0011)

Part IV Checklist of Required Schedules Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation) if 'Yes,' complete 1 X Χ 2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?..... Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I..... 3 3 Χ 4 Χ Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If 'Yes,' complete Schedule C, Part III... 5 Χ Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, 6 Χ Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If 'Yes,' complete Schedule D, Part II..... Χ 7 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' X 8 complete Schedule D, Part III..... Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete X 9 Schedule D, Part IV..... 10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, Х permanent endowments, or quasi-endowments? If 'Yes,' complete Schedule D, Part V. 10 If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VIII, IX, or X as applicable. a Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule X 11a b Did the organization report an amount for investments- other securities in Part X, line 12 that is 5% or more of its total Χ 11b assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII..... c Did the organization report an amount for investments- program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII Χ 11 c d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part IX..... Χ 11d X e Did the organization report an amount for other liabilities in Part X, line 25?/f 'Yes,' complete Schedule D, Part X..... 11e f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)?If 'Yes,' complete Schedule D, Part X... Χ 11 f 12a Did the organization obtain separate, independent audited financial statements for the tax year?If 'Yes,' complete Schedule D, Parts XI, XII, and XIII. Χ 12a b Was the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional Χ 12b Χ 13 13 Is the organization a school described in section 170(b)(1)(A)(ii)?If 'Yes,' complete Schedule E...... Χ 14a 14a Did the organization maintain an office, employees, or agents outside of the United States? . . . **b** Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? *If 'Yes,' complete Schedule F, Parts I and IV*..... 14b Χ Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If 'Yes,' complete Schedule F, Parts II and IV..... Χ 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If 'Yes,' complete Schedule F, Parts III and IV..... 16 Χ Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I (see instructions)..... Χ 17 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II. X 18 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a% 'Yes,' Χ 19 complete Schedule G, Part III..... Χ 20 20 a Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H..... b If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?..... 20b

Form 990 (2011) LOWERNINE , ORG

Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response to any question in this Part V.			· · · · · · ·	Ш
		i	Tank must treat be	Yes	No
1 a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a			
h	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b			
	Did the organization comply with backup withholding rules for reportable payments to vendor	s and reportable gaming			
С	(gambling) winnings to prize winners?		1c	X	en sagan
٥.	Turbus the number of employees reported on Form W-3. Transmittal of Wage and Tax State-				
	ments, filed for the calendar year ending with or within the year covered by this returns the	2a (- Schoolsen a		
b	If at least one is reported on line 2a, did the organization file all required federal employmen	t tax returns?	2b	X	estimaci.
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required toe-file. (see ins	tructions)			
За	Did the organization have unrelated business gross income of \$1,000 or more during the yea	ır?	3a		<u>X</u>
b	If 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule O.		3b		
	At any time during the calendar year, did the organization have an interest in, or a signature financial account in a foreign country (such as a bank account, securities account, or other f	or other authority over, a	4a		Х
	If 'Yes,' enter the name of the foreign country:				
~	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and F	inancial Accounts.			
5.2	Was the organization a party to a prohibited tax shelter transaction at any time during the ta	x year?	5 a		<u>X</u>
Ja	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelf	er transaction?	5 b		X
	If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?		5с		
				l	
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, a solicit any contributions that were not tax deductible?		6a		X
h	If 'Yes,' did the organization include with every solicitation an express statement that such c	ontributions or gifts were			
	not tax deductible?		6 b		
7	Organizations that may receive deductible contributions under section 170(c).				
•	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly as a c	partly for goods and			
	services provided to the payor?		7a		X
b	If 'Yes,' did the organization notify the donor of the value of the goods or services provided?		7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for w	hich it was required to file	7c	1	Х
	Form 8282?	7d	***		934
d	If 'Yes,' indicate the number of Forms 8282 filed during the year		7e		X
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal	nefit contract?	7f		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal ber	ion file Form 8899			
g	If the organization received a contribution of qualified intellectual property, did the organizat as required?		. 7g		
L	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the	e organization file a			
r	Form 1098-C?		7h		
	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) support	ing organizationSid the			
٥			8		
	holdings at any time during the year?				33 04
9	Sponsoring organizations maintaining donor advised funds.		. 9a	a Paris and Security Co.	A #880 FT /-
а	Did the organization make any taxable distributions under section 4966?		9 b		
	Did the organization make a distribution to a donor, donor advisor, or related person?				234
10	Section 501(c)(7) organizations.Enter:	10a			
ā	Initiation fees and capital contributions included on Part VIII, line 12	10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities				
11	Section 501(c)(12) organizations.Enter:	11a			
á	Gross income from members or shareholders	i i a			1
	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b			
12	a Section 4947(a)(1) nonexempt charitable trusts.Is the organization filing Form 990 in lieu o	f Form 1041?	12a		elacas.
i	o If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year	12b			
13	Section 501(cY29) qualified nonprofit health insurance issuers.		12-		1075
i	a Is the organization licensed to issue qualified health plans in more than one state?		13a		1,000.1
	Note. See the instructions for additional information the organization must report on Schedu	ule O.			
ı	b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
	which the organization is licensed to issue qualified health plans	13c			
	c Enter the amount of reserves on hand	130	. 14a	A CASTERNATION	X
14	a Did the organization receive any payments for indoor tanning services during the tax year?	Schedule O	14b		†
	b If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in	Outouro O	Forn	n 990	(201

Form 990 (2011) LOWERNINE.ORG

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

Check if Schedule O contains a response to any question in this Part VII.

Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of 'key employee.'
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

Check this box if neither the organization	on nor any	relate	d or	gan	zati	on co	mpe	nsated any current of	ficer, director, or trust	ee.	
(A) Name and title	(B) Average hours per week	(do no	t chec	Posi k mo son is	tion re that both	an one an offic ustee)	box.	(D) Reportable compensation from the organization	(E) Reportable	(F) Estimated amount of other compensation	
	(describe hours for related organiza- tions in Schedule O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	related organizations (W-2/1099-MISC)	from the organization and related organizations	
(1) BEVERLY NICHOLS								0	0	0.	
TREASURER	3	X		X				0.	0.		
(2) SUSIE NACCO SECRETARY	3	X		X				0.	0.	0.	
(3) WILLIAM ROBINSON	1	1									
PRESIDENT	3	X		Х				0.	0.	0.	
(4) ELIZABETH CASTON	_						ŀ	_		0	
BOARD MEMBER	3	X					-	0.	0.	0.	
_(5) PAUL_EISEMANN		\ ,						0.	0.	0.	
BOARD MEMBER	3	X	 			 	\vdash	0.		,	
_(6)_JULIA_MCNABB BOARD_MEMBER	3	X				i		0.	0.	0.	
(7) LAURA PAUL											
EXECUTIVE DIR.	50_		ļ	X			_	39,833.	0.	0.	
(9)	-										
(10)											
<u></u>	_										
(12)	-										
(13)	_										
(14)	-										

Part VII Section A. Officers, Directors, Tru	<u> </u>	(Uy I	-111)) Pio) ()	· • • •	<u> </u>	ingilost coll	Politonio a milip	loyees (cont)
(A) Name and title	(B) Average hours	office	not ch unles er and	Posi	ition more rson i irecto	s both r/trus	n an tee)	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation
	per week (describ e hours for related organi- zations in Sch O)	rustee	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	related organizations (W-2/1099-MISC)	from the organization and related organizations
15)	-									
[6]	-									
7)	-									
8)										
9)										
0)										
2)	_									
3)										
24)										
25)										
1b Sub-total c Total from continuation sheets to Part VII, Secti d Total (add lines 1b and 1c)	on A						A A	39,833. 0. 39,833.	0	
2 Total number of individuals (including but not lim from the organization ► 0	nited to th	nose I	liste	d al	bove	e) wi	no re	ceived more than	n \$100,000 of repo	
 3 Did the organization list any former officer, direction line 1a? If 'Yes,' complete Schedule J for such the organization and related organizations great such individual. 5 Did any person listed on line 1a receive or accrufor services rendered to the organization? If 'Yes 	f reportal er than \$	ble cc	omp:	ens	atio	n an com	d oth	ner compensation Schedule J for	n from	Control Lands Color Bridge
1 Complete this table for your five highest comper compensation from the organization. Report cor	nsated in	deper	nder the	nt co	ontra lend	acto ar y	rs the	at received more ending with or wit	than \$100,000 of hin the organizatio	n's tax year.
(A) Name and business add								1 (B) n of services	(C) Compensation
				_						
2 Total number of independent contractors (include \$100,000 in compensation from the organization	ding but i n► 0	not Iir	nite	d to	tho	se l	isted	above) who rece	eived more than	
4.00/000		TEE	A010)8L (07/06	/11				Form 990 (2

Par F	LVI	Statement of Rev	enue		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS	b c d e	Federated campaigns Membership dues	1 b 1 c 1 d ons)1 e	68,760.				
D OTH		similar amounts not included a Noncash contributions included		88,795.				
	h	Total. Add lines 1a-1f			157,555.	74.480		
N CE				Business Code	74,480.	74,480.	# 12 A A A A A A A A A A A A A A A A A A	
ÉVE		MEETINGS/DONOR RELACOMMUNITY GARDEN P		900099 111000	1,267.			
PROGRAM SERVICE REVENUE	c d e	COMMONITI GARDEN FI		111000				
OGRA	f	All other program service	e revenue		75,747.			
<u> </u>		Total. Add lines 2a-2f. Investment income (incl						2
		other similar amounts).			2.			2.
	4 5	Income from investment Royalties						
	5	Noyalties	(i) Real	(ii) Personal				
	6a	Gross rents						
	b	Less: rental expenses						15
		Rental income or (loss)						
	d	Net rental income or (lo ا	(i) Securities	(ii) Other				
	7 a	Gross amount from sales of assets other than inventory.	(1) Godania	960.				
	b	Less: cost or other basis and sales expenses.		450.				
		Gain or (loss)		510.	510.			510.
		Net gain or (loss)						
OTHER REVENUE	8 <i>a</i>	Gross income from fund (not including. \$ of contributions reporte		-				
RE		See Part IV, line 18		a				Bit was
H.		Less: direct expenses .		b				
٥	c	Net income or (loss) fro	om fundraising	events •				
		Gross income from gan See Part IV, line 19						
	l	Less: direct expenses . : Net income or (loss) fro		_				
		Gross sales of inventor						
		and allowances		a				
		Less: cost of goods sol						
		: Net income or (loss) fro Miscellaneous Reven		Business Code				
	118						STATE OF THE PARTY	
	ļ .	'		1				
		`						
		All other revenue						
		Total. Add lines 11a-11			233,814	. 75,747	0	512.
	12	Total revenue. See inst	Tuctions		200,011		<u> </u>	Farm 900 (2011)

Page **10**

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

			··		
	Check if Schedule O contains a re	(A)	in this Part IX(B) Program service	(C) Management and	(D) Fundraising
	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	Total expenses	expenses	general expenses	expenses
1	Grants and other assistance to governments and organizations in the United States. See Part IV, line 21.			President of the second of the	
2	Grants and other assistance to individuals in the United States. See Part IV, line 22.				
3	Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16.				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees.	39,833.	29,875.	9,958.	0.
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.	0.	0.	0.
7	Other salaries and wages	19,997.	14,998.	4,999.	· · · · · · · · · · · · · · · · · · ·
8	Pension plan accruals and contributions (include section 401(k) and section 403(b) employer contributions)		A-1100		
9	Other employee benefits		0 500	0.7.2	
10	Payroll taxes	3,651.	2,738.	913.	
	Fees for services (non-employees):				
	Management				
	Legal	10,387.	10,387.		
	Accounting	10,307.	10,307.		
	Professional fundraising services. See Part IV, line 17	· · · · · · · · · · · · · · · · · · ·			
	Investment management fees				
	Other				
-	Advertising and promotion	385.	385.		
13	Office expenses				
14	Information technology				
15	Royalties		- 110	2.060	
16	Occupancy	8,478.	5,118.	3,360.	
17	Travel	1,994.	1,356.	638.	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates.	627.		627.	
22	Depreciation, depletion, and amortization	8,086.	7,277.	809.	
23 24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e				
	expenses on Schedule O.)	39,577.	39,577.		ALCONOMIC AND SERVICE SERVICES
	STIPENDS	26,413.	21,130.	5,283.	
	MATERIALS AND SUPPLIES	26,116.	26,116.	5,200.	
	CONTRACT SERVICES # EQUIPMENT AND MATERIALS	23,133.	23,133.		
	e All other expenses.	19,652.	17,854.	1,798.	
	Total functional expenses. Add lines 1 through 24e	228,329.	199,944.	28,385.	0.
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				
	Check here ► if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet **(B)** End of year (A) Beginning of year 77,327 1 70,315. 2 Savings and temporary cash investments 2 3 Pledges and grants receivable, net 20,000 3 4 15,749 Accounts receivable, net..... Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L..... 5 Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary 6 organizations (see instructions)..... 7 Notes and loans receivable, net 8 Inventories for sale or use 8 9 Prepaid expenses and deferred charges..... **10a** Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D...... 24,650 10 a 18,740 4,167 10b 5,910. 10c 11 Investments -- publicly traded securities..... 12 12 Investments – other securities. See Part IV, line 11..... 13 Investments - program-related. See Part IV, line 11..... 14 14 Intangible assets..... 15 15 Other assets. See Part IV, line 11..... 104,804. 101,494 Total assets. Add lines 1 through 15 (must equal line 34)..... 16 2,686 511. 17 Accounts payable and accrued expenses..... 17 18 Grants payable 18 19 Deferred revenue 19 20 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D..... Payables to current and former officers, directors, trustees, key employees, 22 highest compensated employees, and disqualified persons. Complete Part II 22 of Schedule L..... 23 24 Unsecured notes and loans payable to unrelated third parties..... 24 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D. 25 511 686. 26 Total liabilities. Add lines 17 through 25...... 26 X and complete lines Organizations that follow SFAS 117, check here► 27 through 29 and lines 33 and 34. 104,293 89,969. 27 Unrestricted net assets..... 8,839 28 29 Permanently restricted net assets 29 P and complete Organizations that do not follow SFAS 117, check here> lines 30 through 34. 30 Capital stock or trust principal, or current funds..... 30 31 Paid-in or capital surplus, or land, building, or equipment fund 32 Retained earnings, endowment, accumulated income, or other funds..... 32 104,293. 98,808. 33 Total net assets or fund balances..... 33 101,494. 104,804. Total liabilities and net assets/fund balances

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7a	Reconciliation of Net Assets				
	Check if Schedule O contains a response to any question in this Part XI	<u> </u>	<u></u>		
1 2 3 4 5	Revenue less expenses. Subtract line 2 from line 1 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)). Other changes in net assets or fund balances (explain in Schedule O). Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33,	`	2.	33,8 28,3 5,4 98,8	29. 85. 08.
Pa	rt XIII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII.				
2	Accounting method used to prepare the Form 990: Cash X Accrual Other If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O. a Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	Yes X	No
	b Were the organization's financial statements audited by an independent accountant?	audit,	2b 2c	Х	Λ
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. d If 'Yes' to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued				
	separate basis, consolidated basis, or both: X Separate basis Consolidated basis Both consolidated and separate basis				
3	a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir Audit Act and OMB Circular A-133?		3a		Х
	b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required or audits, explain why in Schedule O and describe any steps taken to undergo such audits	ed audit	3b		

BAA

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ. See separate instructions.

OMB No. 1545-0047

	the organization							Employe	r identifica	tion number	
	RNINE.ORG							11-3	321601	1	
Part	Reason for Pub	ic Charity Status	(All organizations	s must	compl	ete this	s part.) See	instruct	tions.	
The org	ganization is not a priva		•			,	,				
1			ciation of churches des		nsection	170(b)(1) (A)(i).				
2	—		Xii). (Attach Schedule E								
3	A hospital or a coope	erative hospital servi	ce organization describe	ed in sec	tion 170	(b)(1)(A)	χiii).				
4	A medical research of	organization operated	d in conjunction with a h	nospital	describe	d insect	ion 170	(b)(1)(A)	(iii) Ente	er the hosp	oital's
	name, city, and state										
5	An organization oper 170(b)(1)(Col	ated for the benefit on the property and the material and	of a college or universit	y owned	or oper	ated by	a gover	nmenta	unit des	scribed ise	ection
6			overnmental unit descr								
7	in section 170(b)(1)(/	A)(vi). (Complete Par			_	vernme	ntal unit	t or from	the ger	neral public	described
8 _			'0(b)(1)(A)(vi). (Complet		•						
9 [>	An organization that normally receives: (1) more than 33-1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions— subject to certain exceptions, and (2) no more than 33-1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)										
10	-	•	exclusively to test for pu		-			•			
11 _	An organization organized and operated exclusively for the benefit of, to perform the functions of, or carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). Se section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h.										
a Type I b Type II c Type III — Functionally integrated d Type III — Other											
e [
f			rmination from the IRS				or Type	e III sup	porting o	organizatio	n,
g	Since August 17, 200	06, has the organizat	ion accepted any gift o	or contrib	oution fro	om any	of the fo	llowing	persons	?	
											Yes No
	(i) A person who o	directly or indirectly corning body of the su	ontrols, either alone or pported organization?	togethe	r with pe	ersons d	escribed	d in (ii) a	and (iii)	11g (i)	
			bed in (i) above?								
			described in (i) or (ii) a								
L			e supported organization								
h			(iii) Type of organization		ls the	OA Did vo	ou notify	(vi) l:	the T	(vii) Amour	nt of support
	(i) Name of supported organization	(ii) EIN	(described on lines 1-9 above or IRC section (see instructions))	organia column (zation in i) listed in overning ment?	the organ	ization in n (i) of	organiza colun organize U.S	ation in nn (i) ed in the	(-11)	
				Yes	No	Yes	No	Yes	No		
(A)				+	ļ						
(B)											
(B)											
(C)											
(D)											
<u>(E)</u>							11-7				
Total					C						200 572 001

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Schedule A (Form 990 or 990-EZ) 2011 LOWERNINE.ORG

Part Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	tion A. Public Support									
Cale:	ndar year (or fiscal year nning in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total			
1	Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.').									
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.									
3	The value of services or facilities furnished by a governmental unit to the organization without charge									
4	Total. Add lines 1 through 3		THE PROPERTY OF THE PROPERTY O			and a second second second second second				
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)									
6	Public support. Subtract line 5 from line 4									
Sec	tion B. Total Support	1								
Cale begi	ndar year (or fiscal year nning in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total			
7	Amounts from line 4									
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources									
9	Net income from unrelated business activities, whether or not the business is regularly carried on									
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)									
	Total support. Add lines 7 through 10					12				
12	Gross receipts from related activ	vities, etc (see ins	structions)			<u>12</u>				
	First five years. If the Form 990 organization, check this box and	istop nere		nd, third, fourth, o	r fifth tax year as	a section 501(c)(3) ▶ □			
Sec	tion C. Computation of Pu	iblic Support F	ercentage	11 column (f)		14	%			
14	Public support percentage for 2 Public support percentage from	UII (line 6, colum	11 (I) alviaea by I Part II line 1/1	mic ir, column (I),		15	%			
15	Public support percentage from	2010 Schedule A	, raitii, mie iac	1 (12	d the line 14 is 3	3 1/3% or more 0	heck this box			
	a 33-1/3% support test— 2011. If and stop here. The organization	i qualilles as a pu	Dilciy Supported t	or garnzano						
	33-1/3% support test— 2010. If and stop here. The organization	i qualifies as a pui	billery supported t	51 g 511 //						
	a 10%-facts-and-circumstances to or more, and if the organization the organization meets the 'fac'	ts-and-circumstan	ces' test. The org	ganization qualifie	s as a publicly sup	oported organizati	on			
	b 10%-facts-and-circumstances test— 2010. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and the box and the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization organization. Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions.									
18	Private foundation. If the organ	ization did not ch	eck a box on line	; 10, 10a, 10b, 17	a, or 17 b, or out to	Cohedule A (Form	990 or 990-EZ) 2011			

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	ction A. Public Support						
	ndar year (or fiscal yr beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1	Gifts, grants, contributions						
	and membership fees received. (Do not include	07 144	507 450	205 216	0.54 0.00		
•	any 'unusùal grants.')	37,144.	527,479.	305,916.	361,200.	157,555.	1,389,294.
2	Gross receipts from admissions, merchandise sold or						
	services performed, or facilities						
	furnished in any activity that is related to the organization's						
	tax-exempt purpose			16,804.		2,227.	19,031.
3	Gross receipts from activities						
	that are not an unrelated trade or business under section 513.						0.
4	Tax revenues levied for the						
	organization's benefit and either paid to or expended on						
	its behalf						0.
5	The value of services or						
	facilities furnished by a governmental unit to the						
	organization without charge						0.
	Total. Add lines 1 through 5	37,144.	527,479.	322,720.	361,200.	159,782.	1,408,325.
7 a	Amounts included on lines 1, 2, and 3 received from						
	disqualified persons	0.	0.	0.	0.	0.	0.
k	Amounts included on lines 2						
	and 3 received from other than disqualified persons that						
	exceed the greater of \$5,000 or						
	1% of the amount on line 13 for the year	0.	0.	0.	0.	0.	0.
	Add lines 7a and 7b	0.	0.	0.	0.	0.	0.
	Public support (Subtract line					v i	· · ·
	7c from line 6.)	SERTE STATE					1,408,325.
Sec	tion B. Total Support						
Calen	dar year (or fiscal yr beginning in)►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
	Amounts from line 6	37,144.	527,479.	322,720.	361,200.	159,782.	1,408,325.
	Gross income from interest,	37,144.		322,720.	361,200.		
	Gross income from interest, dividends, payments received on securities loans, rents,	37,144.		322,720.	361,200.		
	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from	37,144.		322,720.	361,200.	159,782.	1,408,325.
10 <i>a</i>	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	37,144.		322,720.	361,200.		
10 <i>a</i>	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. Unrelated business taxable income (less section 511	37,144.		322,720.	361,200.	159,782.	1,408,325.
10 <i>a</i>	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	37,144.		322,720.	361,200.	159,782.	1,408,325.
10 a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. Unrelated business taxable income (less section 511	37,144.		322,720.	361,200.	159,782.	1,408,325.
10 a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b. Net income from unrelated business		527,479.			159,782.	1,408,325.
10 a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b. Net income from unrelated business activities not included in line 10b,		527,479.			159,782.	1,408,325. 2. 0. 2.
10 a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b. Net income from unrelated business		527,479.			159,782.	1,408,325.
10 a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b. Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on. Other income. Do not include		527,479.			159,782.	1,408,325. 2. 0. 2.
10 a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b. Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on. Other income. Do not include gain or loss from the sale of		527,479.			2.	1,408,325. 2. 0. 2.
10 a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b. Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on. Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) SEE PART IV.	0.	0.	0.	0.	2. 2. 74,480.	1,408,325. 2. 0. 2. 74,480.
10 a b c c 11 12 13	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b. Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on. Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) SEE PART IV. Total support. (Add Ins 9, 10c, 11, and 12.)	0. 37,144.	0. 527, 479.	0.	0. 361,200.	2. 2. 74,480. 234,264.	1,408,325. 2. 0. 2. 74,480. 1,482,807.
10 a b c c 11 12 13	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b. Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on. Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) SEE PART IV. Total support. (Add Ins 9, 10c, 11, and 12.)	37,144.	527, 479.	322,720.	361,200.	2. 2. 74,480. 234,264.	1,408,325. 2. 0. 74,480. 1,482,807.
10 a k 11 12 13 14 Sec	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b. Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on. Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) SEE PART IV. Total support. (Add lns 9, 10c, 11, and 12.) First five years. If the Form 990 i organization, check this box and tion C. Computation of Pul	37,144. s for the organiza stop here	527, 479. 0. 527, 479. tion's first, second	0. 322,720. d, third, fourth, or	361,200. fifth tax year as	2. 2. 74,480. 234,264. a section 501(c)(3	1,408,325. 2. 0. 2. 0. 74,480. 1,482,807.
10 a 11 12 13 14 Sec 15	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b. Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on. Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) SEE PART IV. Total support. (Add Ins 9, 10c, 11, and 12.) First five years. If the Form 990 i organization, check this box and tion C. Computation of Pul	37,144. s for the organiza stop here blic Support P	527, 479. 527, 479. tion's first, second ercentage (f) divided by line	322,720. d, third, fourth, or	0. 361,200. fifth tax year as	159, 782. 2. 2. 74, 480. 234, 264. a section 501(c)(3	1,408,325. 2. 0. 2. 74,480. 1,482,807. 3)▶□
10 a k 11 12 13 14 Sec 15 16	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b. Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on. Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) SEE PART IV. Total support. (Add Ins 9, 10c, 11, and 12.) First five years. If the Form 990 in organization, check this box and tion C. Computation of Pul Public support percentage from 20	37,144. s for the organiza stop here	527, 479. 0. 527, 479. tion's first, second ercentage (f) divided by line Part III, line 15.	322,720. d, third, fourth, or	0. 361,200. fifth tax year as	159, 782. 2. 2. 74, 480. 234, 264. a section 501(c)(3	1,408,325. 2. 0. 2. 0. 74,480. 1,482,807.
10 a k 11 12 13 14 Sec 15 16	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b. Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on. Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) SEE PART IV. Total support. (Add Ins 9, 10c, 11, and 12.) First five years. If the Form 990 in organization, check this box and tion C. Computation of Pul Public support percentage from the support support percentage from the support support percentage from the support perce	37,144. s for the organiza stop here blic Support Polic Support Sup	527, 479. 0. 527, 479. tion's first, second ercentage (f) divided by line Part III, line 15.	322,720. 1, third, fourth, or e 13, column (n).	361,200. fifth tax year as	74, 480. 2. 74, 480. 234, 264. a section 501(c)(3	1,408,325. 2. 0. 2. 74,480. 1,482,807. 3) ▶□ 94.98 % 0.00 %
10 a k 11 12 13 14 Sec 15 16	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b. Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on. Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) SEE PART IV. Total support. (Add Ins 9, 10c, 11, and 12.) First five years. If the Form 990 i organization, check this box and tion C. Computation of Pul Public support percentage from the support support percentage from the support support percentage from the support percen	37,144. s for the organiza stop here. blic Support Polit (line 8, column 2010 Schedule A, estment Incon or 2011 (line 10c, con control of the stop here)	527, 479. 0. 527, 479. tion's first, second ercentage (f) divided by line Part III, line 15 ne Percentage column (f) divided	322,720. 1, third, fourth, or 13, column (f)).	361,200. fifth tax year as a	74, 480. 234, 264. a section 501(c)(3	1,408,325. 2. 0. 2. 74,480. 1,482,807. 3) ▶□ 94.98 % 0.00 %
10 z k c 11 12 13 14 Sec 15 16 Sec 17 18	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b. Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on. Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) SEE PART IV. Total support. (Add Ins 9, 10c, 11, and 12.) First five years. If the Form 990 in organization, check this box and tion C. Computation of Pul Public support percentage from the support income percentage from Investment income percentage for lovestment l	37,144. s for the organiza stop here. blic Support Properties of the second of the sec	527, 479. 0. 527, 479. tion's first, second ercentage (f) divided by line Part III, line 15 ne Percentage column (f) divided e A, Part III, line 1	322,720. d, third, fourth, or e 13, column (f)). by line 13, column	361,200. fifth tax year as	74, 480. 234, 264. a section 501(c)(3	1,408,325. 2. 0. 2. 74,480. 1,482,807. 3) ▶□ 94.98 % 0.00 % 0.00 % 0.00 %
10 z k c 11 12 13 14 Sec 15 16 Sec 17 18 19 z	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b. Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on. Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) SEE PART IV. Total support. (Add Ins 9, 10c, 11, and 12.) First five years. If the Form 990 i organization, check this box and tion C. Computation of Pul Public support percentage for 20 Public support percentage from it in D. Computation of Inv. Investment income percentage for 133-1/3% support tests—2011. If it is not more than 33.1/3% check	37,144. s for the organiza stop here. blic Support Polit (line 8, column 2010 Schedule A, estment Incon or 2011 (line 10c, com 2010 Schedule the organization con this hox and stop	527, 479. 0. 527, 479. tion's first, second ercentage (f) divided by line Part III, line 15 ne Percentage column (f) divided e A, Part III, line 1 here. The organiz	322,720. 1, third, fourth, or 13, column (f)). by line 13, column 7. box on line 14, ar ation qualifies as	361,200. fifth tax year as a	159, 782. 2. 2. 2. 2. 34, 264. a section 501(c)(3 15 16 17 18 than 33-1/3%, arrted organization.	1,408,325. 2. 0. 2. 74,480. 1,482,807. 3) 94.98 % 0.00 % 0.00 % odd line 17 X
10 z k c 11 12 13 14 Sec 15 16 Sec 17 18 19 z	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b. Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on. Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) SEE PART IV. Total support. (Add Ins 9, 10c, 11, and 12.) First five years. If the Form 990 i organization, check this box and tion C. Computation of Pul Public support percentage from thouse the support percentage from the support p	37,144. s for the organiza stop here blic Support Po 11 (line 8, column 2010 Schedule A, estment Incon or 2011 (line 10c, or rom 2010 Schedule the organization of the organization of the organization of check this box	527, 479. 0. 527, 479. tion's first, second ercentage (f) divided by line Part III, line 15. ne Percentage column (f) divided A, Part III, line 1 lid not check the behere. The organiz	322,720. d, third, fourth, or a 13, column (f)). by line 13, column cox on line 14, are attoin qualifies as as a no line 14 or line organization qualifies qualifi	361,200. fifth tax year as a fifth tax year as a publicly support 19a, and line 1 fifes as a publicly	74, 480. 2. 74, 480. 234, 264. a section 501(c)(3 15 16 17 18 than 33-1/3%, ar rted organization. 6 is more than 33 supported organization.	1,408,325. 2. 0. 2. 74,480. 1,482,807. 3) 94.98 % 0.00 % 0.00 % 0.00 % and line 17 X 3-1/3%, and ization

Page 4

Par	Checklist of Required Schedules (continued)			
حسمي			Yes	No
	United States on Part IX, column (A), line 1:11 Tes, complete Schedule 1, 1 and 1 an	21		<u>X</u>
	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III.	22		X
23	Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If 'Yes,' complete	23		Х
	a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, and that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and	24a 24b		X
k	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	240		
	c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
c	any tax-exempt borius:	24d		-
	a Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I	25a		Х
	b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ7f 'Yes,' complete Schedule L, Part I	25b		Х
	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If 'Yes,' complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If 'Yes,' complete Schedule L, Part III.	27		X
	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	a A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28a		X
	b A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28b		X
	c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV	28c		X
29		29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	30		X
31		31	 	X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?// 'Yes,' complete Schedule N, Part II	32		Х
33	B Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If 'Yes,' complete Schedule R, Part I	33		X
	Was the organization related to any tax-exempt or taxable entity?If 'Yes,' complete Schedule R, Parts II, III, IV, and V,	34_		X
35	5a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2	35b		X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2	36	<u> </u>	X
37	then 50% of its activities through an entity that is not a related organization and that is	37		X
38	one of the state of and provide explanations in Schedule O for Part VI, lines 11 and 19?	38	X	
		E ~ ~ ~	~ aa∩	1/201

BAA

Page 6 Form 990 (2011) LOWERNINE.ORG Part VI Governance, Management and Disclosure For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. X Check if Schedule O contains a response to any question in this Part VI..... Section A. Governing Body and Management Yes No **1a** Enter the number of voting members of the governing body at the end of the tax year. If there are material differences in voting rights among members 6 of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. **b** Enter the number of voting members included in line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other X 2 officer, director, trustee or key employee? ... Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? X 3 Did the organization make any significant changes to its governing documents 4 since the prior Form 990 was filed?..... 5 Did the organization become aware during the year of a significant diversion of the organization's assets?..... 5 Χ 6 Did the organization have members or stockholders?.... 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more 7 a members of the governing body?.... **b** Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or other persons other than the governing body?..... 7b Χ Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8a Χ a The governing body?..... X 8b **b** Each committee with authority to act on behalf of the governing body?.... Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the Χ 9 organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) No Yes Χ 10a 10a Did the organization have local chapters, branches, or affiliates? b If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their 10b operations are consistent with the organization's exempt purposes? 11 a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a **b** Describe in Schedule O the process, if any, used by the organization to review this Form 990. SEE SCHEDULE O 12a Did the organization have a written conflict of interest policy? If 'No,' go to line 13..... 12a **b** Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise 12b to conflicts?.. c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in 12c Schedule O how this is doné..... 13 13 Did the organization have a written whistleblower policy?.... Χ 14 Did the organization have a written document retention and destruction policy?..... 14 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? X a The organization's CEO, Executive Director, or top management official 15a Χ 15b **b** Other officers of key employees of the organization..... If 'Yes' to line 15a or 15b, describe the process in Schedule O. (See instructions.) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a 16a X taxable entity during the year? b If 'Yes,' did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed NONE Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply. |X| Upon request Another's website Own website 19 Describe in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest policy, and financial statements available to SEE SCHEDULE O the public during the tax year. 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization:

Schedule A	(Form 990 or 990-EZ) 2011 LOWERNINE.ORG		11-3821601	Page 4
Part IV	Supplemental Information. Complete this part II, line 17a or 17b; and Part III, line 12 (See instructions).	part to provide the explanation . Also complete this part for a	is required by Part II, line ny additional information.	10;
	(See manachons).			
				
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2011

SCHEDULE A, PART IV - SUPPLEMENTAL INFORMATION PAGE 5

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LUII	-1714114	L

11-3821601

PART III.	LINE 12 - OTHER	INCOME
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<u>NATURE AND SOURCE 2011 2010 2009 2008 2007</u>

Schedule B (Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2011

		Employer identification futiliber
Name of the organization		11-3821601
LOWERNINE.ORG		
Organization type (check one): Filers of: Form 990 or 990-EZ	Section: X 501(c)(_3_) (enter number) organiz 4947(a)(1) nonexempt charitable trustr	zation not treated as a private foundation
Form 990-PF	527 political organization 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust 501(c)(3) taxable private foundation	treated as a private foundation
Check if your organization is covered Note. Only a section 501(c)(7), (8), or	by the General Rule or a Special Rule , r (10) organization can check boxes for both the Gen	neral Rule and a Special Rule. See instructions.
General Rule X For an organization filing Form 99 contributor. (Complete Parts I and	30, 990-EZ, or 990-PF that received, during the year,	\$5,000 or more (in money or property) from any one
Special Rules	on filing Form 990 or 990-EZ that met the 33-1/3% s	support test of the regulations under sections
509(a)(1) and 1/0(b)(1)(A)(vi), ar	1990 Part VIII. line 1h or (ii) Form 990-EZ, line 1. Co	omplete Parts I and II.
For a section 501(c)(7), (8), or (1) total contributions of more than \$\frac{1}{2}\$	0) organization filing Form 990 or 990-EZ that receives 1,000 for use <i>exclusively</i> for religious, charitable, scie ten or animals, Complete Parts I, II, and III.	entific, literary, or educational purposes, or
For a section 501(c)(7), (8), or (1 contributions for use exclusively f If this box is checked, enter here	0) organization filing Form 990 or 990-EZ that receiv or religious, charitable, etc, purposes, but these cont the total contributions that were received during the the parts upless the General Rule applies to this orga	e year for are <i>xclusively</i> religious, charitable, etc, anization because it received nonexclusively
religious charitable, etc. contribu	itions of \$5,000 or more during the year	· · · · · · · · · · · · · · · · · · ·
Caution: An organization that is not	covered by the General Rule and/or the Special Rule Part IV, line 2, of its Form 990; or check the box on lin not meet the filling requirements of Schedule B (Form	es does not file Schedule B (Form 990, 990-EZ, or ine H of its Form 990-EZ or on Part I, line 2, of its n 990, 990-EZ, or 990-PF).
BAA For Paperwork Reduction Act 990EZ, or 990-PF.	t Notice, see the Instructions for Form 990,	Schedule B (Form 990, 990-EZ, or 990-PF) (201

of Part II

Employer identification number

LOWERNINE.ORG

11-3821601

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
N/A			
		\$\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
		7	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$\$	
(a) No. from Part I	(b) Description of noncash property given	(C) FMV (or estimate) (see instructions)	(d) Date received
		\$\$	
		Schedule B (Form 990, 990-E	7 000 PE) (20)

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

➤ Complete if the organization answered 'Yes,' to Form 990, Part IV, lines 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ➤ Attach to Form 990. ➤ See separate instructions.

OMB No. 1545-0047

Employer identification number

ne of the organization			
			11-3821601
OWERNINE.ORG art Organizations Maintaining Done	- Advised Funds or Other Si	milar Funds or Acc	ounts. Complete if
dri Organizations Maintaining Done the organization answered 'Yes'	to Form 990. Part IV. line 6.	iiiiai i airao si riss	
the organization answered res	(a) Donor advised funds	(b)	Funds and other accounts
Total number at end of year			
2 Aggregate contributions to (during year)			
Aggregate grants from (during year)			
Aggregate value at end of year		I I - I - I in denor odvisor	
5 Did the organization inform all donors and d funds are the organization's property, subject	C(() (1) Organization		Yes No
6 Did the organization inform all grantees, do used only for charitable purposes and not for purpose conferring impermissible private be	nors, and donor advisors in writing to or the benefit of the donor or donor a nefit?	dvisor, or for any other	Yes No
Concernation Fasements, Com	iplete if the organization answ	ered res to roini	990, Part IV, line 7.
1 Purpose(s) of conservation easements held	by the organization (check all that a	PP137.	
Preservation of land for public use (e.g.	recreation of educations 1 11	1630 Validit of all motors	cally important land area
Protection of natural habitat	<u>_</u>	reservation of a certified	1 Historic Structuro
L		the former of	to conservation easement on the
Preservation of open space Complete lines 2a through 2d if the organiz	ation held a qualified conservation c	ontribution in the form o	l a conservation cusoment on the
last day of the tax year.			Held at the End of the Tax Year
		2a	
a Total number of conservation easements		2b	
	isements		
- Number of concervation easements on a Co	ertified historic structure included in t	(a)	
	ting (a) and sired after 8/17/06, and t	not on a historic i	
d Number of conservation easements include structure listed in the National Register		d or terminated by the	organization during the
structure listed in the National Register Number of conservation easements modified tax year ▶			o, gamen
4 Number of states where property subject to	conservation easement is located	tion bondling of v	iolations
5 Does the organization have a written policy	y regarding the periodic monitoring, I	nspection, nanuling of v	ring the year
and enforcement of the conservation easer 6 Staff and volunteer hours devoted to monif	toring, inspecting, and emorcing con	30, 40(10)1 0000,110,110 444	
7 Amount of expenses incurred in monitoring	g, inspecting, and emorcing conserve	ation oddomorate	,
▶ \$		irements of section	
 8 Does each conservation easement reporte 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii) 9 In Part XIV, describe how the organization 	12 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		Yes No statement, and balance sheet, and
include if applicable, the text of the locus	010 10 110 01 9-		
conservation easements. Partill Organizations Maintaining Consplete if the organization a	3113446164 105 10 10111 == 7		
1a If the organization elected, as permitted u art, historical treasures, or other similar as in Part XIV, the text of the footnote to its	financial statements that describes t	hese items.	
b If the organization elected, as permitted un historical treasures, or other similar asset	ınder SFAS 116 (ASC 958), to report s held for public exhibition, education	in its revenue statement n, or research in furthera	
000 Dart	\/III line 1		►\$
2 If the organization received or held works	of art, historical treasures, or other	items:	all gain, provide
	line 1		▶ \$
a Revenues included in Form 990, Part VIII b Assets included in Form 990, Part X		TEE A22011 OF ME // 1	Schedule D (Form 990) 20

schedule D (Form 990) 2011 LOWERNINE	.ORG			11-382	:1601	Page 2
Part III Organizations Maintaining	Collections	of Art, Histo	rical Treasures, o	r Other Similar Ass	ets (coi	ntinued)
Using the organization's acquisition, accitems (check all that apply):						ollection
a Public exhibition		d Loan	or exchange programs			
b Scholarly research		e Other				
c Preservation for future generations		<u>—</u>				
4 Provide a description of the organization Part XIV.	n's collections	and explain how	w they further the organ	nization's exempt purpo	se in	
5 During the year, did the organization sol assets to be sold to raise funds rather the	nan to be mai	ntained as part o	of the organization's co	llection?	Yes	No
Part IV Escrow and Custodial Arrai	ngements. nt on Form	Complete if 990, Part X,	the organization ar line 21.	nswered 'Yes' to Fo	orm 990, F	Part IV,
1a Is the organization an agent, trustee, cu	stodian, or ot	her intermediary	for contributions or ot	her assets not		
included on Form 990, Part X?					Yes	No
b If 'Yes,' explain the arrangement in Part	XIV and com	plete the followi	ng table:			
					Amount	
c Beginning balance						
d Additions during the year				1 d		
e Distributions during the year						
f Ending balance						
2a Did the organization include an amount		Part X, line 21?			Yes	No
b If 'Yes,' explain the arrangement in Part	XIV.			000 5 11/4 11		
Part V Endowment Funds. Comple	te if the org	<u>janization an</u> :	swered 'Yes' to Fo	<u>rm 990, Part IV, lin</u>		
(a)	Current year	(b) Prior year	r (c) Two years bac	k (d) Three years back	(e) Four	r years back
1a Beginning of year balance						
b Contributions						3 4944.7
c Net investment earnings, gains, and losses						
d Grants or scholarships						
e Other expenditures for facilities and programs						
f Administrative expenses					P 15 2 10 5 1	APPEND A
g End of year balance					200	
2 Provide the estimated percentage of the	current year	end balance (lin	ne 1g, column (a)) held	as:		
a Board designated or quasi-endowment		%				
b Permanent endowment ▶	%					
c Temporarily restricted endowment ▶	- 	%				
The percentages in lines 2a, 2b, and 2c						
3a Are there endowment funds not in the p organization by:						es No
(i) unrelated organizations					3a(i)	
(ii) related organizations					3a(ii)	
b If 'Yes' to 3a(ii), are the related organization	ations listed a	s required on So	chedule R?		. 3b	
■ Describe in Part XIV the intended uses	of the organiz	ation's endowm	ent funds.			
Part VI Land, Buildings, and Equip	<u>ment. See</u>	Form 990, P	art X, line 10.	T		-1
Description of property	(a) Cos	st or other basis nvestment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Boo	ok value
M. L. and					İ	

4 Describe in Part XIV the intended uses of the	organization's endowme	nt junus.		
Part VI Land, Buildings, and Equipmen	t. See Form 990, Pa	art X, line 10.		
Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		19,000.	260.	18,740.
b Buildings		13,000.		
c Leasehold improvements		F (F0	E 650	n
d Equipment		5,650.	5,650.	
e Other		/ /D) // 10(a))		18 740

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).).

Scheen

18,740. Schedule **D** (Form 990) 2011

Schedule D (Form 990) 2011 LOWERNINE ORG	Form 990 Part X	line 12. N/A	
Part VII Investments - Other Securities. See	(b) Book value	(c) Method of valuati	on:
(a) Description of security or category (including name of security)	(b) Book value	Cost or end-of-year mark	et value
(1) Financial derivatives			
(2) Closely-held equity interests			
(3) Other			
(A)			
(B)			
<u>(c)</u>			
(D)			
(E)			
<u>(F)</u>			
(G)			
(h)		A A A A A A A A A A A A A A A A A A A	
Total. (Column (b) must equal Form 990 Part X, column (B) line 12.).			
Part VIII Investments — Program Related. Se	e Poriti 990, i art A	, line 13. N/A	tions
(a) Description of investment type	(b) Book value	(c) Method of valua Cost or end-of-year mar	ket value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
<u>(9)</u> (10)			
= 1. 10 (b) = 1. (b) = 1. (c) Form 900 Part Y column (B) line 13.)	>		
Part X Other Assets. See Form 990, Fait A	, line 15. N/	<u>A</u>	(b) Book value
(a) L	Description		
(1)			
(2)			
(3)			
(4)			
(5) (6)			
(7)			
(8)			
(9)			
(10)			
Total. (Column (b) must equal Form 990, Part X, column	rt V line 15.)		
Part X Other Liabilities. See Form 990, Pa	(b) Book value	ue ve	
(a) Description of liability	(b) Book Yan		
(1) Federal income taxes			
(2)			
(3)			
(5)			
(6)			
(7)			
(8)			1.0
(9)			
(10)			
(11) Total (Column (h) must equal Form 990, Part X, column (B) line 25.).			

Total. (Column (b) must equal Form 990, Part X, column (B) line 25.). ▶ **2** FIN 48 (ASC 740) Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740).

Sche	edule D (Form 990) 2011 LOWERNINE.ORG	11-3821601	Page 4
Par	Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements	N/A	
1	(4) 1: 10)		
2	Total expenses (Form 990, Part IX, column (A), line 25)		
3	Excess or (deficit) for the year. Subtract line 2 from line 1		
4	Net unrealized gains (losses) on investments	, . ,	
5	Donated services and use of facilities		
6	Investment expenses		
7	Prior period adjustments		
8	Other (Describe in Part XIV.)		
9	Total adjustments (net). Add lines 4 through 8		
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9		
Pai	TXIII Reconciliation of Revenue per Audited Financial Statements With Revenue	e per Return N/A	
1	Total revenue, gains, and other support per audited financial statements.		
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
	Net unrealized gains on investments		
k	Donated services and use of facilities		
(Recoveries of prior year grants		
	d Other (Describe in Part XIV.)		
•	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1		
4	Amounts included on Form 990, Part VIII, line 12, but not on line1:		
a	a Investment expenses not included on Form 990, Part VIII, line 7b		
	Other (Describe in Part XIV.) 4b		
	Add lines 4a and 4b		•
5	Total revenue, Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	75
Pa	TXIII Reconciliation of Expenses per Audited Financial Statements With Expenses	per Return N/.	Α
1	Total expenses and losses per audited financial statements		
2			
ä	a Donated services and use of facilities	_	
	Prior year adjustments		
•	c Other losses		
(d Other (Describe in Part XIV.)		
•	e Add lines 2a through 2d	2e 3	
3	Subtract line 2e from line 1.	3	
4	Amounts included on Form 990, Part IX, line 25, but not on line1: a layoutment expenses not included on Form 990, Part VIII, line 7b		
i	a Investment expenses not included on Form 990, Part VIII, line 7b. 4a 4b		
١	c Add lines 4a and 4b	4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	
Dá	HEVIVE Supplemental Information		
Com	nplete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4 : V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also additional information.		2b; provide

11-3821601 Page 4

Schedule D (Form 990) 2011 LOWERNINE.ORG	11-3821601	Page 5
Part XIV Supplemental Information (continued)		
		.

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

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

► Attach to Form 990 or 990-EZ.

Employer identification number

Name of the organization	11-3821601
LOWERNINE.ORG	
FORM 990, PART VI. LINE 11B - FORM 990 REVIEW PROCESS	
FORM 990 IS DISTRIBUTED TO ALL BOARD MEMBERS. BEF	ORE FILING, BOARD NEEDS TO APPROVE
DI _ AO I F OI _ II _ TO OI CO _ II _ TO OI CO OI	
FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUME	NTS PUBLICLY AVAILABLE
ALL DOCUMENTS ARE AVAILABLE UPON REQUEST.	
~	

Part : Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (d) (c) (a) Type of contribution Total Name, address, and ZIP + 4 Number contributions Person UNITED WAY OF GREATER NEW ORLEANS 1 Payroll 68,760. Noncash 2515 CANAL STREET (Complete Part II if there is a noncash contribution.) NEW ORLEANS, LA 70119 (d) (c) Type of contribution (a) Total Name, address, and ZIP + 4 Number contributions Person ROSEMARY FOUNDATION 2 Payroll 15,000. Noncash 1100 POYDRAS ST., STE. 1502 (Complete Part II if there is a noncash contribution.) NEW OLREANS, LA 70163 (d) (c) (a) Type of contribution Total Name, address, and ZIP + 4 contributions Number Person **Payroll** Noncash (Complete Part II if there is a noncash contribution.) (d) (c) (b) (a) Type of contribution Total Name, address, and ZIP + 4 Number contributions Person Payroll Noncash (Complete Part II if there is a noncash contribution.) (d) (c) (b) (a) Type of contribution Total Name, address, and ZIP + 4 Number contributions Person Payroll Noncash (Complete Part II if there is a noncash contribution.) (d) (c) (b) (a) Total contributions Type of contribution Name, address, and ZIP + 4 Number Person **Payroll** Noncash (Complete Part II if there is a noncash contribution.)

1 to of Part III

Name of organization

Employer identification number

LOWERNI	INE.ORG		11-3821601		
Partill	organizatións that total more than \$	61,000 for the year. Complete	e cols (a) through (e) and the following line e	entry.	
	For organizations completing Part III, enter to contributions of \$1,000 or less for the year. (Use duplicate copies of Part III if additional states and the second states are the second secon	otal of <i>exclusively</i> religious, charita Enter this information once. See in space is needed.	able, etc, nstructions.)	N/A	
(a)	(b)	(c)	(d)		
No. from	Purpose of gift	Use of gift	Description of how gift is	s held	
Part I					
	N/A				
					
		(e)			
		Transfer of gift			
	Transferee's name, address		Relationship of transferor to transfe	ree	
7-3	(1)	(c)	(d)		
(a) No. from	(b)	Use of gift	Description of how gift is	s held	
Part i	Purpose of gift	Ose of grit	Description of now girt is	, IICIG	
		(2)			
		(e) Transfer of gift			
	Transferee's name, address	s, and ZIP + 4	Relationship of transferor to transfe	eree	
(a)	(b)	(c)	(d)	لملمما م	
No. from Part I	Purpose of gift	Use of gift	Description of how gift is	s neiu	
- ' '					
				-	
		(e) Transfer of gift			
	Transferee's name, address		Relationship of transferor to transfe	eree	
		-			
(a)	(b)	(c)	(d)		
No. from Part I	Purpose of gift	Use of gift	Description of how gift is	s neia	
Faili					
	(e)				
	Transferee's name, addres	Transfer of gift s. and ZIP + 4	Relationship of transferor to transfe	eree	
	Transfer of Traine, address		·		

DUPLANTIER, HRAPMANN, HOGAN & MAHER, L.L.P. CERTIFIED PUBLIC ACCOUNTANTS 1615 POYDRAS STREET, SUITE 2100 NEW ORLEANS, LOUISIANA 70112 (504) 586-8866

July 18, 2013

lowernine.org 6018 El Dorado New Orleans, LA 70117 Attention: William Robinson

Dear Bill:

Enclosed is the organization's 2012 Exempt Organization return.

Specific filing instructions are as follows.

FORM 990 RETURN:

This return has been prepared for electronic filing. If you wish to have it transmitted electronically to the IRS, please sign, date, and return Form 8879-EO to our office. We will then submit the electronic return to the IRS. Do not mail a paper copy of the return to the IRS.

A copy of the return is enclosed for your files. We suggest that you retain this copy indefinitely.

Very truly yours,

Guy L. Duplantier, CPA

Form **8879-EO**

IRS e-file Signature Authorization for an Exempt Organization

OMB No. 1545-1878

Department of the Treasury Internal Revenue Service		Do not send to the I	RS. Keep for your records.		2012
Name of exempt organize	ation			Employer	identification number
7				11 2	001601
lowernine.c	org			11-3	821601
Name and title of officer William Rob	vingon				
Board Presi	•				
		eturn Information (Whole	e Dollars Only)		
on line 1a, 2a, 3a, 4a,	or 5a, below, and the le, blank (do not enter	amount on that line for the reti-0-). But, if you entered -0- on t	nd enter the applicable amount, if any urn being filed with this form was bla the return, then enter ·0· on the applic	ink, then leave cable line belov	line 1b, 2b, 3b, 4b, or 5b, w. Do not complete more
1a Form 990 check h			0, Part VIII, column (A), line 12)		
2a Form 990-EZ chec	,		n 990-EZ, line 9)		
3a Form 1120-POL c	· —		POL, line 22)		
4a Form 990-PF chec			income (Form 990-PF, Part VI, line 5		
5a Form 8868 check	here b b i	Balance Due (Form 8868, Part	I, line 3c or Part II, line 8c)	5b ₋	
Part II Decla	aration and Signa	ature Authorization of C	Officer		
the date of any refund debit) entry to the fina return, and the financi 1-888-353-4537 no late processing of the elect payment. I have select organization's consent	. If applicable, I autho ncial institution accou al institution to debit ter than 2 business day tronic payment of taxited a personal identification of the collectronic funds were seen as the collectronic funds	rize the U.S. Treasury and its of int indicated in the tax prepara the entry to this account. To re- ys prior to the payment (settler es to receive confidential inforr cation number (PIN) as my sign	ion, (b) the reason for any delay in proceeding the initiate tion software for payment of the organization and the latest terms are also authorize the finance mation necessary to answer inquiries that for the organization's electronical terms are the organization's electronical terms.	an electronic f anization's fede U.S. Treasury F cial institutions and resolve is	runds withdrawal (direct eral taxes owed on this Financial Agent at involved in the sues related to the
Officer's PIN: check	<u>-</u>				
	DUPLANTIER,	ERO firm name		to enter my	Enter five numbers, bu do not enter all zeros
is being filed	with a state agency(i		of the IRS Fed/State program, I also		
indicated wi	thin this return that a c		ure on the organization's tax year 20 f with a state agency(ies) regulating o creen.		
Officer's signature 🕨			Date >		
Part III Certif	ication and Auth	entication			
ERO's EFIN/PIN. Ente	er your six-digit electro	onic filing identification			
number (EFIN) followed	· -	-	723974666 do not enter all ze		
	nitting this return in ac		he 2012 electronically filed return for ts of Pub. 4163, Modernized e-File (N		
ERO's signature 🕨			Date ▶		
			Form - See Instructions IRS Unless Requested To		

LHA For Paperwork Reduction Act Notice, see instructions. 223051 11-05-12

Form **8879-EO** (2012)

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

OMB No. 1545-0047

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

Open to Public Inspection

<u>A</u>	For th	e 2012 calendar year, or tax year beginning and	ending			
В	Check i applica	C Name of organization		D Employer	identifica	ation number
	Addi char	ess lowernine.org				
	Nam char	e D. D.		1 :	11-38	21601
	Initia	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone		
	Term	· · · · · · · · · · · · · · · · · · ·				78-1240
	Ame	nded C: 4		G Gross receipts		156,379.
Γ	Appl			H(a) Is this a		
	pend	F Name and address of principal officer:William Robinson		for affiliat		Yes X No
		6018 El Dorado, New Orleans, LA 70117				ded? Yes No
ī	Tax-e	xempt status: X 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) o	or 527	1 '		st. (see instructions)
		ite: www.lowernine.org		H(c) Group ex		
		of organization; X Corporation Trust Association Other	L Year			State of legal domicile: ME
	art I					
	1	Briefly describe the organization's mission or most significant activities: 10we:	rnine.	org is	ledic	ated to
Governance		training residents and volunteers in the				
T.	2	Check this box if the organization discontinued its operations or dispose				
Ve	3	·				5
		Number of independent voting members of the governing body (Part VI, line 1b)				5
Activities &	5	Total number of individuals employed in calendar year 2012 (Part V, line 2a)				7
itie	6	Total number of volunteers (estimate if necessary)				689
ctiv	7 =	Total unrelated business revenue from Part VIII, column (C), line 12			· – –	0.
Ā		Net unrelated business taxable income from Form 990-T, line 34				0.
	1	TVO CHIOLOGO DOGINOGO CONCENTO NO INTERNATIONAL DOGINO		Prior Year		Current Year
4.	8	Contributions and grants (Part VIII, line 1h)		157,	555.	86,512.
nue	9	Program service revenue (Part VIII, line 2g)			747.	69,225.
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)			512.	152.
æ	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	i i	······································	0.	490.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		233,8		156,379.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		2337	0.	14,255.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.		0.
	1	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		63,4		81,522.
Expenses	16	Professional fundraising fees (Part IX, column (A), line 11e)		03,	0.	0.
pen	100	Total fundraising expenses (Part IX, column (D), line 25) 13, 3	55			
Ä	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		164,8	2/8	69,264.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		228,		165,041.
	19	Revenue less expenses. Subtract line 18 from line 12	······		185.	-8,662.
)r	3	neveriue less expenses. Subtract line 10 non line 12	Ba	ginning of Currer		End of Year
Net Assets or	20	Total assets (Part X, line 16)		104,8		83,471.
ASS	21	Total liabilities (Part X, line 16)			511.	1,731.
Set 1	22	Net assets or fund balances. Subtract line 21 from line 20		104,		81,740.
P	art II			101/1	<u> </u>	01/1401
_		alties of perjury, I declare that I have examined this return, including accompanying schedule:	s and statem	ents, and to the h	est of my l	knowledge and belief, it is
		ct, and complete. Declaration of preparer (other than officer) is based on all information of wh				mionioge and sonoi, it is
	, 00,110	A STATE SOME SOME AND THE STATE OF THE STATE	mon propuror	1.40 4/19 14/10/11/04	901	
Sig	ın	Signature of officer		Date		
He		William Robinson, Board President				
110		Type or print name and title				
_		Print/Type preparer's name Preparer's signature		Date	Check	PTIN
Pai	d	Guy L. Duplantier, CPA			if self-employed	P01206338
	parer	Firm's name DUPLANTIER, HRAPMANN, HOGAN & MA	AHER	LLP Firm's		72-0567396
	Only	Firm's address 1615 POYDRAS STREET, SUITE 2100	. ****** /	[IIIII]	CHA .	12 0301330
Jat	. Only	NEW ORLEANS, LA 70112		Phone	no / 5	04) 586-8866
N/~	v tha	RS discuss this return with the preparer shown above? (see instructions)		FIIOHE	110. \ 3	X Yes No
				· · · · · · · · · · · · · · · · · · ·		Form 990 (2012)
232	001 12	10-12 LITA FOI PAPELWOIN REQUCTION ACTIVOLICE, SEE THE SEPARATE INSTRUCTION	J110.			1 OHH 220 (2012)

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	olic office? If "Yes," complete Schedule C, Part I			X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	ļ		
	during the tax year? If "Yes," complete Schedule C, Part II	4		_X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		_X_
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X	ĺ		
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	<u> </u>	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			37
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		<u> </u>
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total	44.		v
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		<u>X</u>
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in	444		Х
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d 11e	X	
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	1 le	41	
'	the organization's Separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		х
120	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	· · · ·		- 11
ıza	Cabadula D. Davida VI and VIII	12a		Х
h	Was the organization included in consolidated, independent audited financial statements for the tax year?	, 2.0		
IJ	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
-	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization			
	or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals			
	located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18_		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		Х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		l

08220722 785325 55995

Page 4 Part IV Checklist of Required Schedules (continued) Yes No 21 Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the Х United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II 21 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, 22 column (A), line 2? If "Yes," complete Schedule I, Parts I and III Х 22 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current 23 and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Х Schedule J 23 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete X Schedule K. If "No", go to line 25 24a b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 24c d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d 25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a X disqualified person during the year? If "Yes," complete Schedule L, Part I 25a b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990 EZ? If "Yes," complete X Schedule L. Part I 25b Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified Х person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II 26 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III Х 27 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions): X A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28a Х A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28b c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV 28c Х Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Х 29 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M Х 30 Did the organization liquidate, terminate, or dissolve and cease operations? 31 If "Yes," complete Schedule N, Part I Х 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete 32 Х Schedule N, Part II 32 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations Х sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I 33 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and 34 X 34 Part V. line 1 X 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 35b Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 Х 36 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI X 37 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?

Form 990 (2012)

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

Form 990 (2012) lowernine.org Part V Statements Regarding Other IRS Filings and Tax Compliance

tendent the number reported in Box 3 of Form 1096. Enter 0 if not applicable 1a 0 0 0 b Enter the number of Forms W-26 included in line 1a. Enter 0 if not applicable 1a 0 0 c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gamming (gambling) with more provided in line 1a. Enter 0 if not applicable 1c 1c 1c 1c 1c 1c 1c 1		Check if Schedule O contains a response to any question in this Part V					
16 Enter the number reported in Box 3 of Form 1086. Enter -0" Into applicable 10 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0						Yes	No
be Enter the number of Forms W26 included in line 1a. Enter of India applicable OII the organization compsy with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 2a. Enter the number of employees reported on Form W3, Transmittal of Wage and Tax Statements, field for the calledndry year ending with or within the year covered by this return. 2b If at least one is reported on line 2a, did the organization file all required feedral employment tax returns? 2b If a least one is reported on line 2a, did the organization file all required feedral employment tax returns? 2c X Note, If the sum of filines 1 and 25, you may be required to e-file (see instructions) 3b If the organization have unrelated business gross income of \$1,000 or more during the year? 3c If If Yes, it filed a form 950 of Tor this year? If Yan, *provide an explanation in Schedule O 4d A fany time during the calendar year, did the organization thave an interest in, or a signature or other authority over, a financial account? See the interest in or a signature or other authority over, a financial account? 5c If Yes, a financial account? See the signature of the foreign country: See instructions for filing requirements to Form TD F 90 22.1, Report of Foreign Bank and Financial Accounts. 5c Was the organization aparty to a prohibitod tax shelter transaction? 5d Was the organization party to a prohibitod tax shelter transaction? 5d Was the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible a charable contributions? 6d Does the organization shale organization shall the value of the goods or services provided? 7 Organizations that may receive deductible contributions under section 170(c). a Did the organization shall receive the account of the organization shall be organization s	1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	0		1.55	
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c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b	-	·	13b	1			ļ
14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b	С				1		
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O					14a		Х
			le O				
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Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

	Check if Schedule O contains a response to any question in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	5		
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b	5		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			,
	officer, director, trustee, or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
7a	Section 1 to 1			
	more members of the governing body?	7a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	х	
	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		X
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		<u></u>
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this was done	12c		
13	Did the organization have a written whistleblower policy?	13		X
14	Did the organization have a written document retention and destruction policy?	14		X
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		X
b	Other officers or key employees of the organization	15b		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	ľ		
	taxable entity during the year?	16a		X
þ	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
<u> </u>	exempt status with respect to such arrangements?	16b		
	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed None			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only)	availab	ie	
	for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website X Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, are	id finar	ncıal	
	statements available to the public during the tax year.			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization.	ition:		
	Mary Ann Jacobs - 520-797-9500	-		
	PO 31778, Tuscon, AZ 85751-1778			

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

Check if Schedule O contains a response to any question in this Part VII

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

(A) Name and Title	(B) Average hours per	(do not check			(C) Position t check more than one tless person is both an and a director/trustee)			(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of other
	week (list any hours for related organizations below line)	stee or director	Institutional trustee	Officer		Highest compensated employee		from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) William Robinson	5.00									
President		X		X				0.	0.	0
(2) Beverly Nichols	5.00									
Treasurer		X		Х				0.	0.	0
(3) Andreanecia Morris	3.00									-
Board Member		X		L				0.	0.	0
(4) Jeffrey Clayman	3.00] _								
Board Member		X						0.	0.	0
(5) Julia McNabb	3.00									
Secretary		X		X				0.	0.	0
(6) Laura Paul	50.00									
Executive Director				X				40,100.	0.	0

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(B)

(C)

(D)

	Name and title	Average hours per week Average hours per box, unless person is both an officer and a director/trustee)						h an	compensation compensa		tion am		t of
		(list any hours for related organizations below line)	tee or director	Institutional trustee	Officer		nsated		from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	or ar	othe mpens from tl ganiza nd rela ganiza	ation he ation ated
				-									
											-		
			<u> </u>				-				-		
											ļ		
					ļ								
					-		-				 		
			_				-	-		<u>.</u>			 .
	· · · · · · · · · · · · · · · · · · ·		· 										
	Sub-total Total from continuation sheets to Part V								40,100.	0		-	0.
	Total (add lines 1b and 1c)								40,100.	0	_		0.
2	Total number of individuals (including but r							no re	eceived more than \$100	0,000 of reportable			
	compensation from the organization											Yes	No
3	Did the organization list any former officer,											1	
4	line 1a? If "Yes," complete Schedule J for s For any individual listed on line 1a, is the si										3	-	X
7	and related organizations greater than \$15								·	_	4		x
5	Did any person listed on line 1a receive or												
Sec	rendered to the organization? If "Yes," contion B. Independent Contractors	plete Schedul	e <i>J f</i>	or si	uch	pers	son .				5	Щ.	X
1	Complete this table for your five highest co	mpensated in	depe	ende	nt c	ont	racto	ors t	hat received more than	\$100,000 of comper	sation	from	
	the organization. Report compensation for	the calendar y	ear e	endi	ng v	vith	or w	ithir		year.			
	(A) Name and business	address	NO	INC	3				(B) Description of s	services	Comp	(C) ensati	on
					_ 		-						
													•
			<u> </u>									-	
	Total number of independent contractors (including but p	ot liv	mite	d to	tho	ا عی	sted	l above) who received a	ore than			
	\$100,000 of compensation from the organi	_	J. III				0	J. GU	. above, who received if	ioro trial)			
											Form	1 990	(2012)

Form 990 (2012) lowernine.org
Part VIII Statement of Revenue

		Check if Schedule O cont	ains a response	to any question in	this Part VIII			
		577001111	amb a 190p01190	to any quodien	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512, 513, or 514
इ इ	1 a	Federated campaigns	1a	20,361.				310, 01 314
Contributions, Gifts, Grants and Other Similar Amounts		Membership dues		20,301.				
۾ 'و. 1		Fundraising events						
ifts Ir A		Related organizations		-				
드믵								
Siz		Government grants (contributions gifts grant	. –					
ž ž	T	All other contributions, gifts, gran	1 1	66 151				
들등		similar amounts not included above		66,151.				
<u> </u>	_	Noncash contributions included in lines	-	6,751.	06 510			
OB	<u>h</u>	Total. Add lines 1a-1f			86,512.	· ·		
		** 1		Business Code	F2 254	E 2 2 7 4		
<u>i</u>		Volunteer Fees		900099	53,374.	53,374.		
e e		Tours		900099	15,468.	15,468.		
en S	С	Community Garde	n Proje	111000	383.	383.		
Program Service Revenue	d							
Pog	е							
مَ ا	f	All other program service reve	nue					
	g	Total. Add lines 2a-2f		.	69,225.			
	3	Investment income (including	dividends, inter	est, and				
		other similar amounts)		▶ 📗	2.			2.
	4	Income from investment of tax						
i	5	Royalties						
			(i) Real	(ii) Personal				
	6 a	Gross rents			i	ľ		
	b	Less: rental expenses						
		Rental income or (loss)						
		Net rental income or (loss)		•				
		Gross amount from sales of	(i) Securities	(ii) Other				
	, u	assets other than inventory	(i) Boodinio	150.				
	h	Less: cost or other basis		130.				
	D		}	0.	į			
	_	and sales expenses		150.				
		Gain or (loss)			150.	150.		<u> </u>
		Net gain or (loss)			130.	130.		
ne	8 а	Gross income from fundraising	,					
Ven		including \$						
Be		contributions reported on line	•					
Other Revenu		Part IV, line 18						
₹		Less: direct expenses		L				
		Net income or (loss) from fund	•					
	9 a	Gross income from gaming ac						
		Part IV, line 19						
		Less: direct expenses						
		Net income or (loss) from gam	•	·····				
	10 a	Gross sales of inventory, less						
		and allowances		490.				
	b	Less: cost of goods sold	b	0.				
	С	Net income or (loss) from sale	s of inventory		490.	490.		
		Miscellaneous Revenu	е	Business Code		}		}
	11 a							
	b							
	С							
	d	All other revenue						
		Total. Add lines 11a-11d						
	12	Total revenue. See instructions.		1	156,379.	69,865.	0.	2.
23200						•		Form 990 (2012)

Form 990 (2012) lowernine.org Part IX | Statement of Functional Expenses

Do 7b,	Check if Schedule O contains a respons not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and		- OXPOILED	general expenses	<u> </u>
	organizations in the United States. See Part IV, line 21				
2	Grants and other assistance to individuals in				
	the United States. See Part IV, line 22	14,255.	14,255.		
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	United States. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	40,100.	20,050.	10,025.	10,025
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and			Ì	
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	34,327.	25,745.	8,582.	
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	7 005	4 265	4 554	0.5.6
10	Payroll taxes	7,095.	4,365.	1,774.	956
11	Fees for services (non-employees):				
	Management				
b	Legal	11 200	11 200		
С		11,300.	11,300.		
d	, , , , , , , , , , , , , , , , , , , ,				
е	· · · · · · · · · · · · · · · · · · ·				
f	Investment management fees	-			
g	, -	5,300.	4,300.	1,000.	
40	column (A) amount, list line 11g expenses on Sch 0.) Advertising and promotion	3,300.	4,500.	1,000.	
12 13	Office expenses	6,778.	3,316.	1,105.	2,357
14	Information technology	0,770.	3,510.	1,103.	2,337
15	Royalties			-	
16	Occupancy	6,919.	3,994.	2,925.	
17	Travel	<u> </u>	373311	2/3231	· ·
18	Payments of travel or entertainment expenses				
10	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	993.	<u>-</u>	993.	
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	487.		487.	<u> </u>
23	Insurance	5,087.	5,087.		
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	Food and Supplies	19,133.	19,133.		
b		5,966.	5,966.		
c	Fuel	5,653.	5,653.		
d		1,221.		1,221.	
_	All other expenses	427.	77.	333.	17
25	Total functional expenses. Add lines 1 through 24e	165,041.	123,241.	28,445.	13,355
26	Joint costs. Complete this line only if the organization	- 1 - 3 - 3			
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

Form 990 (2012)
Part X Balance Sheet

art X	Balance Sheet			
	Check if Schedule O contains a response to any question in this Part X			
		(A) Beginning of year		(B) End of year
1	Cash - non-interest-bearing	70,315.	1	60,534
2			2	4,684
3			3	
4	_	15,749.	4	
5				
İ	trustees, key employees, and highest compensated employees. Complete			
	Part II of Schedule L		5	
6				
	section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
	employers and sponsoring organizations of section 501(c)(9) voluntary			
	employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
7	Notes and loans receivable, net		7	
7 8	Inventories for sale or use		8	
9	Prepaid expenses and deferred charges		9	· · · · · · · · · · · · · · · · · · ·
-	a Land, buildings, and equipment: cost or other		Ť	· · · · · · · · · · · · · · · · · · ·
	basis. Complete Part VI of Schedule D 10a 24,650.			
	b Less: accumulated depreciation 10b 6,397.	18,740.	10c	18,253
11	Investments - publicly traded securities	10//100	11	20,233
12			12	
13	Investments - program-related. See Part IV, line 11		13	· -
14	Intangible assets		14	
15	Other assets. See Part IV, line 11		15	
16	Total assets. Add lines 1 through 15 (must equal line 34)	104,804.	16	83,471
17	Accounts payable and accrued expenses	511.	17	037471
18		<u> </u>	18	
19	Deferred revenue		19	
20			20	
			21	
22			21	
21 22	key employees, highest compensated employees, and disqualified persons.			
	Complete Part II of Schedule L		22	
23			23	
24			24	
25		· · · · · ·	24	
23	parties, and other liabilities not included on lines 17-24). Complete Part X of			
		0.	25	1,731
26		511.	26	1,731
	Organizations that follow SFAS 117 (ASC 958), check here ▶ 🗓 and	3211		
	complete lines 27 through 29, and lines 33 and 34.			
27	Unrestricted net assets	104,293.	27	66,975
28	Temporarily restricted net assets	101/0501	28	14,765
29	Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117 (ASC 958), check here ▶			
	and complete lines 30 through 34.			
27 28 29 30 31 32	Capital stock or trust principal, or current funds		30	
31	Paid-in or capital surplus, or land, building, or equipment fund		31	
32	Retained earnings, endowment, accumulated income, or other funds		32	
33	Total net assets or fund balances	104,293.	33	81,740
34	Total liabilities and net assets/fund balances	104,804.	34	83,471

Form 990 (2012)

	990 (2012) lowernine.org	11-3823	L601	Pa	ge 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response to any question in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1			<u>79.</u>
2	Total expenses (must equal Part IX, column (A), line 25)	2	169	5,0	<u>41.</u>
3	Revenue less expenses. Subtract line 2 from line 1	3	- 8	3,6	<u>62.</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	104	$\frac{1}{2}, 2$	93.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6		_	
7	Investment expenses	7			
8	Prior period adjustments	8	-13	3,8	91.
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	8:	1,7	40.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII	<u></u>			
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	X	<u> </u>
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	l on a			
	separate basis, consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b		X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,			
	consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c		X
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si				
	Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ				_
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		

Form **990** (2012)

SCHEDULE A

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization Employer identification number 11-3821601 lowernine.org Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v), 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from 9 activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h. **b** Type II c ____ Type III · Functionally integrated d ____ Type III - Non-functionally integrated By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, Yes the governing body of the supported organization? 11g(i) (ii) A family member of a person described in (i) above? 11g(ii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? 11g(iii) Provide the following information about the supported organization(s). h (vi) Is the organization in col. (iii) Type of organization (iv) Is the organization (v) Did you notify the (vii) Amount of monetary (i) Name of supported (ii) EIN in col. (i) listed in your organization in col. (described on lines 1-9 organization support (i) organized in the U.S.? above or IRC section governing document? (i) of your support? (see instructions)) Yes No Yes No Yes No

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

Schedule A (Form 990 or 990-EZ) 2012

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

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

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
	Gifts, grants, contributions, and	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1					
	membership fees received. (Do not						
	include any "unusual grants,")						
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
	The portion of total contributions						
-	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
6	Public support. Subtract line 5 from line 4.					<u> </u>	
	ction B. Total Support		<u> </u>			- 	
	ndar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources						
9	Net income from unrelated business						
_	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part IV.)						
11	Total support. Add lines 7 through 10						
	Gross receipts from related activities,	etc. (see instructi	ons)			12	
	First five years. If the Form 990 is for	•					
	organization, check this box and stop	5					
Se	ction C. Computation of Publi	c Support Pe	rcentage		-		
14	Public support percentage for 2012 (lin	ne 6, column (f) d	ivided by line 11,	column (f))		14	%
15	Public support percentage from 2011	Schedule A, Part	II, line 14			15	%
16a	33 1/3% support test - 2012. If the or	rganization did no	ot check the box o	n line 13, and line	14 is 33 1/3% or	more, check this bo	x and
	stop here. The organization qualifies a						
b	33 1/3% support test - 2011. If the or	rganization did no	ot check a box on	line 13 or 16a, and	d line 15 is 33 1/39	% or more, check th	nis box
	and stop here. The organization qualif						
17a	10% -facts-and-circumstances test	- 2012. If the org	anization did not	check a box on line	e 13, 16a, or 16b,	and line 14 is 10%	or more,
	and if the organization meets the "fact	s-and-circumstan	ices" test, check t	his box and stop I	here. Explain in Pa	art IV how the organ	nization
	meets the "facts-and-circumstances" t	est. The organiza	ation qualifies as a	publicly supported	d organization		▶ □
b	10% -facts-and-circumstances test	- 2011. If the org	anization did not	check a box on line	e 13, 16a, 16b, or	17a, and line 15 is	10% or
	more, and if the organization meets the	e "facts-and-circu	ımstances" test, c	heck this box and	stop here. Explai	n in Part IV how the	<u> </u>
	organization meets the "facts-and-circ	umstances" test.	The organization	qualifies as a publi	icly supported org	anization	>
18	Private foundation. If the organization	did not check a	box on line 13, 16	sa, 16b, 17a, or 17l	b, check this box	and see instruction	s
					Sch	edule A (Form 990	or 990-EZ) 2012

Schedule A (Form 990 or 990-EZ) 2012 lowernine.org Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to

Se	ction A. Public Support	elow, please comp	Diete Part II.)				
	ndar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
	Gifts, grants, contributions, and		(0) = 0 0 0	(9) = 5 (5)	14/2011	(0) 2012	(1) - 0 - 0 - 0 - 0 - 0 - 0 - 0 - 0 - 0 -
	membership fees received. (Do not						
	include any "unusual grants.")	527,479.	305,916.	361,200.	157,555.	86,512.	1,438,662.
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	:	16,804.		2,227.	150.	19,181.
3	Gross receipts from activities that				<u>-,</u>	_,•••	
	are not an unrelated trade or bus- iness under section 513		:				_
4	Tax revenues levied for the organization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5	527,479.	322,720.	361,200.	159,782.	86,662.	1,457,843,
7 a	Amounts included on lines 1, 2, and 3 received from disqualified persons						_0.
t	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						_0.
c	: Add lines 7a and 7b						0.
8	Public support (Subtract line 7c from line 6.)						1,457,843.
	ndar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
	Amounts from line 6	527,479.	322,720.	361,200.	159,782.	86,662.	1,457,843,
	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources		·		2.	2.	4.
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975						
c	: Add lines 10a and 10b				2.	2.	4.
	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on					490.	490.
12	Other income. Do not include gain or loss from the sale of capital				74,480.	69,225.	143,705.
13	assets (Explain in Part IV.)	527.479.	322,720.	361,200.	234,264.	156,379.	1,602,042,
	First five years. If the Form 990 is for						
	check this box and stop here	•			•		>
Sed	ction C. Computation of Publi	ic Support Per					
15	Public support percentage for 2012 (li	ine 8, column (f) di	vided by line 13, c	olumn (f))		15	91.00 %
16	Public support percentage from 2011	Schedule A, Part	III, line 15			16	94.98 %
Sec	ction D. Computation of Inves	stment Income	e Percentage				
17	Investment income percentage for 20	12 (line 10c, colum	nn (f) divided by lin	e 13, column (f))		17	.00 %
18	Investment income percentage from 2	2011 Schedule A, I	Part III, line 17			18	.00_%
19 <i>a</i>	33 1/3% support tests - 2012. If the	organization did n	ot check the box	on line 14, and line	15 is more than 3	33 1/3%, and line 1	
b	more than 33 1/3%, check this box ar 33 1/3% support tests - 2011. If the		=		_		ınd ►X
_	line 18 is not more than 33 1/3%, che	_					
20	Private foundation. If the organization		-			_	

55995__1

Schedule B (Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

Name of the organization	Employer identification number						
10	lowernine.org						
Organization type (check o	ne):						
Filers of:	Section:						
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization						
	4947(a)(1) nonexempt charitable trust not treated as a private foundation						
	527 political organization						
Form 990-PF	501(c)(3) exempt private foundation						
	4947(a)(1) nonexempt charitable trust treated as a private foundation						
	501(c)(3) taxable private foundation						
Note. Only a section 501(c)(General Rule X For an organization contributor. Complete	s covered by the General Rule or a Special Rule. (7), (8), or (10) organization can check boxes for both the General Rule and a Special Ru n filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in malete Parts I and II.						
Special Rules							
509(a)(1) and 170(l	c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the rego)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the gill Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.						
total contributions	c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contri of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or edi cruelty to children or animals. Complete Parts I, II, and III.						
contributions for use If this box is check purpose. Do not co	For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not total to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year						
religious, charitable, etc., contributions of \$5,000 or more during the year aution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), ut it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on Part I, line 2 of its Form 990-PF, to ertify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).							

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2012)

CONTOCUE B (1 ONN 000; 000 EZ; 01 000 1 1) (2012)	raye
Name of organization	Employer identification number
lowerning org	11 2021601

			JOZIOGI
Part I	Contributors (see instructions). Use duplicate copies of Part I if add	itional space is needed.	-
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	United Way of Greater New Orleans 2515 Canal Street New Orleans, LA 70119	\$\$	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	Keller Foundation 1100 Poydras Street, Suite 1502 New Orleans, LA 70163	\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	Robert Bosch Tool Corporation 1800 W Central Road Mt. Prospect, IL 60056	\$\$.	Person Payroll Noncash X (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$ 	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		 \$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)

Name of organization

Employer identification number

lowernine.org

11-3821601

Tools Tools Tools (a) (b) (c) FMV (or estimate) (see instructions) (a) No. (c) PMV (or estimate) (see instructions) (b) Co PMV (or estimate) (see instructions) (a) No. (b) Description of noncash property given (a) No. (c) PMV (or estimate) (see instructions) (b) PMV (or estimate) (see instructions) (c) PMV (or estimate) (see instructions) (d) No. (e) PMV (or estimate) (see instructions) (a) No. (c) PMV (or estimate) (see instructions) (a) No. (c) PMV (or estimate) (see instructions) (a) No. (c) PMV (or estimate) (see instructions) (a) No. (b) PMV (or estimate) (see instructions) (b) PMV (or estimate) (see instructions) (c) PMV (or estimate) (see instructions) (d) No. (c) PMV (or estimate) (see instructions) (d) No. (c) PMV (or estimate) (see instructions) (d) No. (c) PMV (or estimate) (see instructions) (d) No. (c) PMV (or estimate) (see instructions) (d) No. (c) PMV (or estimate) (see instructions) (d) No. (c) PMV (or estimate) (see instructions) (d) No. (c) PMV (or estimate) (see instructions) (d) No. (d) PMV (or estimate) (see instructions) (e) PMV (or estimate) (see instructions) (f) PMV (or estimate) (see instructions)	rt II	Noncash Property (see instructions). Use duplicate copies of P	art II if additional space is needed.	
S 5,000. 06/2 (a) No. (b) FMV (or estimate) (see instructions) (a) No. (c) FMV (or estimate) (see instructions) (b) FMV (or estimate) (see instructions) (c) FMV (or estimate) (see instructions) (d) No. (e) FMV (or estimate) (see instructions) (e) FMV (or estimate) (see instructions) (for FMV (or estimate) (see instructions) (g) FMV (or estimate) (see instructions) (g) FMV (or estimate) (see instructions) (g) FMV (or estimate) (see instructions) (h) No. (h) Description of noncash property given (g) FMV (or estimate) (see instructions) (g) FMV (or estimate) (see instructions) (h) No. (h) Description of noncash property given (g) FMV (or estimate) (see instructions)	lo. om		FMV (or estimate)	(d) Date received
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(a) No. from Description of noncash property given \$ (a) No. from Description of noncash property given \$ (b) FMV (or estimate) (see instructions) (c) FMV (or estimate) (see instructions) Date of the control of	lo. om		FMV (or estimate)	(d) Date received
No. (b) FMV (or estimate) (see instructions) (a) No. (b) FMV (or estimate) (see instructions) (c) FMV (or estimate) (see instructions) (d) FMV (or estimate) (see instructions) (e) FMV (or estimate) (see instructions) Date or (a) No. (b) FMV (or estimate) (see instructions) (c) FMV (or estimate) (see instructions) (d) No. (b) FMV (or estimate) (see instructions) (e) FMV (or estimate) (see instructions) Date or (form) Description of noncash property given (b) FMV (or estimate) (see instructions) Date or (c) FMV (or estimate) (see instructions)	- - -		\$	
No. (b) from Description of noncash property given (a) No. (b) No. (b) TMV (or estimate) (see instructions) (b) (c) FMV (or estimate) (see instructions) (c) FMV (or estimate) (see instructions) (d) FMV (or estimate) (see instructions) (d) FMV (or estimate) (see instructions) (d) Description of noncash property given (see instructions)	lo. om		FMV (or estimate)	(d) Date received
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(a) No. (b) FMV (or estimate) from Description of noncash property given (see instructions) Date r	lo. om		FMV (or estimate)	(d) Date received
No. (b) (C) (C) (FMV (or estimate) Date of the control of the cont			\$	
	lo. om		FMV (or estimate)	(d) Date received

Employer identification number Name of organization 11-3821601 lowernine.org Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations that total more than \$1,000 for the year. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once) Part III Use duplicate copies of Part III if additional space is needed. (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (d) Description of how gift is held (b) Purpose of gift (c) Use of gift Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

SCHEDULE D

Supplemental Financial Statements

Department of the Treasury Internal Revenue Service

(Form 990)

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

Employer identification number

	lowernine.org	11-3821601
Pai		Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, line 6.	
		(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate contributions to (during year)	
3	Aggregate grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised fur	nds
J	are the organization's property, subject to the organization's exclusive legal control?	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used	
Ŭ	for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose confe	
	impermissible private benefit?	<u></u>
Pai		
		, iii C 7 .
1	Purpose(s) of conservation easements held by the organization (check all that apply).	lly important land area
	Preservation of land for public use (e.g., recreation or education)	
	Protection of natural habitat Preservation of a certified hi	istoric structure
_	Preservation of open space	
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a co	onservation easement on the last
	day of the tax year.	
	The board of the same of	Held at the End of the Tax Year
a	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
C	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure	
•	listed in the National Register	2d
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by the organ	nization during the tax
4	Number of states where preparty or bigst to concernation accompany is largeted	
4	Number of states where property subject to conservation easement is located	
5	Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?	Yes No
6	violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during t	
7	Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year	
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(E	
Ū	and section 170(h)(4)(B)(ii)?	
9	In Part XIII, describe how the organization reports conservation easements in its revenue and expense state	
•	include, if applicable, the text of the footnote to the organization's financial statements that describes the organization.	
	conservation easements.	gamzation's accounting to
Pai	t III Organizations Maintaining Collections of Art, Historical Treasures, or Other	Similar Assets.
	Complete if the organization answered "Yes" to Form 990, Part IV, line 8.	
1a	If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement a	nd balance sheet works of art,
	historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of	
	the text of the footnote to its financial statements that describes these items.	
b	If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and be	palance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, education, or research in furtherance of public se	
	relating to these items:	
	(i) Revenues included in Form 990, Part VIII, line 1	, > \$
	(ii) Assets included in Form 990, Part X	
2	If the organization received or held works of art, historical treasures, or other similar assets for financial gain,	provide
	the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:	•
а	Revenues included in Form 990, Part VIII, line 1	. ▶ \$
b	Assets included in Form 990, Part X	

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

Schedule D (Form 990) 2012

1

Sche	edule D (Form 990) 2012lowerni	ne.org						382160		age 2
Pa	rt III Organizations Maintaining C	ollections of A	rt, His	torical Ti	easures, o	or Other	Similar As	sets(contin	ued)	
3	Using the organization's acquisition, accession									s
	(check all that apply):									
а	Public exhibition	d		Loan or exc	change progra	ams				
b	Scholarly research	е		Other						
С	Preservation for future generations			_						
4	Provide a description of the organization's co	ollections and explain	n how tl	hey further t	the organizati	on's exemp	t purpose in l	Part XIII.		
5	During the year, did the organization solicit o	r receive donations	of art, h	istorical trea	asures, or oth	er similar as	sets			
	to be sold to raise funds rather than to be ma	aintained as part of t	he orga	ınization's c	ollection?			Yes		No
Pa	rt IV Escrow and Custodial Arrangereported an amount on Form 990, Par	•	ete if the	e organization	on answered	"Yes" to Fo	rm 990, Part	IV, line 9, or		
1a	Is the organization an agent, trustee, custodi	an or other intermed	liary for	contributio	ns or other as	sets not inc	luded			
	on Form 990, Part X?							Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing	table:						
	, ,	•	_					Amount		
С	Beginning balance						1c			
d	Additions during the year						1d			
e	Distributions during the year						1e			
f	Ending balance						1f			
	Did the organization include an amount on Fo							Yes		No
	If "Yes," explain the arrangement in Part XIII.]
	rt V Endowment Funds. Complete it									
		(a) Current year		Prior year	(c) Two year		Three years ba	ick (e) Four	years	back
1a	Beginning of year balance							1		
b	Contributions									
С	Net investment earnings, gains, and losses									
d	Grants or scholarships				-		···			
	Other expenditures for facilities		_				· <u>-</u>			
_	and programs									
f	Administrative expenses									
g g	End of year balance									
2	Provide the estimated percentage of the curr	rent year end balanc	e (line 1	a column (a)) held as:					
- а			%	9, 001011111 (a,, noid do.					
b	Permanent endowment	%								
c	Temporarily restricted endowment	/°								
ŭ	The percentages in lines 2a, 2b, and 2c shou									
За	Are there endowment funds not in the posse		ation th	at are held :	and administe	red for the	organization			
ou	by:	33/011 Of the organize	ation tri	at are ricia t	and doministe	ica ioi tiio	organization	Γ	Yes	No
	(i) unrelated organizations							3a(i)	163	140
	(ii) related organizations									
b	If "Yes" to 3a(ii), are the related organizations	listed as required o	n Sche	dule R2				3b		
4	Describe in Part XIII the intended uses of the							00]		
Pa	rt VI Land, Buildings, and Equipm	ent. See Form 990	. Part X	. line 10.						
	Description of property	(a) Cost or o			t or other	(c) Accu	mulated	(d) Book	c valu	
		basis (investr			(other)	depre		(4) 5001	· •uiu	•
1a	Land	- `			·		-			
b	Buildings			1	9,000.		747.	1 5	3,2	53.
	Leasehold improvements				<u> </u>					- - -
	Equipment									
	Other				5,650.		5,650.			0.
	I. Add lines 1a through 1e. (Column (d) must ed		X. colur	nn (B), line			D	18	3,2	53.

Schedule D (Form 990) 2012

Schedule D (Form 990) 2012	Form 990 Part X line 1		11-3821601 Page
(a) Description of security or category (including name of security)	(b) Book value		ost or end-of-year market value
(1) Financial derivatives			
(2) Closely-held equity interests		-	
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			· · · · · · · · · · · · · · · · · · ·
(1)	·····		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related. Se			
(a) Description of investment type	(b) Book value	(c) Method of valuation: C	ost or end-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
(10)	,		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets. See Form 990, Part X, line			# N P 1
	Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9) (10)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	15.)		
Part X Other Liabilities. See Form 990, Part X, lin			
1. (a) Description of liability	110 20.	(b) Book value	
(1) Federal income taxes			
(2) Payroll Tax Payable		1,731.	
(3)	-	17,31.	
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
(10)			
(11)			
			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	25.)	1,731.	

	le D (Form 990) 2012 lowernine.org		11-3821601 Page
Part 2	KI Reconciliation of Revenue per Audited Financial State	ments With Reve	enue per Return
1 To	otal revenue, gains, and other support per audited financial statements		1
2 Aı	mounts included on line 1 but not on Form 990, Part VIII, line 12:		
a N	et unrealized gains on investments	2a	
	onated services and use of facilities		
	ecoveries of prior year grants		
	ther (Describe in Part XIII.)	1 (
e Ad	dd lines 2a through 2d		2e
3 Si	ubtract line 2e from line 1		
	mounts included on Form 990, Part VIII, line 12, but not on line 1:		
a In	vestment expenses not included on Form 990, Part VIII, line 7b	4a	
	ther (Describe in Part XIII.)		
	dd lines 4a and 4b		4c
5 To	otal revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		
	XII Reconciliation of Expenses per Audited Financial State		
1 To	otal expenses and losses per audited financial statements		1
	mounts included on line 1 but not on Form 990, Part IX, line 25:		
	onated services and use of facilities	2a	
	ior year adjustments		
	ther losses		
	ther (Describe in Part XIII.)		
	dd lines 2a through 2d		2e
	ubtract line 2e from line 1		
	mounts included on Form 990, Part IX, line 25, but not on line 1:		
	vestment expenses not included on Form 990, Part VIII, line 7b	4a	
	ther (Describe in Part XIII.)		
			4c
	dd lines 4a and 4b otal expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		
	KIII Supplemental Information		
	te this part to provide the descriptions required for Part II, lines 3, 5, and 9; Pa ; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this par		
		-	
		·	

Schedule D (Form 990) 2012

SCHEDULE I (Form 990)

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.

➤ Attach to Form 990.

Open to Public Inspection

Name of the organization							Employer identification number
lowernine							11-3821601
Part I General Information on Grants ar							
 Does the organization maintain records to 		e amount of the grants	s or assistance, the	grantees' eligibilit	y for the grants or as:	sistance, and the selec	
criteria used to award the grants or assist	tance?					***************************************	X Yes No
2 Describe in Part IV the organization's pro-							
Part II Grants and Other Assistance to 0	Governments and	d Organizations in th	e United States.	Complete if the org	anization answered "	Yes" to Form 990, Part	t IV, line 21, for any
recipient that received more than \$	5,000. Part II can	be duplicated if addit	tional space is need	ded	7		
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
							:
						-	
					<u> </u>	<u> </u>	L
2 Enter total number of section 501(c)(3) ar			he line 1 table				
3 Enter total number of other organizations	listed in the line	1 table	<u></u>		<u></u>	<u></u>	

Part III	Grants and Other Assistance to Individuals in the Un Part III can be duplicated if additional space is needed.	nited States. Com	plete if the organiza	ation answered "Yes	to Form 990, Part IV, line 22.	
	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
						Building materials for
Buildin	g Materials	19	0.	14,255.	FMV	residential properties.
-						
				1		
				-		+
				<u> </u>	<u> </u>	
Part IV	Supplemental Information. Complete this part to prov	vide the informatio	n required in Part I,	line 2, Part III, colum	in (b), and any other additional in	nformation.
Sched	ule I, Part I, Question 2					
lower	nine.org maintains a databas	e of clie	nts who ha	ve express	ed	
	ant in their constant pour		h 1		1	
inter	est in their services. From	tnis data	base, lowe	ernine.org	selects	
homeo	wners who have access to some	e financi	al resourc	es for mat	erials	
purch	ases. lowernine.org selects	<u>clients t</u>	<u>hat lived</u>	in the Low	er Ninth	
Mamal	prior to Hurricane Katrina,	and thair	alionta m	wat aaraa	to ugo	
waru	prior to nurricane katrina, a	and their	CITERIES R	ust agree	to use	
the h	ome rebuilt for them as their	r primary	residence	.		
Sched	ule I, Part III (b)					

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Department of the Treasury Internal Revenue Service Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or 990-EZ.

OMB No. 1545-0047
2012
Open to Public Inspection

Name of the organization Employer identification number lowernine.org 11-3821601 Form 990, Part I, Line 1, Description of Organization Mission: Orleans, LA in the numerous skills necessary to bring this century-old neighborhood back to life in the wake of hurricanes Katrina and Rita. Form 990, Part VI, Section B, line 11: Form 990 is distributed to all board members. Before filing, board needs to approve by vote of quorum at special meeting. Form 990, Part VI, Section C, Line 19: All documents are available upon request.

A01/35/4

Department of the Treasury Internal Revenue Service Ogden UT 84201

> 043639.189498.0170.003 1 AB 0.384 373 - Կրբիսերալիլիցիկիլինցիկանիրակիլինիկինիկիրիներիներոցիիսիայնիլ

LOWER NINE ORG 6018 EL DORADO ST NEW ORLEANS LA

70117-2522

Notice Number: CP211A Date: June 3, 2013

For assistance, call:

FAX 801-620-5670

1-877-829-5500

Taxpaver Identification Number:

11-3821601 Tax Form: 990

Tax Period: December 31, 2012



)43639

APPLICATION FOR EXTENSION OF TIME TO FILE AN EXEMPT ORGANIZATION RETURN - APPROVED

We received and approved your Form 8868, Application for Extension of Time to File an Exempt Organization Return, for the return (form) and tax period identified above. Your extended due date to file your return is August 15, 2013.

When it's time to file your Form 990, 990-EZ, 990-PF or 1120-POL, you should consider filing electronically. Electronic filing is the fastest, easiest and most accurate way to file your return. For more information, visit the Charities and Nonprofit web at www.irs.gov/eo. This site will provide information about:

- The type of returns that can be filed electronically,
- approved e-File providers, and
- if you are required to file electronically.

If you have any questions, please call us at the number shown above, or you may write us at the address shown at the top of this letter.

TAX RETURN RECORD

(To be bound with workpaper copy of tax return)

(To be b	ound with workpaper copy of tax return)	
	Client	# 55995
PAPERLESS :2804		
ENGAGEMENT BINDER ID 11210	.017.167	
ENGAGEMENT BINDER TAB 11700	100.01 Work	Code Series 270 Date 8/15/62013
•		1/2/3012
Client LOWERNING, ORC	Due I	Date
$\text{Year End } \mathcal{L} $	Forms	
Partner-in-Charge	In-charge Accountant	
armer-in-Charge	m-charge Accountant	
REPARATION & REVIEW:	SIGNATURE	DATE
reparer	RD	6/10/13
Reviewer	- AW Mo-	7/19/13
ACORN Public Copy (PDF)		1/2 - 1/2
artner-in-Charge		1/22/13
NOTE:		
Financial statements prepared Return preparation checklist attached		
HOLD ITEMS	CLEARED BY	DATE
123.4		======================================
		·
RETURN PROCESSING: (This return is	not to be processed until above items	s are signed)
	SIGNATURE	<u>DATE</u>
1		
Proofing	75	7/74/12
Kerox and assembly Final Review & Signing -Partner		-4-1112
Extra Copies		·
—, - <u>———</u>	e en l'en in	
DELIVERY INSTRUCTIONS: (MUST B)	e lipped inj	
Name-Attention of:	DATE	
Address	MAIL	
	RETURN TO P.	
	RETURN TO P	ARIGER

DUPLANTIER, HRAPMANN, HOGAN & MAHER, L.L.P. CERTIFIED PUBLIC ACCOUNTANTS 1615 POYDRAS STREET, SUITE 2100 NEW ORLEANS, LOUISIANA 70112 (504) 586-8866

September 11, 2014

Lowernine.org 6018 El Dorado Sreet New Orleans, LA 70117 Attention: Jeffrey Clayman

Dear Jeffrey:

Enclosed is the organization's 2013 Exempt Organization return.

Specific filing instructions are as follows.

FORM 990 RETURN:

This return has been prepared for electronic filing. If you wish to have it transmitted electronically to the IRS, please sign, date, and return Form 8879-EO to our office. We will then submit the electronic return to the IRS. Do not mail a paper copy of the return to the IRS. Return Form 8879-EO to us by November 17, 2014.

A copy of the return is enclosed for your files. We suggest that you retain this copy indefinitely.

Very truly yours,

Guy L. Duplantier, CPA

Form **8879-EO**

Department of the Treasury	► Do	not send to the IRS	. Keep for your re	cords.		
Internal Revenue Service	Information about For	rm 8879-EO and its i	nstructions is at	www.irs.gov/form		
Name of exempt organization					Employer	identification number
_						
lowernine.org					11-3	821601
Name and title of officer						
Jeffrey Clayma	an					
Board Chair Part I Type of F	Return and Return Info	emotion are a				
				In a		
on line 1a, 2a, 3a, 4a, or 5a	n for which you are using this i, below, and the amount on t ank (do not enter -0-). But, if y	that line for the return	being filed with th	nis form was blank,	then leave	line 1b, 2b, 3b, 4b, or 5b,
1a Form 990 check here	▶ X b Total revenu	ue, if any (Form 990, F	Part VIII, column (A	A), line 12)	1b	186977
2a Form 990-EZ check her	re ▶ 🔲 b Totalre	venue, if any (Form 9	90·EZ, line 9)		2b	
3a Form 1120-POL check						
4a Form 990-PF check he						
5a Form 8868 check here						
Part II Declarati	on and Signature Aut	horization of Off	icer			
intermediate service provid (a) an acknowledgement of the date of any refund. If a debit) entry to the financial return, and the financial ins 1-888-353-4537 no later the processing of the electronic	count in Part I above is the amer, transmitter, or electronic if receipt or reason for rejectic oplicable, I authorize the U.S. institution account indicated titution to debit the entry to the 12 business days prior to the payment of taxes to receive personal identification numb lectronic funds withdrawal.	return originator (ERC on of the transmission . Treasury and its des l in the tax preparation this account. To revol- ne payment (settlement e confidential informati) to send the orga , (b) the reason fo ignated Financial n software for pay te a payment, I munt) date. I also aut ion necessary to	nization's return to r any delay in proce Agent to initiate an ment of the organiz ust contact the U.S horize the financial answer inquiries an	the IRS an essing the r electronic t zation's fed- to. Treasury for institutions d resolve is	d to receive from the IRS eturn or refund, and (c) funds withdrawal (direct eral taxes owed on this Financial Agent at involved in the sues related to the
Officer's PIN: check one I	•					
X I authorize DUI	PLANTIER, HRAPM		& MAHER,	LLP	to enter m	
		ERO firm name				Enter five numbers, b do not enter all zeros
is being filed with enter my PIN on	on the organization's tax year a state agency(ies) regulatin the return's disclosure conse ne organization, I will enter m	ng charities as part of ent screen.	the IRS Fed/State	program, I also au	thorize the	nat a copy of the return aforementioned ERO to
	his return that a copy of the ter my PIN on the return's di	•		(ies) regulating cha	rities as pa	t of the IRS Fed/State
Officer's signature				Date >		
Part III Certifica	tion and Authentication)n				
	ur six-digit electronic filing ide your five-digit self-selected P			2397466666 to not enter all zeros	5	
•	neric entry is my PIN, which is g this return in accordance w s Returns.			*	-	
ERO's signature ►				Date >		
	EDO M.	st Retain This F	orm Cooles	tructions		
	Do Not Submit Th				o So	

LHA For Paperwork Reduction Act Notice, see instructions.

Form **8879-EO** (2013)

323051 10-01-13

					Page 2
 If you are filing for an Additional (Not Automatic) 3-Mont 					▶ [X]
Note. Only complete Part II if you have already been granted			iled Form	8868.	
If you are filing for an Automatic 3-Month Extension, con			-17		18
Part II Additional (Not Automatic) 3-Mont	n Extensio				
		Enter filer's			r, see instructions
Type or Name of exempt organization or other filer, see in	nstructions.		Employe	r Identifica	ition number (EIN) o
print		11 3	021 601		
file by the lowernine.org	2		821601		
fling your CO10 TI Days do Great	ox, see instruc	tions.	Social se	силту пип	nber (SSN)
Instructions City, town or post office, state, and ZIP code. Fo		Irana and instructions			
New Orleans, LA 70117	r a luleigh auc	ness, see instructions.			
New Offeatts, DA 10117					
Enter the Return code for the return that this application is fo	v ffila a senara	te application for each return)			0 1
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Application	Return	Application			Return
Is For	Code	Is For			Code
Form 990 or Form 990-EZ	01		-		
Form 990-BL	02	Form 1041-A			08
Form 4720 (individual)	03	Form 4720 (other than individual)			09
Form 990-PF	04	Form 5227			10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11
Form 990-T (trust other than above)	06	Form 8870			12
STOP! Do not complete Part II if you were not already gra	nted an autor	natic 3-month extension on a prev	inusty file	d Form 8	868
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AUG 1 \$ 2014

Form **990**

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter Social Security numbers on this form as it may be made public.

2013

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

Open to Public Inspection

Department of the Treasury Internal Revenue Service

A For the 2013 calendar year, or tax year beginning and ending Check if applicable C Name of organization D Employer identification number Address change lowernine.org Name change 11-3821601 Doing Business As Initial return Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Termin-504-278-1240 6018 El Dorado Sreet Amended return City or town, state or province, country, and ZIP or foreign postal code 186,977 G Gross receipts \$ New Orleans, LA 70117 Applica-H(a) Is this a group return pendina F Name and address of principal officer: Jeffrey Clayman for subordinates? Yes X No 6018 El Dorado, New Orleans, LA H(b) Are all subordinates included? Yes No Tax-exempt status: X 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or If "No," attach a list. (see instructions) J Website: ▶ www.lowernine.org **H(c)** Group exemption number ▶ K Form of organization: X Corporation Association Other > L Year of formation: 2007 M State of legal domicile: ME Part I | Summary Briefly describe the organization's mission or most significant activities: lowernine.org is dedicated to Activities & Governance training residents and volunteers in the lower ninth ward of New 2 Check this box | if the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a) 5 Number of independent voting members of the governing body (Part VI, line 1b) 5 5 Total number of individuals employed in calendar year 2013 (Part V, line 2a) 0 6 Total number of volunteers (estimate if necessary) 0. 7 a Total unrelated business revenue from Part VIII, column (C), line 12 7a b Net unrelated business taxable income from Form 990-T, line 34 0. Prior Year Current Year 8 Contributions and grants (Part VIII, line 1h) 86,512. 104,655. 69,225. 81,780. Program service revenue (Part VIII, line 2g) 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 152. 490. 540. 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 186,977. 156.379**.** 12 Total revenue · add lines 8 through 11 (must equal Part VIII, column (A), line 12) 14,255. 21,527. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 14 Benefits paid to or for members (Part IX, column (A), line 4) 0. 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 81,522. 78,497. Expenses 0. 16a Professional fundraising fees (Part IX, column (A), line 11e) b Total fundraising expenses (Part IX, column (D), line 25) 69,264. 62,221. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 162,245. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 165,041, -8,662. 24,732. Revenue less expenses. Subtract line 18 from line 12 Beginning of Current Year End of Year 83,471. 109,100. 20 Total assets (Part X, line 16) 1,731. 2,628. 21 Total liabilities (Part X, line 26) 81.740. 106,472. Net assets or fund balances. Subtract line 21 from line 20 Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Signature of officer Sign Jeffrey Clayman, Board Chair Here Type or print name and title Date PTIN Preparer's signature Print/Type preparer's name "self-employed P01206338 Paid Guy L. Duplantier, CPA Preparer LLP 72-0567396 Firm's name DUPLANTIER, HRAPMANN, HOGAN & MAHER, Firm's EIN Use Only Firm's address 1615 POYDRAS STREET, SUITE 2100 Phone no. (504) 586-8866 NEW ORLEANS, LA 70112

X Yes No

May the IRS discuss this return with the preparer shown above? (see instructions)

11130911 785325 55995

Form 990 (2013) lowernine.org Part IV | Checklist of Required Schedules

1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		Yes	No
'	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for	_		
٠	public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			**
•	during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
,	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	<u> </u>		- 21
٠	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	-		-22
'	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II.	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	-		
•	Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for	<u> </u>		
9	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent	ا ا		23
10	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, IX, or X	10		22
' '	as applicable.			
_	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
а		11a	Х	
	Part VI Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total	118	Δ.	
D		446	Х	
_	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total	44-		•
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
a	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			v
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	X	X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			₹.
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			٦,
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			Ì
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	1	l

Form 990 (2013) lowernine.org Part IV Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х
22	Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No", go to line 25a	24a		х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		x
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, complete Schedule L, Part II	26		х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		Х
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
32	If "Yes," complete Schedule N, Part I Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	31		X
33	Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		X
34	sections 301.7701·2 and 301.7701·3? If "Yes," complete Schedule R, Part I Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	33		X
	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	1		
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	х	
		Form	990	(2013

Par	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		163	140
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	'	
2a	Enter the number of employees reported on Form W·3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return2a5			
	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		X
b	If "Yes," has it filed a Form 990 T for this year? If "No," to line 3b, provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country: ▶			
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	-		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
	Organizations that may receive deductible contributions under section 170(c).			
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		_X
	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
•	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting			
	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
	Sponsoring organizations maintaining donor advised funds.			
	Did the organization make any taxable distributions under section 4966?	9a		
	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12			
a b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state?	13a		
_	Note. See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
-	organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
1-	16 "IVes." has it filed a Form 720 to report these payments? If "No." provide an explanation in Schoolule O	446	_	

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Pa	TVI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a	a "No" r	espon	se
	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.			
	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
	1 1		Yes	No
1a		<u>5</u>		
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.	_		
b	•	5		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
_	officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			v
	of officers, directors, or trustees, or key employees to a management company or other person?	3 4		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	5		X
5 6	Did the organization become aware during the year of a significant diversion of the organization's assets? Did the organization have members or stockholders?	6		X
о 7а	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or	-		
<i>1</i> a		7a		x
h	more members of the governing body? Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	1a		Α.
b		7b		х
8	persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	70		1
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	0.0		
•	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		x
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)		•	
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this was done	12c	_X	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		X
b	Other officers or key employees of the organization	15b		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		L
	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed None Section 5104 year type on exemplation to make its Forms 1003 (or 1004 if applicable), 900, and 900 T (Section 501(a)(3)) apply	ovellet.		
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) for public inspection, Indicate how you made those qualitable. Check all that apply	availaD	ic	
	for public inspection. Indicate how you made these available. Check all that apply. Own website Another's website W Upon request Other (explain in Schedule O)			
10	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, a	nd finer	cial	
19	statements available to the public during the tax year.	na iiiat	olai	
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organiz	ation: 🖿		
20	Mary Ann Jacobs - 520-797-9500	u.10/11.		
	DO 21770 This good N. 05751 1770			

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

Check this box if neither the organization nor any related						nper	nsat					
(A) (B)			(C) Position					(D)	(E)	(F)		
Name and Title	Average	(do					one	Reportable	Reportable	Estimated		
	hours per	box	(do not check more than one box, unless person is both an officer and a director/trustee)					compensation	compensation	amount of		
	week		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1					from	from related	other		
	(list any hours for	irect						the	organizations	compensation		
	related	e or d	tee			sated		organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization		
	organizations	ruste	E		8	шреп		(***2/1099****180)		and related		
	below	dualt	rtiona	l _	l g	st co	J.,			organizations		
	line)	Individual trustee or director	Institutional trustee	Officer	Keyer	Highest compensated employee	Former	,		g		
(1) Jeffrey Clayman	5.00											
Board Chair		X		X				0.	0.	0.		
(2) Beverly Nichols	5.00							_				
Treasurer		X		X			_	0.	0.	0.		
(3) Andreanecia Morris	3.00								_			
Board Member	2 00	Х	_		_			0.	0.	0.		
(4) Bill Robinson	3.00	٦,							,	•		
Board Member	2 00	X				H		0.	0.	0.		
(5) Julia McNabb	3.00	x	l					0.	0.	0.		
Board Member	50.00	Λ		_				U •	U •	<u> </u>		
(6) Laura Paul	50.00			х				41,667.	0.	0.		
Executive Director	<u> </u>			^				41,007.		<u> </u>		
	<u> </u>											
						 						
				<u> </u>								
			<u> </u>		_		_					
		-										
					<u> </u>							
		l										
. V. 10			-		├	┢						

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\$100,000 of compensation from the organization

		Check if Schedule O cont	ains a response	or note to any line	e in this Part VIII			
		Onedkii Gonedale G Gone	ans a response	of note to any mile	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns	1a	25,540.				
		Membership dues						
		Fundraising events		2,865.		;		
		Related organizations						
		Government grants (contribut						1
		All other contributions, gifts, gran						
	•	similar amounts not included abo	1 1	76,250.				
	~	Noncash contributions included in lines		15,357.				
	_	Total, Add lines 1a-1f			104,655.			
<u> </u>		Total, Add lines to 11	101,000.					
a)	2 2	Volunteer Fees		Business Code 900099	76,860.	76,860.		
Š		Tours		900099	4,920.	4,920.	······································	
ie Š		TOULS		300033	4,340.	4,320.		
εğ	C							
Pa	d							
Program Service Revenue	e	All all and a second					****	
_		All other program service reve	81,780.			1		
-		Total, Add lines 2a-2f			01,/00.			
	3	Investment income (including			2			2
		other similar amounts)						2.
	4	Income from investment of ta		' I F				-
	5	Royalties						-
		_	(i) Real	(ii) Personal				
		Gross rents						
		Less: rental expenses						
		Rental income or (loss)		1				
	d	Net rental income or (loss)						
	7 a	Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory						
	b	Less: cost or other basis		1		l		
		and sales expenses						
	c	Gain or (loss)						
	d	Net gain or (loss)						
<u>o</u>	8 a	Gross income from fundraisin	1					
eu		including \$ 2,8	365 <u> </u>					
ě		contributions reported on line	1c). See					
7		Part IV, line 18	a	0.				
Other Revenue	b	Less: direct expenses	k	0.				
۱	С	Net income or (loss) from fund	draising events		0.			
	9 a	Gross income from gaming ac	ctivities. See					
		Part IV, line 19	8	1				
	b	Less: direct expenses	t	,				
	С	c Net income or (loss) from gaming activities						
	10 a	Gross sales of inventory, less						
		and allowances	6	540.				
	b	Less: cost of goods sold						
		Net income or (loss) from sale	1	5 <u>40.</u>	540.			
		Miscellaneous Revenu	ıe	Business Code				
Į	11 a							
1								
l	c							
		All other revenue						
		Total. Add lines 11a-11d						
		Total revenue. See instructions.			186,977.	82,320.	0.	2.
33200 10-29	9							Form 990 (2013)

Form 990 (2013) lowernine.org Part IX | Statement of Functional Expenses

Do n	Check if Schedule O contains a respons of include amounts reported on lines 6b.	(A)	(B)	(C)	(D)
	3b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to governments and				
	organizations in the United States. See Part IV, line 21				
2	Grants and other assistance to individuals in				
	the United States. See Part IV, line 22	21,527.	21,527.		
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	United States. See Part IV, lines 15 and 16				
	Benefits paid to or for members				
	Compensation of current officers, directors,	44 665	00.004	10 416	40.44=
	trustees, and key employees	41,667.	20,834.	10,416.	10,417
	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	20 471	22 102	7 260	
	Other salaries and wages	29,471.	22,103.	7,368.	
	Pension plan accruals and contributions (include	į			
	section 401(k) and 403(b) employer contributions)	1,513.	757.	378.	378
	Other employee benefits	5,846.	3,653.	1,462.	731
	Payroll taxes	3,040.	3,033.	1,402.	
	Fees for services (non-employees): Management				
	Legal				
	Accounting	5,150.	5,150.		
	Lobbying	3,130.	3,130.		
	Professional fundraising services. See Part IV, line 17				
	Investment management fees				
	Other. (If line 11g amount exceeds 10% of line 25,				
-	column (A) amount, list line 11g expenses on Sch O.)	100.	100.		
	Advertising and promotion				
	Office expenses	10,465.	3,443.	1,148.	5,874
	Information technology				
	Royalties				
	Occupancy	7,346.	5,504.	1,842.	
	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest	-			
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	487.		487.	
23	Insurance	7,907.	7,907.		
	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
	Food and Supplies	19,135.	19,135.		
	Fuel	5,365.	5,365.		
_	Bank Fees	1,858.	3,000	1,858.	
	House Repairs	1,562.		1,562.	
	All other expenses	2,846.	996.	1,850.	
	Total functional expenses. Add lines 1 through 24e	162,245.	116,474.	28,371.	17,400
	Joint costs. Complete this line only if the organization				<u> </u>
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

Ра	rt X	Balance Sheet					
		Check if Schedule O contains a response or not	te to any li	ine in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash · non-interest-bearing			60,534.	1	70,898.
	2	Savings and temporary cash investments		L	4,684.	2	4,686
	3	Pledges and grants receivable, net			-	3	
	4	Accounts receivable, net			4		
	5	Loans and other receivables from current and fo					
		trustees, key employees, and highest compensations	ated empl	oyees. Complete			
		Part II of Schedule L				5	
	6	Loans and other receivables from other disquali					
		section 4958(f)(1)), persons described in section	1 4958(c)(3	3)(B), and contributing			
		employers and sponsoring organizations of sec	tion 501(c)(9) voluntary			
ţ		employees' beneficiary organizations (see instr).	. Complete	Part II of Sch L		6	
Assets	7	Notes and loans receivable, net				7	
Ÿ	8	Inventories for sale or use				8	
	9	Prepaid expenses and deferred charges				9	
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	24,650.			
	b	Less: accumulated depreciation		6,884.	18,253.	10c	17,766.
	11	Investments - publicly traded securities		11			
	12	Investments - other securities. See Part IV, line				12	15,200
	13	Investments - program-related. See Part IV, line			13		
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11	0.		550		
	16	Total assets. Add lines 1 through 15 (must equ	83,471.	16	109,100.		
	17	Accounts payable and accrued expenses			17		
	18	Grants payable		18			
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete				21	
Ś	22	Loans and other payables to current and former					
ij		key employees, highest compensated employee	es, and dis	squalified persons.			
Liabilíties		Complete Part II of Schedule L				22	
=	23	Secured mortgages and notes payable to unrela				23	
	24	Unsecured notes and loans payable to unrelate				24	
	25	Other liabilities (including federal income tax, pa	yables to	related third			
		parties, and other liabilities not included on lines	s 17·24). C	Complete Part X of			
		Schedule D			1,731.	25	2,628.
	26	Total liabilities. Add lines 17 through 25			1,731.	26	2,628.
		Organizations that follow SFAS 117 (ASC 958	3), check l	here X and			
ŝ		complete lines 27 through 29, and lines 33 ar	nd 34.				
ŭ	27	Unrestricted net assets			66,975.	27	91,238.
ala	28	Temporarily restricted net assets			14,765.	28	91,238. 15,234.
Ē	29	Permanently restricted net assets		29			
Ē.		Organizations that do not follow SFAS 117 (A					
Net Assets or Fund Balances		and complete lines 30 through 34.					
ets	30	Capital stock or trust principal, or current funds				30	
188	31	Paid-in or capital surplus, or land, building, or ed				31	
et 🌶	32	Retained earnings, endowment, accumulated in				32	
ž	33	Total net assets or fund balances			81,740.	33	106,472.
	34	Total liabilities and net assets/fund balances			83,471.	34	109,100.

Act and OMB Circular A-133?

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit

or audits, explain why in Schedule O and describe any steps taken to undergo such audits

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Form 990 (2013)

SCHEDULE A

(Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ.

► Attach to Form 990 or Form 990-EZ.

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

2013

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization Employer identification number 11-3821601 lowernine.org Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii), Enter the hospital's name, 4 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from q activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 10 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h. **b** Type II c ____ Type III - Functionally integrated Type III - Non-functionally integrated ___ Type I By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? 11g(i) (ii) A family member of a person described in (i) above? 11g(ii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? 11g(iii) h Provide the following information about the supported organization(s). (iii) Type of organization (iv) is the organization (v) Did you notify the (vi) Is the (i) Name of supported (vii) Amount of monetary (ii) EIN organization in col in col. (i) listed in your organization in col. (described on lines 1-9 (i) organized in the organization support governing document? (i) of your support? above or IRC section (see instructions)) No Yes No Yes

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

Schedule A (Form 990 or 990-EZ) 2013

Total

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

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

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to				1		
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						,
	the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
	Public support. Subtract line 5 from line 4.		!				<u></u>
Sec	ction B. Total Support	·					·
	ndar year (or fiscal year beginning in) 🕨	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						ļ
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part IV.)					ļ	
11	Total support. Add lines 7 through 10			<u> </u>	1		
	Gross receipts from related activities,	•				12	
13	First five years. If the Form 990 is for						. —
ē.,	organization, check this box and stor		roontago				>
	ction C. Computation of Publ						
	Public support percentage for 2013 (%
	Public support percentage from 2012					15	%
16a	33 1/3% support test - 2013. If the						ox and
	stop here. The organization qualifies						
b	33 1/3% support test - 2012. If the	-					
	and stop here. The organization qual						
17a	10% -facts-and-circumstances tes						
	and if the organization meets the "fac			•	•	-	
	meets the "facts-and-circumstances"						
r	10% -facts-and-circumstances tes	•	•				
	more, and if the organization meets the				•		⊾ □
40	organization meets the "facts-and-circ		-				\
18	Private foundation. If the organization	п иш пот спеск а	DOX OF THE 13, 16	Ja, 100, 1/a, 0/ 1/			
					SCH	eadle w (LOHH 33(or 990-EZ) 2013

Section A. Public Support

Schedule A (Form 990 or 990-EZ) 2013 lowernine.org Part III | Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Cale	ndar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	305,916.	361,200.	157,555.	86,512.	104,655.	1,015,838,
2	Gross receipts from admissions,						. ,
	merchandise sold or services per-						
	formed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose	16,804.		2,227.	150.	81,780.	100,961.
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5	322,720.	361,200.	159,782.	86,662.	186,435.	1,116,799.
7a	Amounts included on lines 1, 2, and	ļ ,					_
	3 received from disqualified persons						0.
b	Amounts included on lines 2 and 3 received from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						0.
	Add lines 7a and 7b						0.
	Public support (Subtract line 7c from line 6.) etion B. Total Support						1,116,799.
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
	Amounts from line 6	322,720.	361,200.	159,782.	86,662.	186,435.	1,116,799.
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources			2.	2.	2.	6.
H	Unrelated business taxable income				2.		<u>``</u>
•	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b			2.	2.	2.	6.
	Net income from unrelated business	-			······································		
	activities not included in line 10b, whether or not the business is						
	regularly carried on				490.	540.	1,030.
12	Other income. Do not include gain						
	or loss from the sale of capital assets (Explain in Part IV.)			74,480.	69,225.		143,705.
13	Total support. (Add lines 9, 10c, 11, and 12.)	322,720.	361,200.	234,264.	156,379.	186,977.	1,261,540,
14	First five years. If the Form 990 is for	r the organization's	first, second, thir	d, fourth, or fifth ta	x year as a sectio	n 501(c)(3) organiz	ation,
	check this box and stop here						▶ □
Sec	ction C. Computation of Publ	ic Support Pe	rcentage			γγ	
15	Public support percentage for 2013 (line 8, column (f) di	vided by line 13, c	olumn (f))		15	88.53 %
	Public support percentage from 2012					16	91.00 %
	ction D. Computation of Inve					г	
	Investment income percentage for 20		•			17	.00 %
	Investment income percentage from					18	%
19a	33 1/3% support tests - 2013. If the	-					
	more than 33 1/3%, check this box a	•	-	· · · · · · · · · · · · · · · · · · ·			►X
t	33 1/3% support tests - 2012. If the	-					
-	line 18 is not more than 33 1/3%, che			•		_	
	Private foundation, If the organization	on did not check a	box on line 14, 19	a, or 19b, check th	•	structions	D are 000 FZ\ 00 to
-222A	23 00-25-13				Sch	ecuse a crorm 990	www.ref/1/1/13

Schedule A	(Form 990 or 990 EZ) 2013 lowernine.org	<u> 11-3821601</u>	Page 4
Part IV	.(Form 990 or 990-EZ) 2013 lowernine.org Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a	or 17b; and Part III, line 1	2
	Also complete this part for any additional information. (See instructions).		
	Also complete this part for any additional information. (See instructions).		
		·····	
		——————————————————————————————————————	
		·····	
	The state of the s		
		W-2	
·——			

Schedule B (Form 990, 990-EZ.

or 990-PF)
Department of the Treasury

Department of the Treasury Internal Revenue Service

Schedule of Contributors

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

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

OMB No. 1545-0047

2013

Name of the organization Employer identification number lowernine.org 11-3821601 Organization type (check one): Filers of: Section: X 501(c)(3) (enter number) organization Form 990 or 990-F7 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. General Rule Tild For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor, Complete Parts I and II. Special Rules For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II. For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III. For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not total to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2013)

Name of organization

Employer identification number

lowernine.org

11-3821601

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	I space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	United Way of Greater New Orleans 2515 Canal Street New Orleans, LA 70119	\$ 25,540.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	The Charles Engelhard Foundation 645 Fifth Avenue, 9th Floor New York, NY 10022	\$15,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	Greater New Orleans Foundation 1055 St Charles Avenue New Orleans, LA 70130	s5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	Lush Cosmetics 120-8365 Ontario Street Vancouver, BC, CANADA V5X 3E8	\$11,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	Richard Colton 1406 Seventh Street New Orleans, LA 70115	s15,200.	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

lowernine.org

11-3821601

art II	Noncash Property (see instructions). Use duplicate copies of Part II	if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
<u>5</u>	1000 Shares - Bank of America Stock	-	
		\$15,200.	12/16/13
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		- - - - - - \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		- - - - - - - - - - -	***************************************
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		- - - - - - - - - -	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		- - - - - \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		-	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
		\$	90, 990-EZ, or 990-PF) (

Name of orga	nization		Employer identification number
lowern: Part III	ine.orq Exclusively religious, charitable, etc., indiv year. Complete columns (a) through (e) and the total of exclusively religious, charitable, etc. Use duplicate copies of Part III if additional	., contributions of \$1,000 or less for	11-3821601)(7), (8), or (10) organizations that total more than \$1,000 for the ons completing Part III, enter the year. (Enter this information once.)
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-		(e) Transfer of gif	
-	Transferee's name, address, an	d ZIP + 4	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transferee's name, address, an	(e) Transfer of gif	t Relationship of transferor to transferee
(a) No.			
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
_		(e) Transfer of gif	t
-	Transferee's name, address, an	d ZIP + 4	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-		(e) Transfer of gif	t
-	Transferee's name, address, an	d ZIP + 4	Relationship of transferor to transferee
-			

SCHEDULE D

Department of the Treasury

(Form 990)

Supplemental Financial Statements

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

► Attach to Form 990.

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

Open to Public

Name of the organization

Inspection

OMB No. 1545-0047

lan	e of the organization lowernine.org			Emp	oloyer identification number
Da	rt I Organizations Maintaining Donor Advised	d Funds or Other Similar Fund	s or A	0001	11-3821601
ra			3 UI A	CCOU	ints. Complete ii the
	organization answered "Yes" to Form 990, Part IV, line	(a) Donor advised funds	0	a) Fun	ds and other accounts
_	Total number at and of year	(a) Bonor devised failed	"	3) Tull	as and other accounts
1	Total number at end of year				
2	Aggregate contributions to (during year)				
3	Aggregate grants from (during year)				
4	Aggregate value at end of year Did the organization inform all donors and donor advisors in w			<u></u>	
5	· ·	•			
_	are the organization's property, subject to the organization's e				Yes No
6	Did the organization inform all grantees donors, and donor ac			•	
	for charitable purposes and not for the benefit of the donor or			•	
Da	impermissible private benefit? rt II Conservation Easements. Complete if the organization	anisation are usual "Vest" to Form 000			
			rait IV, I	iiile 7.	
1	Purpose(s) of conservation easements held by the organization of land for public use (e.g., recreation or ed		ntorioalli	ı, imne	ertent land area
	Protection of natural habitat	Preservation of a cer			
		Fleservation of a cer	unea ms	Storic :	Structure
_	Preservation of open space	ad announction contribution in the form			tion accoment on the last
2	Complete lines 2a through 2d if the organization held a qualification of the tax year	ed conservation contribution in the form	o a co	nserva	ation easement on the last
	day of the tax year.		Γ		Held at the End of the Tax Year
_	Total number of conservation easements		ŀ	2a	Held at the Lind of the Tax Teal
	Total acreage restricted by conservation easements			2b	
	Number of conservation easements on a certified historic stru			2c	
ч	Number of conservation easements included in (c) acquired a				Contract of the second
_	listed in the National Register			2d	
3	Number of conservation easements modified, transferred, rele				during the tax
	year >	,	J		· ·
4	Number of states where property subject to conservation eas	sement is located >			
5	Does the organization have a written policy regarding the peri	odic monitoring, inspection, handling of			
	violations, and enforcement of the conservation easements it	holds?			Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,	and enforcing conservation easements	during th	ne yea	r >
7	Amount of expenses incurred in monitoring, inspecting, and e	enforcing conservation easements during	g the yea	ar 🕨 :	\$
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements of section 170	O(h)(4)(B)(i)	
	and section 170(h)(4)(B)(ii)?				
9	In Part XIII, describe how the organization reports conservation	on easements in its revenue and expens	e staten	nent, a	and balance sheet, and
	include, if applicable, the text of the footnote to the organizati	ion's financial statements that describes	the org	anizat	ion's accounting for
_	conservation easements.	A. L. III. A. J. T	\	N: !I	
Ра	rt III Organizations Maintaining Collections of		otner s	Simil	ar Assets.
	Complete if the organization answered "Yes" to Form 9				
1a	If the organization elected, as permitted under SFAS 116 (ASC				
	historical treasures, or other similar assets held for public exh	,	ance of p	public	service, provide, in Part XIII,
	the text of the footnote to its financial statements that describ			_1	
b	If the organization elected, as permitted under SFAS 116 (AS				
	treasures, or other similar assets held for public exhibition, ed relating to these items:	lucation, or research in turtherance of po	JDIIC Ser	vice, p	provide the following amounts
	•				¢.
	(i) Revenues included in Form 990, Part VIII, line 1				\$
2	(ii) Assets included in Form 990, Part X If the organization received or held works of art, historical trea				
2	the following amounts required to be reported under SFAS 11		ur yanı,	provid	•
۰	Revenues included in Form 990, Part VIII, line 1			•	\$
	Assets included in Form 990, Part X				
IJ	, boots moladed in Form 550, Fatt A		•••••		<u> </u>

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

Schedule D (Form 990) 2013

	dule D (Form 990) 2013 lowerni:		rt. Hist	torical Tr	easures (or Oth		11-38 ar Asse			<u>age 2</u>
3	Using the organization's acquisition, accessi										
•	(check all that apply):		,		.cc.iiiig iiic		gou	000 01 110	5011001101		
а	Public exhibition	c	ı 🔲	Loan or exc	hange progra	ams					
b	Scholarly research	e			5-15						
C											
4	Provide a description of the organization's co	ollections and explai	n how th	nev further t	he organizati	on's exe	mpt purp	ose in Par	XIII.		
5	During the year, did the organization solicit o	•		•	_						
•	to be sold to raise funds rather than to be ma								Yes] No
Pai	t IV Escrow and Custodial Arran					"Yes" to	Form 990), Part IV, I			, , , , ,
	reported an amount on Form 990, Par			- J				,			
1a	Is the organization an agent, trustee, custod	ian or other intermed	diary for	contribution	ns or other as	sets not	included		_		
	on Form 990, Part X?								Yes		No
b	If "Yes," explain the arrangement in Part XIII										
	, , , , , , , , , , , , , , , , , , , ,							I	Amount	 t	
С	Beginning balance						1c				
	Additions during the year										
	Distributions during the year										
f	Ending balance								_		
	Did the organization include an amount on Fe	orm 990 Part X line	212					·	Yes	$\overline{}$	No
	If "Yes," explain the arrangement in Part XIII.								_ ,00		֝֝֟֝֟֝֝֟֝֟֝ <u>֚</u>
Par											
		(a) Current year		rior year	(c) Two year			vears back	(e) Four	vears	back
1a	Beginning of year balance	(a) carroin you	(2)	noi you.	107 · mo Jour	- Duon	(4)	jouro Duon	(0) . 00.	<u> 100.0</u>	<u> </u>
	Contributions				_						
	Net investment earnings, gains, and losses										
d	Grants or scholarships										
-	Other expenditures for facilities				_						
е	-	'			ĺ	j					
	and programs				-						—
f	Administrative expenses				-						
g	End of year balance		/i: 1								
2	Provide the estimated percentage of the curr	-		g, column (a	a)) neid as:						
a	Board designated or quasi-endowment		_%								
	Permanent endowment										
С	Temporarily restricted endowment										
_	The percentages in lines 2a, 2b, and 2c should be a sh	•									
За	Are there endowment funds not in the posse	ssion of the organiz	ation tha	it are neid a	ing administe	erea tor t	ne organi	zation	Г		
	by:									Yes	No
	(i) unrelated organizations								3a(i)		
	(ii) related organizations								3a(ii)		
b	If "Yes" to 3a(ii), are the related organizations								3b		
4	Describe in Part XIII the intended uses of the		wment	funds.							
Par											
	Complete if the organization answere										
	Description of property	(a) Cost or o		1,	or other	٠,,	ccumulat		(d) Bool	< value	е
	And the form of the first of th	basis (investr	ment)	basis	(other)	de	preciation	1			
	Land										
	Buildings			1	9,000.		1,2	34.	1'	<u>7,7</u>	66.
С	Leasehold improvements										
d	Equipment										
	Other				<u>5,650.</u>		5,6	50.			0.
Total	, Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part	X, colun	nn (B), line 1	10(c).)				1'	7,7	<u>66.</u>

Schedule D (Form 990) 2013

11130911 785325 55995

11-3821601 Page 3 Schedule D (Form 990) 2013 lowernine.org Part VII Investments - Other Securities. Complete if the organization answered "Yes" to Form 990, Part IV, line 11b. See Form 990, Part X, line 12. (a) Description of security or category (including name of security) (b) Book value (c) Method of valuation: Cost or end-of-year market value (1) Financial derivatives (2) Closely-held equity interests (3) Other 15,200. (A) Bank of America Stock Cost (B) (C) (D) (E) (F) (G) (H) 15,200 Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) Part VIII Investments - Program Related. Complete if the organization answered "Yes" to Form 990, Part IV, line 11c. See Form 990, Part X, line 13 (a) Description of investment (b) Book value (c) Method of valuation: Cost or end-of-year market value (1) (2)(3) (4)(5) (6)(7)(8)(9)Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (a) Description (b) Book value (1) (2)(3) (4)<u>(5)</u> (6)(7) (8)(9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) Part X Other Liabilities. Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. (a) Description of liability (b) Book value (1) Federal income taxes Payroll Tax Payable 2,628 (2) (3)(4) (5)(6)(7) (8) (9)2,628. Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) 2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2013

Sche	dule D (Form 990) 2013 lowernine.org		11-3821	501 Page 4
Par	t XI Reconciliation of Revenue per Audited Financial Sta	atements With Reve	nue per Return.	
	Complete if the organization answered "Yes" to Form 990, Part IV, lin	ne 12a		
1	Total revenue, gains, and other support per audited financial statements	••••	1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains on investments	2a		
b	Donated services and use of facilities	2b		
С	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d			
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
	Add lines 4a and 4b			
	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12			
Par	t XII Reconciliation of Expenses per Audited Financial St	•	enses per Return.	
	Complete if the organization answered "Yes" to Form 990, Part IV, lin			
1	Total expenses and losses per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	j l		
а	Donated services and use of facilities			
þ	Prior year adjustments			
	Other losses			
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
С	Add lines 4a and 4b		4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1	8.)	5	
Par	t XIII Supplemental Information.			
nes	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide a	iny additional information.		
				
				·

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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

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

Attach to Form 990.

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

2013

Open to Public Inspection

Employer identification number

lowernine	.org						<u>11-3821601</u>
Part I General Information on Grants a	nd Assistance						
1 Does the organization maintain records	to substantiate th	e amount of the grant	s or assistance, the	e grantees' eligibilit	y for the grants or as	sistance, and the selection	
criteria used to award the grants or assis	stance?		•••••			•••••	X Yes 🔲 No
2 Describe in Part IV the organization's pro	ocedures for mon	itoring the use of gran	t funds in the Unite	d States.			
Part II Grants and Other Assistance to	Governments an	d Organizations in th	ne United States. (Complete if the org	anization answered "	Yes" to Form 990, Part IV,	line 21, for any
recipient that received more than					(0.14-4		
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
					_		
2 Enter total number of section 501(c)(3) a	•	-	he line 1 table				

Schedule I (Form 990) (2013) lowernine.org					11-3821601 Page 2
Part III Grants and Other Assistance to Individuals in the Part III can be duplicated if additional space is need	e United States. Com ded.	plete if the organiza	ation answered "Yes	s" to Form 990, Part IV, line 22.	
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
					Building materials for
Building Materials	14	0,	21,527	, FMV	residential properties.
		· ·-			
Part IV Supplemental Information. Provide the information	n required in Part I, lin	e 2, Part III, column	(b), and any other a	additional information.	
Schedule I, Part III (b)					
Explanation: The number of recip	pients is t	he number	of homeowr	ners that	
received aid in the form of buil	lding mater	ials durin	g the year	•	
	1				
				· · · · · · · · · · · · · · · · · · ·	

SCHEDULE O

(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. ► Attach to Form 990 or 990-EZ.

Department of the Treasury Internal Revenue Service Name of the organization

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

Inspection Employer identification number

lowernine.org	11-3821601
Form 990, Part I, Line 1, Description of Organization Miss	
Orleans, LA in the numerous skills necessary to bring this	s century-old
neighborhood back to life in the wake of hurricanes Katrir	na and Rita.
Form 990, Part VI, Section B, line 11:	
Explanation: Form 990 is distributed to all board members.	Before filing,
board needs to approve by vote of quorum at special meeting	ng.
Form 990, Part VI, Section B, Line 12c:	
Explanation: Executive Director discusses policy with each	n new board member
upon appointment, and an annual board meeting reviews all	policies and
ensure board compliance and awareness.	
Form 990, Part VI, Section C, Line 19:	
Explanation: All documents are available upon request.	

	8 (Rev. 1-2014)			-		Page 2
	are filing for an Additional (Not Automatic) 3-Month Ex					▶ [X]
	ly complete Part II if you have already been granted an a			led Form	8868.	
_	are filing for an Automatic 3-Month Extension, comple Additional (Not Automatic) 3-Month E			al (no o	onies need	lod)
Part II	Additional (Not Automatic) 3-Month E	Yreiisio				
	Name of exampt arganization or other files, and instru			ee instructions		
Type or	Name of exempt organization or other filer, see instru	Employe	mployer identification number (EIN) or			
print File by the	lowernine.org		11-382	21601		
due date for	Number, street, and room or suite no. If a P.O. box, s	ee instruc	tions	Social se		
filing your return. See	6018 El Dorado Sreet			000101	ounty named	. (55.5)
instructions.	City, town or post office, state, and ZIP code. For a fo	oreign add	ress, see instructions.		···	
	New Orleans, LA 70117					
Enter the	Return code for the return that this application is for (file	a separa	te application for each return)	• • • • • • • • • • • • • • • • • • • •		0 1
Applicati	on	Return	Application			Return
ls For		Code	Is For			Code
Form 990	or Form 990-EZ	01				
Form 990		02	Form 1041-A			08
	0 (individual)	03	Form 4720 (other than individual)			09
Form 990		04	Form 5227	10		
	-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11		
	-T (trust other than above) o not complete Part II if you were not already granted	06	Form 8870			12
Teleph If the c If this is box If this is box If this is for a first The control of the	Mary Ann Jacobs poks are in the care of ▶ PO 31778 - Tusconone No. ▶ 520-797-9500 progranization does not have an office or place of business is for a Group Return, enter the organization's four digit of the group, check this box ▶ quest an additional 3-month extension of time until calendar year 2013, or other tax year beginning the tax year entered in line 5 is for less than 12 months, conditional country of the extension detail why you need the extension diditional time is requested are equired to file a complete and the co	con, is in the Ur Group Exe and atta Novemi heck reas in orce	Fax No. inted States, check this box implies the check this box implies the check this box implies the check this box implies the check this box implies the check this box implies the check this box implies the check this box implies the check this box implies the check this box implies the check this box implies the check this box implies the check this box implies the check the check this box implies the check the ch	f this is fo all memb	r the whole gi ers the exten eturn	roup, check this sion is for.
8a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. 8a \$ b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated						0.
pre	payments made. Include any prior year overpayment all eviously with Form 8868.		<u> </u>	8b	\$	0.
	ance due. Subtract line 8b from line 8a. Include your pa	•	h this form, if required, by using			^
EF	TPS (Electronic Federal Tax Payment System). See instru Signature and Verificat		st be completed for Part II o	<u> 8c</u> only	\$	0.
Under pen it is true, c	Signature and verificat alties of perjury, I declare that I have examined this form, includ orrect, and complete, and that I am authorized to prepare this fo	ing accomp	•	•	f my knowledg	e and belief,
Signature	► Title ► C	מסי		Date		

Form 8868 (Rev. 1-2014)

ELECTRONIC FILING STATUS REPORT

TAXING AUTHORITY	RETURN STATUS	ELECTRONIC FILING STATUS	DATE EXPORTED
Federal Form 990 Federal 1st 8868 (Form 990)	Qualified Prev Exported		09/23/2015 05/11/2015

Caution: Forms printed from within Adobe Acrobat products may not meet IRS or state taxing agency specifications. When using Acrobat 5.x products, uncheck the "Shrink oversized pages to paper size" and uncheck the "Expand small pages to paper size" options, in the Adobe "Print" dialog. When using Acrobat 6.x and later products versions, select "None" in the "Page Scaling" selection box in the Adobe "Print" dialog.

2014 Tax Return(s)

Prepared for lowernine.org

Client Code: 55995

Account Number 785325

Release Number 2014.04020

Prepared by DUPLANTIER, HRAPMANN, HOGAN & MAHER, LLP

1615 POYDRAS STREET, SUITE 2100

NEW ORLEANS, LA

70112

(504) 586-8866

Processing Date: 09/23/2015

Time: 09:06:53

Special Instructions

Messages

400071 05-01-14

Return Information

INFORMATIONAL

- Form 8868 Extension Information. The extended due date has been printed at the top of Form 990. This may be suppressed by making an entry on the Return Options worksheet, Miscellaneous Print Options section, Supress "Extended to" messages at top of form field. Note that the second extended due date is based on the assumption that the first extension was timely filed. (35203)
- Form 990. Page 6, Part VI, line 17. No information has been entered on the Basic Data worksheet, List of States and Other Information section, List of states fields, to complete line 17 regarding the states to which the organization must report. Consequently, the notation "None" has printed on line 17. If this is not correct, use the Basic Data worksheet, List of States and Other Information section, List of states fields, to enter the appropriate information. (30080)
- Form 990, Page 11, Line 11b. If the organization is reporting publicly traded stock for which the organization holds 5% or more of the outstanding shares of the same class or publicly traded stock in a corporation that comprises more than 5% of the organization's total assets it should be reported on line 12 of the balance sheet as "Other Securities." (32999)
- Schedule D (Form 990). Page 3, Part X. An amount is present for total liabilities. If the organization had financial statements for the year that contained a footnote regarding the organization's liability for uncertain tax positions under FIN 48 a statement must be included on Schedule D, Part XIII providing the text of this footnote. Use the corresponding field on the Form 990 worksheet, Liabilities section to prepare this statement. Refer to the official instructions for Schedule D (Form 990), Part X for specific reporting requirements. (34660)
- Depreciation. Federal Form 4562 related to Form 990 Page 10, was not printed because there are no current year MACRS acquisitions, listed property assets or amortizable assets. Note that Form 4562 is never required to be filed for Form 990. However, if desired Form 4562 may be forced to print by making an entry on the Depreciation Options and Overrides worksheet, Prepare Form 4562 if not req'd field. (30144)

Return Information

• Form 8868. Form 8868, Part II has been prepared to request an additional extension of time to file Form 990. Form 8868 must be filed by August 17, 2015.

If Form 8868 is NOT being filed electronically.

Mail Form 8868 to: Internal Revenue Service Center Ogden, UT 84201-0045

Note that specific extension filing instructions may be prepared by making the appropriate entry on the Letters and Filing Instructions worksheet, Filing Instructions and Cover Letter section, Extension filing instructions field and/or the Letters and Filing Instructions worksheet, Transmittal Letter section, Extension transmittal letter field. (30124)

- Electronic Filing. Form 8868, Part II has been prepared for Form 990 for electronic filing. The filing due date (08/17/15) for Form 8868, Part II has passed. The extension diagnostics have been suppressed and the extension menu is no longer available. If applicable the extension menu can be turned back on by using the Unlock feature on the Extensions worksheet, Form 8868 General Information section. Note that the IRS will not accept an extension that is filed after the due date (including the 5-day perfection period, if applicable). (33521)
- Electronic Filing. The following EFIN 723974 is being used to electronically file Form 990. Be sure that this EFIN is listed in the IRS database and is in accepted status for processing of Exempt Organization returns. The IRS Ogden help desk (866 255-0654) may be contacted to update this EFIN for electronic filing of Exempt Organization returns if necessary. (37015)
- · Electronic Filing. The following Name Control LOWE has been computed and is being used to electronically file Form 990 for lowernine.org. This Name Control is used to match the organization's Name and EIN with the IRS e-File database. If this information does not match the IRS database the return will be rejected and must be corrected before being resubmitted. The IRS help desk (800 829-4933) may be contacted to verify the information in the e-File database. If the Name Control cannot be computed correctly because the organization's name shown on Form 990 does not match the IRS database it can be overridden on the Electronic Filing worksheet, General Information section, Organization name control override field. (37026)
- Electronic filing. Clients email notification has been selected for Form 990 and will be sent to the organization's email address (laura@lowernine.org) as entered on the General worksheet, Organization Name, Mailing Address and Other Information section. (37631)

Return Information

- Electronic filing. Clients email notification has been selected for Form 8868 and will be sent to the organization's email address (laura@lowernine.org) as entered on the General worksheet, Organization Name, Mailing Address and Other Information section. (37637)
- Electronic Filing. Form 990 has qualified for electronic filing. If a printed copy of the return is generated and electronic processing of the return is completed, do not mail the printed copy of the return to the IRS. Form 8879-EO must be retained by the electronic return originator for three years. (39494)
- Form 8868 Extension Information. Form 990 is allowed a maximum of two 3-month extensions. The first extension for Form 990 is automatic and must requested by filing Form 8868, Part I on or before May 15, 2015. If an additional 3-month extension is needed it must be requested by filing Form 8868, Part II on or before August 17, 2015. (34477)

55995

09/23/15

Form Entity

990 Page 12 Sch A Pg 3

Worksheet: Form 990 Return of Organization Exempt from Income Tax Section: Prior Year Revenue
Total revenue - O/R
Section: Prior Year Expenses
Revenue less expenses - O/R
Section: Statement of Functional Expenses
Officer comp - program service
Officer comp - mgmt & general10,000
Officer comp - fundraising
Depreciation - mgmt & general487

2014 Return Summary lowernine.org 11-3821601 Form 990: 125,199. Total Revenue Total Expenses 139,314. Excess <Deficit> -14,115. Beginning Net Assets 106,472. Changes in Net Assets 2,808. Ending Net Assets (1) 95,165. Balance Sheet Analysis Ending Total Assets 97,613. Ending Total Liabilities 2,448. Ending Total Net Assets or Fund Balances (2) 95,165. Ending Total Assets Minus Liabilities and Net Assets 0. Ending Net Assets Difference Between Items (1) and (2) 0.

DUPLANTIER, HRAPMANN, HOGAN & MAHER, L.L.P. CERTIFIED PUBLIC ACCOUNTANTS 1615 POYDRAS STREET, SUITE 2100 NEW ORLEANS, LOUISIANA 70112 (504) 586-8866

September 22, 2015

Lowernine.org 6018 El Dorado Sreet New Orleans, LA 70117 Attention: Jeffrey Clayman

Dear Jeffrey:

Enclosed is the organization's 2014 Exempt Organization return.

Specific filing instructions are as follows.

FORM 990 RETURN:

This return has been prepared for electronic filing. If you wish to have it transmitted electronically to the IRS, please sign, date, and return Form 8879-EO to our office. We will then submit the electronic return to the IRS. Do not mail a paper copy of the return to the IRS. Return Form 8879-EO to us by November 16, 2015.

A copy of the return is enclosed for your files. We suggest that you retain this copy indefinitely.

Very truly yours,

Guy L. Duplantier, CPA

Caution: Forms printed from within Adobe Acrobat products may not meet IRS or state taxing agency specifications. When using Acrobat 5.x products, uncheck the "Shrink oversized pages to paper size" and uncheck the "Expand small pages to paper size" options, in the Adobe "Print" dialog. When using Acrobat 6.x and later products versions, select "None" in the "Page Scaling" selection box in the Adobe "Print" dialog.

FEDERAL INFORMATIONAL FORMS

Form 990 Page 10

Asset No.	Description	Da Acqı	ate uired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
2	Equipment	123	108	200DB	5.00	17	1,150.			1,150.	1,150.		0.
3	Equipment * 990 Page 10 Total	123	107	200DB	5.00	17	4,500.			4,500.	4,500.		0.
	Other Management and						5,650.		0.	5,650.	5,650.	0.	0.
	General												
1	Warehouse * 990 Page 10 Total	051	711	SL	39.00	17	19,000.			19,000.	1,234.		487.
	Management and Gen * Grand Total 990						19,000.		0.	19,000.	1,234.	0.	487.
	Page 10 Depr						24,650.		0.	24,650.	6,884.	0.	487.

ELECTRONIC FILING STATUS REPORT

TAXING AUTHORITY	RETURN STATUS	ELECTRONIC FILING STATUS	DATE EXPORTED
Federal Form 990 Federal 1st 8868 (Form 990)	Qualified Prev Exported		09/23/2015 05/11/2015

IRS e-file Signature Authorization for an Exempt Organization

OMB No. 1545-1878

For calendar year 2014, or fiscal year beginning , 2014, and ending ▶ Do not send to the IRS. Keep for your records. Department of the Treasury ► Information about Form 8879-EO and its instructions is at www.irs.gov/form8879eo Internal Revenue Service Name of exempt organization Employer identification number lowernine.org 11-3821601 Name and title of officer Bill Robinson Board Chair Type of Return and Return Information (Whole Dollars Only) Part I Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than 1 line in Part I. **b** Total revenue, if any (Form 990, Part VIII, column (A), line 12) ______ 1b _____ 1b _____ 25 , 199. **1a** Form 990 check here ► X 2a Form 990-EZ check here b Total revenue, if any (Form 990-EZ, line 9) ______ 2b _____ **b Total tax** (Form 1120-POL, line 22) ______ **3b** _____ 3a Form 1120-POL check here 4a Form 990-PF check here b Tax based on investment income (Form 990-PF, Part VI, line 5) 4b b Balance Due (Form 8868, Part I, line 3c or Part II, line 8c) 5b 5a Form 8868 check here ▶ Part II **Declaration and Signature Authorization of Officer** Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2014 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal. Officer's PIN: check one box only X | authorize DUPLANTIER, HRAPMANN, HOGAN & MAHER, LLP to enter my PIN Enter five numbers but ERO firm name do not enter all zeros as my signature on the organization's tax year 2014 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen. 🔟 As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2014 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen. Officer's signature **Certification and Authentication ERO's EFIN/PIN.** Enter your six-digit electronic filing identification $7239\overline{7466666}$ number (EFIN) followed by your five-digit self-selected PIN. do not enter all zeros I certify that the above numeric entry is my PIN, which is my signature on the 2014 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns. ERO's signature

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

LHA For Paperwork Reduction Act Notice, see instructions.

Form **8879-EO** (2014)

Caution: Forms printed from within Adobe Acrobat products may not meet IRS or state taxing agency specifications. When using Acrobat 5.x products, uncheck the "Shrink oversized pages to paper size" and uncheck the "Expand small pages to paper size" options, in the Adobe "Print" dialog. When using Acrobat 6.x and later products versions, select "None" in the "Page Scaling" selection box in the Adobe "Print" dialog.

FILEABLE FORMS

Extended to November 16, 2015

Form **990**

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

Open to Public

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.

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

Inspection

~	. 0	s 2014 Calendar year, or tax year beginning	enung	_				
В	Check if applicabl	C Name of organization		D Employer ident	ification number			
	Addre chang							
	Name chang	Doing business as	11-3821601					
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	E Telephone number					
	Final return.	6019 El Dorado Groot		-278-1240				
	termin ated			G Gross receipts \$	126,605.			
	Amen		H(a) Is this a group return					
	Applic	F Name and address of principal officer:Bill Robinson		for subordinat	77			
	pendi	19 $igl $ 6018 El Dorado, New Orleans, LA 70117			s included? Yes No			
$\overline{\mathbf{T}}$	Tax-ex	empt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1)	or 527	7	a list. (see instructions)			
		te: > www.lowernine.org	<u> </u>	H(c) Group exemp				
		organization: X Corporation Trust Association Other	I Year		M State of legal domicile: ME			
	art I	Summary	L Tour	oriorination, = • • :	W Otato or logar dominino. ===			
		Briefly describe the organization's mission or most significant activities: 10we	rnine.	ora is ded	icated to			
Activities & Governance	'	training residents and volunteers in the	lower	ninth war	d of New			
nar	2	Check this box if the organization discontinued its operations or dispo						
Ķ					3 5			
යි		Number of independent voting members of the governing body (Part VI, line 1a)			5 5			
∞ ∽		Total number of individuals employed in calendar year 2014 (Part V, line 2a)			$\frac{4}{5}$ $\frac{3}{4}$			
ij				·····	842			
₹		, , , , , , , , , , , , , , , , , , , ,			ra 0.			
¥		Total unrelated business revenue from Part VIII, column (C), line 12			b 0.			
	D	Net unrelated business taxable income from Form 990-T, line 34	·····	<i>r</i> Prior Year	<u> </u>			
		Contributions and grants (Dort VIII line 1h)		104,655	Current Year . 125,563.			
Revenue		Contributions and grants (Part VIII, line 1h)		81,780				
Ven		Program service revenue (Part VIII, line 2g)		2				
Re		Investment income (Part VIII, column (A), lines 3, 4, and 7d)		540				
		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		186,977				
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		21,527				
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0 21,527	-			
	1	Benefits paid to or for members (Part IX, column (A), line 4)		78,497				
ses	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		76,497	-			
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25) 20, 0	·····	<u> </u>	• 0•			
꼾	b			62 221	16 105			
_	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		62,221 162,245				
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)						
	19	Revenue less expenses. Subtract line 18 from line 12		24,732				
SO			Ве	ginning of Current Yea	End of Year			
Net Assets or Fund Balances	20	Total assets (Part X, line 16)		109,100	-			
et A	21	Total liabilities (Part X, line 26)		2,628				
골	22	Net assets or fund balances. Subtract line 21 from line 20		106,472	. 95,165.			
	art II	Signature Block						
		Ities of perjury, I declare that I have examined this return, including accompanying schedule			my knowledge and belief, it is			
true	e, correc	rt, and complete. Declaration of preparer (other than officer) is based on all information of w	hich preparer	has any knowledge.				
		Cianatura of officer		Doto				
Sig	ın	Signature of officer		Date				
He	re	Bill Robinson, Board Chair						
		Type or print name and title		Data	T II DTIN			
		Print/Type preparer's name Preparer's signature		Date Check if	PTIN			
Pai		Guy L. Duplantier, CPA		self-emp				
	parer	Firm's name DUPLANTIER, HRAPMANN, HOGAN & M		LLP Firm's EIN	72-0567396			
Use	Only	Firm's address 1615 POYDRAS STREET, SUITE 2100						
		NEW ORLEANS, LA 70112		Phone no. (504) 586-8866			
Ма	y the II	RS discuss this return with the preparer shown above? (see instructions)			X Yes No			

including grants of \$

86,221. Total program service expenses

Form **990** (2014)

4e

Form 990 (2014) lowernine.org Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		х	
2	If "Yes," complete Schedule A	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
Ü	public office? If "Yes," complete Schedule C, Part I	3		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
-	during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			v
40	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent	40		Х
44	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		Λ
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
u	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	X	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			37
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	40		Х
	Schedule D, Parts XI and XII	12a		Λ
a	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			v
46	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	40		Х
10	1c and 8a? If "Yes," complete Schedule G, Part II	18		
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	19		Х
20°	complete Schedule G, Part III Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
	20 and 2004, and the organization attach a copy of the addition interior of attention to this folding		000	(0044)

Form 990 (2014) lowernine.org Part IV Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		x
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on	-		
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
20	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Orbital In I	23		x
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25a	24a		х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
	complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		Х
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Х
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			37
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?	l		v
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			Х
22	Schedule N, Part II	32		
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	33		
-		34		х
35a	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	000		
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	000		
	If "Yes," complete Schedule R, Part V, line 2	36		х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	Х	
			000	

Form **990** (2014)

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Form 990 (2014) lowernine.org Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response of note to any line in this part v				Ш
			\blacksquare	Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a 0			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and r				
_	(gambling) winnings to prize winners?	I	1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,				
	filed for the calendar year ending with or within the year covered by this return		1 1	Х	
D	If at least one is reported on line 2a, did the organization file all required federal employment tax retu		2b		
2-	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions		20		Х
	Did the organization have unrelated business gross income of \$1,000 or more during the year? If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule	·····	3a 3b		21
	At any time during the calendar year, did the organization have an interest in, or a signature or other		30		
-r a	financial account in a foreign country (such as a bank account, securities account, or other financial	•	4a		Х
h	If "Yes," enter the name of the foreign country:	accounty:	Ta		
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	ccounts (FRAR)			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		Х
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa		5b		Х
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the				
		· · g-···	6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contribute				
	were not tax deductible?	•	6b		
7	Organizations that may receive deductible contributions under section 170(c).				
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and se	vices provided to the payor?	7a		Х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w	as required			
	to file Form 8282?	·······	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of	contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit control	act?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file February	orm 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization		7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	l by the			
			8		
9	Sponsoring organizations maintaining donor advised funds.				
a	Did the sponsoring organization make any taxable distributions under section 4966?		9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b		
10	Section 501(c)(7) organizations. Enter:	100			
a	Initiation fees and capital contributions included on Part VIII, line 12 Gross receipts, included on Form 990. Part VIII, line 12 for public use of club facilities.	10a			
11	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11 a	Section 501(c)(12) organizations. Enter: Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against	114	-		
b	amounts due or received from them.)	11b			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		12a		
		12b	- Lu		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	120			
	Is the organization licensed to issue qualified health plans in more than one state?		13a		
_	Note. See the instructions for additional information the organization must report on Schedule O.				
b	Enter the amount of reserves the organization is required to maintain by the states in which the				
	organization is licensed to issue qualified health plans	13b			
С	Enter the amount of reserves on hand	13c			
	Did the organization receive any payments for indoor tanning services during the tax year?		14a		Х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedul		14b		
			Г	200	(0014

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Form 990 (2014) Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 5			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			37
	The organization's CEO, Executive Director, or top management official	15a		X
b	Other officers or key employees of the organization	15b		X
10	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			v
	taxable entity during the year?	16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's	401		
800	exempt status with respect to such arrangements?	16b		
	tion C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶ None			
17 10		-ا دازمیر	lo.	
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) and section and instance of the section of t	ıvallab	ie	
	for public inspection. Indicate how you made these available. Check all that apply. Own website Another's website W Upon request Other (explain in Schedule O)			
10		l fina:	oial	
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and statements available to the public during the tax year.	mian	uai	
20	State the name, address, and telephone number of the person who possesses the organization's books and records:			
20	Mary Ann Jacobs - 520-797-9500			
	PO 31778, Tuscon, AZ 85751-1778			

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

(A) Name and Title	(B) Average hours per week	Position (do not check more than box, unless person is bo officer and a director/tru				than is bot	h an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) Jeffrey Clayman	3.00								•	0
Board Member	F 00	Х						0.	0.	0
(2) Beverly Nichols	5.00	. ,		7.					0	0
Treasurer	3.00	Х		Х				0.	0.	0
(3) Andreanecia Morris	3.00	x						0.	0.	0
Board Member (4) Bill Robinson	5.00	^						0.	0.	0
Board Chair	3.00	Х		x				0.	0.	0
(5) Julia McNabb	3.00								•	
Board Member	3,00	x						0.	0.	0
(6) Laura Paul	50.00									
Executive Director		1		х				40,000.	0.	0

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lowernine.org

Part \	Section A. Officers, Directors, Trus	tees, Key Em	ploy	/ees	, an	d Hi	ighe	st C	Compensated Employe	es (continued)				
	(A)	(B)			•	C)			(D)	(E)			(F)	
	Name and title	Average hours per		not c		more	than		Reportable	Reportable			timate	
		week					is bot or/trus		compensation from	compensatio from related			nount (other	ΣŤ
		(list any	tor						the	organizations		compensation		tion
		hours for	r direc				pa:		organization	(W-2/1099-MIS			om the	
		related	stee o	rustee			ensat		(W-2/1099-MISC)				anizati	
		organizations below	al tru	onal t		loyee	comp						d relate	
		line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				orga	anizatio	ons
			드	드	5	종	를 등	5						
														-
							\vdash							
	ub-total								40,000.		0.			0.
	otal from continuation sheets to Part VI								40,000.		0.			0.
	otal (add lines 1b and 1c)otal number of individuals (including but n								·	000 of rapartable	-			<u> </u>
	ompensation from the organization	ot iiiiited to ti	1036	ilote	su a	DOV	C) WI	10 1	eceived more than \$100	,000 or reportable	C			0
	on portion from the organization.												Yes	No
3 Di	d the organization list any former officer,	director, or tru	uste	e, ke	ey er	mplo	oyee	, or	highest compensated e	mployee on				
lin	ne 1a? If "Yes," complete Schedule J for s	uch individual										3		Х
4 Fo	or any individual listed on line 1a, is the su	ım of reportab	le co	omp	ensa	atior	n and	d ot	her compensation from	the organization				
	nd related organizations greater than \$150											4		X
	id any person listed on line 1a receive or a	· · · · · · · · · · · · · · · · · · ·				-			-			E		Х
	ndered to the organization? If "Yes," com n B. Independent Contractors	piete Scriedui	e J i	Or St	ucn	pers	SOII .					5		
1 C	omplete this table for your five highest co	mpensated in	depe	ende	ent c	ont	racto	ors t	that received more than	\$100,000 of com	pens	ation 1	rom	
th	e organization. Report compensation for	the calendar y	ear	endi	ng v	vith	or w	ithir	n the organization's tax	year.				
	(A) Name and business	addross	NT/	\\\					(B) Description of s	onvices	_	(C)) nsatio	^
	Name and business	address	11/	ІИС				\dashv	Description of s	ervices		ompe	isatioi	<u>' </u>
								\dashv						
2 To	otal number of independent contractors (i	ncluding but n	ot li	mite	d to	tho	se li	ster	d above) who received m	ore than				
	100,000 of compensation from the organi						0			.5.5 (10.1)				
												Form	990 (2	2014)

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	rt VII		nue					-
		Check if Schedule O cont	ains a response	or note to any lin	e in this Part VIII			
			·	j	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
nts nts	1 a	Federated campaigns	1a	2,790.				
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues	1b					
s, C		Fundraising events						
Sift ar,		Related organizations						
S,(Government grants (contribut						
rigi		All other contributions, gifts, gran	· —					
다 타		similar amounts not included abo		122,773.				
d Off	g	Noncash contributions included in lines		36,590.				
a C	_	Total. Add lines 1a-1f		>	125,563.			
				Business Code				
ø.	2 a							
ا ﴿ خَ	b							
Se	С		-					
am	d		-					
Program Service Revenue	е		-					
P.	f	All other program service reve	enue					
	g	Total. Add lines 2a-2f						
	3	Investment income (including						
		other similar amounts)			2.			2.
	4	Income from investment of ta						
	5	Royalties		F				
		•	(i) Real	(ii) Personal				
	6 a	Gross rents						
	b	Less: rental expenses						
		Rental income or (loss)						
		Gross amount from sales of	(i) Securities	(ii) Other				
	-	assets other than inventory	(7	,				
	b	Less: cost or other basis						
		and sales expenses						
	С	Gain or (loss)						
		Net gain or (loss)						
o l		Gross income from fundraisin						
Ď		including \$	•					
eve		contributions reported on line						
۳.		Part IV, line 18	a	400.				
Other Revenue	b	Less: direct expenses		136.				
0	С	Net income or (loss) from fund	draising events		264.			264.
	9 a	Gross income from gaming ad	tivities. See					
		Part IV, line 19	а					
	b	Less: direct expenses						
	С	Net income or (loss) from gam	ning activities					
		Gross sales of inventory, less						
		and allowances	а	640.				
	b	Less: cost of goods sold		4 0 0 0				
		Net income or (loss) from sale		>	-630.	-630.		
		Miscellaneous Revenu		Business Code				
	11 a							
	b							
	С							
	d	All other revenue						
		Total. Add lines 11a-11d						
	10	Total rayonus Con instructions		[125 199.	-630	0	266

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

	Check if Schedule O contains a respon	(A)	(B)	(C)	(D)
7b,	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic	40 010	40 010		
	individuals. See Part IV, line 22	49,819.	49,819.		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	40,000.	20,000.	10,000.	10,000
6	trustees, and key employees	40,000.	20,000.	10,000.	10,000
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
-	persons described in section 4958(c)(3)(B)	25,052.	18,789.	6,263.	
7	Other salaries and wages Pension plan accruals and contributions (include	45,054	10,109.	0,203.	
8	section 401(k) and 403(b) employer contributions)				
C	The state of the s	3,965.	1,983.	991.	991
9 10	Other employee benefits	4,373.	2,733.	1,093.	547
10 11	Payroll taxes Fees for services (non-employees):	=,5/5	2,755	1,000	547
	` ' ' '				
	Management				
b	Legal				
	Accounting				
	LobbyingProfessional fundraising services. See Part IV, line 17				
e f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
9	column (A) amount, list line 11g expenses on Sch 0.)				
12	Advertising and promotion	1,839.			1,839
13	Office expenses	11,275.		6,221.	5,054
14	Information technology			7,2223	3,332
15	Royalties				
16	Occupancy	7,143.	5,515.	1,628.	
17	Travel	.,==	7,000		
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	487.		487.	
23	Insurance	9,132.	9,132.	- 1	
24	Other expenses. Itemize expenses not covered	,	•		
	above. (List miscellaneous expenses in line 24e. If line				
	24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	Food and Supplies	20,048.	20,048.		
b	Fuel	6,065.	6,065.		
c	Tools	5,360.	5,360.		
d	House Repairs	1,344.	-	1,344.	
e	All other expenses	-46,588.	-53,223.	4,995.	1,640
25	Total functional expenses. Add lines 1 through 24e	139,314.	86,221.	33,022.	20,071
26	Joint costs. Complete this line only if the organization	-	-	-	<u>-</u>
-	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				
	ir following SOP 98-2 (ASC 958-720)				Earm 990 (20:

Form **990** (2014)

Part X	Balance Sheet			
	Check if Schedule O contains a response or note to any line in this Part X			
		(A) Beginning of year		(B) End of year
1	Cash - non-interest-bearing	70,898.	1	52,150
2	Savings and temporary cash investments	4,686.	2	4,688
3	Pledges and grants receivable, net		3	
4	Accounts receivable, net		4	
5	Loans and other receivables from current and former officers, directors,			
	trustees, key employees, and highest compensated employees. Complete			
	Part II of Schedule L		5	
6	Loans and other receivables from other disqualified persons (as defined under			
	section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
	employers and sponsoring organizations of section 501(c)(9) voluntary			
_ω	employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
7	Notes and loans receivable, net		7	
£ 8	Inventories for sale or use		8	
9	Prepaid expenses and deferred charges		9	
	Land, buildings, and equipment: cost or other			
100	basis. Complete Part VI of Schedule D			
	Less: accumulated depreciation 10b 7,371.	17,766.	10c	17,279
11	Investments - publicly traded securities	15,200.	11	18,010
12	Investments - other securities. See Part IV, line 11	20,200	12	20,020
13	Investments - other securities, see Fart IV, line 11		13	
14	Intangible assets		14	
15	Other assets. See Part IV, line 11	550.	15	5,486
16	Total assets. Add lines 1 through 15 (must equal line 34)	109,100.	16	97,613
17	Accounts payable and accrued expenses		17	2.7020
18	Grants payable		18	
19	Deferred revenue		19	
20	Tax-exempt bond liabilities		20	
21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
22	Loans and other payables to current and former officers, directors, trustees,			
	key employees, highest compensated employees, and disqualified persons.			
	Complete Part II of Schedule L		22	
23	Secured mortgages and notes payable to unrelated third parties		23	
24	Unsecured notes and loans payable to unrelated third parties		24	
25	Other liabilities (including federal income tax, payables to related third			
	parties, and other liabilities not included on lines 17-24). Complete Part X of			
	Schedule D	2,628.	25	2,448 2,448
26	Total liabilities. Add lines 17 through 25	2,628.	26	2,448
	Organizations that follow SFAS 117 (ASC 958), check here ▶ X and			
ß	complete lines 27 through 29, and lines 33 and 34.			
27 28 29 29	Unrestricted net assets	91,238.	27	95,165
28	Temporarily restricted net assets	15,234.	28	0
29	Permanently restricted net assets		29	
5	Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐			
5	and complete lines 30 through 34.			
30	Capital stock or trust principal, or current funds		30	
ဍိ 31	Paid-in or capital surplus, or land, building, or equipment fund		31	
30 31 32	Retained earnings, endowment, accumulated income, or other funds	400 450	32	<u> </u>
33	Total net assets or fund balances	106,472.	33	95,165
34	Total liabilities and net assets/fund balances	109,100.	34	97,613

Form **990** (2014)

Donated services and use of facilities

Investment expenses

2

6

8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	9	5,1	65.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Ο.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b		X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
	consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche	dule O.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audit			
	Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	red audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		
			Form	990	(2014)

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

SCHEDULE A

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Employer identification number

11-3821601

Open to Public Inspection

Name of the organization

lowernine.org

rai	LI	neason for Public	Charity Status (All organizations must c	ompiete tri	is part.) Se	ee instructions.	
he c	organ	ization is not a private found	lation because it is: (For lines 1 through 11,	check only	one box.)		
1		A church, convention of ch	urches, or association	on of churches describe	d in sectio	n 170(b)(1	I)(A)(i).	
2		A school described in sect	ion 170(b)(1)(A)(ii). (Attach Schedule E.)				
3		A hospital or a cooperative	hospital service orga	anization described in s	ection 170)(b)(1)(A)(ii	i).	
4		A medical research organiz	ation operated in co	njunction with a hospita	l describe	d in sectio	n 170(b)(1)(A)(iii). Enter	the hospital's name,
		city, and state:						
5		An organization operated for	or the benefit of a co	llege or university owne	d or opera	ted by a g	overnmental unit describ	ped in
		section 170(b)(1)(A)(iv). (C	Complete Part II.)					
6		A federal, state, or local go	vernment or governn	nental unit described in	section 17	70(b)(1)(A)	(v).	
7		An organization that norma	lly receives a substa	intial part of its support	from a gov	ernmental	unit or from the general	public described in
		section 170(b)(1)(A)(vi). (C	omplete Part II.)					
8		A community trust describe	ed in section 170(b)	(1)(A)(vi). (Complete Par	t II.)			
9	X	An organization that norma	Ily receives: (1) more	than 33 1/3% of its sup	port from	contribution	ons, membership fees, a	nd gross receipts from
		activities related to its exen	npt functions - subje	ct to certain exceptions	, and (2) no	more tha	n 33 1/3% of its support	t from gross investment
		income and unrelated busin	ness taxable income	(less section 511 tax) fr	om busine	sses acqu	ired by the organization	after June 30, 1975.
		See section 509(a)(2). (Co	mplete Part III.)					
10		An organization organized	and operated exclus	ively to test for public sa	afety. See	section 50	9(a)(4).	
11		An organization organized	and operated exclus	ively for the benefit of, t	o perform	the functio	ons of, or to carry out the	purposes of one or
		more publicly supported or	ganizations describe	ed in section 509(a)(1) o	r section	509(a)(2).	See section 509(a)(3). C	Check the box in
		lines 11a through 11d that	describes the type o	of supporting organization	n and con	nplete lines	s 11e, 11f, and 11g.	
а		Type I. A supporting orga	anization operated, s	supervised, or controlled	by its sup	ported org	ganization(s), typically by	giving
		the supported organization	on(s) the power to re	gularly appoint or elect	a majority	of the dire	ctors or trustees of the s	supporting
		organization. You must o	complete Part IV, Se	ections A and B.				
b		Type II. A supporting org	anization supervised	d or controlled in connec	tion with it	ts support	ed organization(s), by ha	ving
		control or management of	of the supporting org	anization vested in the s	same perso	ons that co	ontrol or manage the sup	ported
		organization(s). You mus	t complete Part IV,	Sections A and C.				
С		Type III functionally inte	egrated. A supporting	g organization operated	in connec	tion with, a	and functionally integrate	ed with,
		its supported organizatio	n(s) (see instructions	s). You must complete	Part IV, Se	ections A,	D, and E.	
d		Type III non-functionally	y integrated. A supp	orting organization ope	rated in co	nnection v	vith its supported organi	zation(s)
		that is not functionally int	egrated. The organiz	zation generally must sa	tisfy a dist	ribution re	quirement and an attent	iveness
		requirement (see instruct	ions). You must co n	nplete Part IV, Section	s A and D,	and Part	V.	
е		Check this box if the orga	anization received a	written determination fro	om the IRS	that it is a	Type I, Type II, Type III	
		functionally integrated, o	r Type III non-functio	nally integrated support	ing organi	zation.		
f	Ente	er the number of supported o	organizations					
g		ride the following information			In 11 11			
	(1	i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9	(iv) Is the o	in your	(v) Amount of monetary support (see	(vi) Amount of other support (see
		Organization		above or IRC section	governing	document?	Instructions)	Instructions)
				(see instructions))	Yes	No		
					-			
otal	ı							

LHA For Paperwork Reduction Act Notice, see the Instructions for

Form 990 or 990-EZ. 432021 09-17-14

Schedule A (Form 990 or 990-EZ) 2014

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

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

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🖊	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1	Gifts, grants, contributions, and						_
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
	The portion of total contributions						_
•	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
6	Public support. Subtract line 5 from line 4.						
	etion B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
	Amounts from line 4	(-,/ = - : -	(-)	(-,	(=, == : =	(-,	(-7 ::
	Gross income from interest.						_
_	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources						
9	Net income from unrelated business						_
_	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						_
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						
	Gross receipts from related activities,	etc. (see instruction	ons)			12	
	First five years. If the Form 990 is for	•	,				
	organization, check this box and stop	· ·		, ,	•		• • • • • • • • • • • • • • • • • • •
Sec	tion C. Computation of Publ	ic Support Per	rcentage				·
14	Public support percentage for 2014 (I	ine 6, column (f) di	vided by line 11,	column (f))		14	%
	Public support percentage from 2013					15	%
	33 1/3% support test - 2014. If the c					nore, check this bo	x and
	stop here. The organization qualifies	as a publicly suppo	orted organization	١			▶□
b	33 1/3% support test - 2013. If the o						
	and stop here. The organization quali	ifies as a publicly s	upported organiz	ation			▶□
17a	10% -facts-and-circumstances test						or more,
	and if the organization meets the "fac						
	meets the "facts-and-circumstances"			=	•	~	
b	10% -facts-and-circumstances test						
	more, and if the organization meets th	•				•	
	organization meets the "facts-and-circ						▶□
18	Private foundation. If the organizatio		-	•			s
						dula A /Earm 000	

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	ction A. Public Support	,, ,	,				
Cale	ndar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	361,200.	157,555.	86,512.	104,655.	125,963.	835,885.
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose		2,227.	150.	81,780.		84,157.
3	Gross receipts from activities that						
	are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5	361,200.	159,782.	86,662.	186,435.	125,963.	920,042.
7 <i>a</i>	Amounts included on lines 1, 2, and						_
	3 received from disqualified persons						0.
t	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the						0.
,	amount on line 13 for the year Add lines 7a and 7b						0.
	Public support (Subtract line 7c from line 6.)						920,042.
Sec	ction B. Total Support						320,0120
	endar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
	Amounts from line 6	361,200.	159,782.	86,662.	186,435.	125,963.	920,042.
	Gross income from interest, dividends, payments received on securities loans, rents, royalties		2.	2.	2.	2.	8.
	and income from similar sources Unrelated business taxable income		۷.	۷ •	۷.	۷.	
r.	(less section 511 taxes) from businesses						
	Add lines 10a and 10b		2.	2.	2.	2.	8.
	Net income from unrelated business activities not included in line 10b, whether or not the business is						
	regularly carried on			490.	540.	-630.	400.
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	261 222	74,480.	69,225.	106 055	105 005	143,705.
	Total support. (Add lines 9, 10c, 11, and 12.)	361,200.	234,264.	156,379.	186,977.	125,335.	1,064,155.
14	First five years. If the Form 990 is for	the organization's	s first, second, thir	d, fourth, or fifth ta	ax year as a sectio	n 501(c)(3) organiz	ration,
0-	check this box and stop here						<u></u> ▶□
	ction C. Computation of Publ						96 46
	Public support percentage for 2014 (I					15	86.46 %
	Public support percentage from 2013					16	88.53 %
	ction D. Computation of Inves			- 10 1 (6)		47	•00 %
	Investment income percentage for 20					17	
	Investment income percentage from 2			on line 14 and line		2 1/20/ and line 1	%
198	a 33 1/3% support tests - 2014. If the	-					/ is not
L	more than 33 1/3%, check this box a 33 1/3% support tests - 2013. If the						
i.	line 18 is not more than 33 1/3%, che	· ·			•		
20	Private foundation If the organization			•		ŭ	

Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No" describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in part yi when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2) (B) purposes? If "Yes," explain in part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI. including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations; (b) individuals that are part of the charitable class benefited by one or more of its supported organizations; or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in

Part VI.

- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- b Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer (b) below.
 - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
1		
2		
3a		
3b		
3с		
4a		
4b		
4c		
5a		
5b		
5с		
6		
7		
8		
9a		
9b		
9c		
90		
10a		
iua		
10b		

11 a b c Sec	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization? b A family member of a person described in (a) above? c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in part ection B. Type I Supporting Organizations Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization. ection C. Type II Supporting Organizations Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control.	2	Yes	No
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1	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control	s -	Vac	
1	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control	s	162	No
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	· · · · · · · · · · · · · · · · · · ·			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	ection D. Type III Supporting Organizations	•		
	71 11 5 5		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		1.00	110
	organization's tax year, (1) a written notice describing the type and amount of support provided during the			
	year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of			
	organization's governing documents in effect on the date of notification, to the extent not previously provid			
2				
2				
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI	2		
_	the organization maintained a close and continuous working relationship with the supported organization(s).			
3				
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	ection E. Type III Functionally-Integrated Supporting Organizations			
1		(see instructions):		
а				
b				
С	, , , , , , , , , , , , , , , , , , , ,	ent entity (see instructions		
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	a Did substantially all of the organization's activities during the tax year directly further the exempt purposes	of		
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determine	d		
	that these activities constituted substantially all of its activities.	2a		
b	b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or mo	ore		
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3				
	a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
-	trustees of each of the supported organizations? Provide details in <i>Part VI</i> .	3a		
b	b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of			

of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting	g Orga	anizations		
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970. See instructions. All				
	other Type III non-functionally integrated supporting organizations must co	mplete :	Sections A through E.		
Cont	ion A - Adjusted Net Income		(A) Prior Voor	(B) Current Year	
Seci	ion A - Adjusted Net Income		(A) Prior Year	(optional)	
1	Net short-term capital gain	1			
2	Recoveries of prior-year distributions	2			
3	Other gross income (see instructions)	3			
4	Add lines 1 through 3	4			
_5	Depreciation and depletion	5			
6	Portion of operating expenses paid or incurred for production or				
	collection of gross income or for management, conservation, or				
	maintenance of property held for production of income (see instructions)	6			
7	Other expenses (see instructions)	7			
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8			
Sect	Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)	
1	Aggregate fair market value of all non-exempt-use assets (see				
	instructions for short tax year or assets held for part of year):				
a	Average monthly value of securities	1a			
b	Average monthly cash balances	1b			
c	Fair market value of other non-exempt-use assets	1c			
d	Total (add lines 1a, 1b, and 1c)	1d			
е	Discount claimed for blockage or other				
	factors (explain in detail in Part VI):				
2	Acquisition indebtedness applicable to non-exempt-use assets	2			
3	Subtract line 2 from line 1d	3			
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,				
	see instructions).	4			
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5			
6	Multiply line 5 by .035	6			
7	Recoveries of prior-year distributions	7			
8	Minimum Asset Amount (add line 7 to line 6)	8			
Sect	ion C - Distributable Amount			Current Year	
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1			
2	Enter 85% of line 1	2			
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3			
4	Enter greater of line 2 or line 3	4			
5	Income tax imposed in prior year	5			
6	Distributable Amount. Subtract line 5 from line 4, unless subject to				
	emergency temporary reduction (see instructions)	6			
7	Check here if the current year is the organization's first as a non-functionall	y-integra	ated Type III supporting org	ganization (see	
	instructions).				

Schedule A (Form 990 or 990-EZ) 2014

Pai	Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations _(continued)	
Secti	ion D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exe			
2	Amounts paid to perform activity that directly furthers exemp			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organization	IS .	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the	ne organization is responsive	e	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2014 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
Secti	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable Amount for 2014
1	Distributable amount for 2014 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2014			
	(reasonable cause required-see instructions)			
3	Excess distributions carryover, if any, to 2014:			
а				
b				
С				
d				
е	From 2013			
f	Total of lines 3a through e			
	Applied to underdistributions of prior years			
h	Applied to 2014 distributable amount			
<u>i</u>				
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2014 from Section D,			
	line 7: \$			
	Applied to underdistributions of prior years			
	Applied to 2014 distributable amount			
	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2014, if			
	any. Subtract lines 3g and 4a from line 2 (if amount			
	greater than zero, see instructions).			
6	Remaining underdistributions for 2014. Subtract lines 3h			
	and 4b from line 1 (if amount greater than zero, see			
_	instructions).			
7	Excess distributions carryover to 2015. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
a h				
<u>b</u>				
<u>с</u>	Evenes from 2012			
	Excess from 2014			
<u>e</u>	Excess from 2014			

Schedule A (Form 990 or 990-EZ) 2014

Schedule B (Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

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

Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990 ·

OMB No. 1545-0047

Name of the organization

Employer identification number

lowernine.org 11-3821601

Organization type (check one):					
Filers o	f:	Section:			
Form 99	00 or 990-EZ	$\boxed{\textbf{X}}$ 501(c)(3) (enter number) organization			
		4947(a)(1) nonexempt charitable trust not treated as a private foundation			
		527 political organization			
Form 99	00-PF	501(c)(3) exempt private foundation			
		4947(a)(1) nonexempt charitable trust treated as a private foundation			
		501(c)(3) taxable private foundation			
		covered by the General Rule or a Special Rule . 7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.			
General	l Rule				
X		filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.			
Special	Rules				
	sections 509(a)(1) a any one contributor	described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from for during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, line 1. Complete Parts I and II.			
	year, total contribut	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the close of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for ruelty to children or animals. Complete Parts I, II, and III.			
	year, contributions is checked, enter h purpose. Do not co	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box ere the total contributions that were received during the year for an exclusively religious, charitable, etc., mplete any of the parts unless the General Rule applies to this organization because it received nonexclusively, etc., contributions totaling \$5,000 or more during the year			
but it m e	ust answer "No" on	at is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).			

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2014)

Name of organization Employer identification number

10wernine.org 11-3821601

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	The Sack Law Firm, PC 8270 Greensboro Drive #810 McLean, VA 22102	\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	Rosamary Foundation 1100 Poydras Street Suite 1350 New Orleans, LA 70163	\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	Network for Good 1140 Connecticut Avenue NW Suite 700 Washington, DC 20036	\$8,589.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	James Hardie Corp 231 LaSalle Street Suite 2000 Chicago , IL 60604	\$35,517.	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	Tauck World Discovery 10 Norden Place Norwalk, CT 06855	\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

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11-3821601

Part II	Noncash Property (see instructions). Use duplicate copies of P	art II if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	Siding		
4			
		\$\$	08/31/14
(a) No. from	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
Part I		(see ilisti uctions)	
		 \$	
		[•]	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
Part I			
-			
		\$	990, 990-EZ, or 990-PF) (2

Employer identification number

Name of organization

lowern	ine.org			11-3821601
Part III	Exclusively religious, charitable, etc., contine year from any one contributor. Complete completing Part III, enter the total of exclusively religious.	ributions to organizations described columns (a) through (e) and the follow is, charitable, etc., contributions of \$1,000 or	in section 501(c)(7), (8), or ving line entry. For organizations less for the year. (Enter this info. once.	(10) that total more than \$1,000 for
	Use duplicate copies of Part III if addition	al space is needed.		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Desci	ription of how gift is held
-		(e) Transfer of gift		
	Transferee's name, address, a	nd ZIP + 4	Relationship of tran	sferor to transferee
(a) No.	(b) Purpose of gift	(c) Use of gift	(d) Desci	ription of how gift is held
Part I	(a) . di podo di giit	(0) 000 01 911	(u) Descri	.po. o. non girt io noid
		(e) Transfer of gift		
	Transferee's name, address, a			nsferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Descr	ription of how gift is held
		(e) Transfer of gift		
	Transferee's name, address, a			sferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Descr	iption of how gift is held
		(e) Transfer of gift	I	
	Transferee's name, address, a	nd ZIP + 4	Relationship of tran	sferor to transferee

SCHEDULE D

Department of the Treasury Internal Revenue Service

(Form 990)

Supplemental Financial Statements

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

▶ Attach to Form 990.

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

Open to Public Inspection

OMB No. 1545-0047

Name of the organization

lowernine.org

Employer identification number 11-3821601

Pai	t I Organizations Maintaining Donor Advised Fund	ls or Other Similar Fund	s or Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, line 6.		·
		a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in writing th	at the assets held in donor advi	sed funds
•	are the organization's property, subject to the organization's exclusive		
6	Did the organization inform all grantees, donors, and donor advisors in		
·	for charitable purposes and not for the benefit of the donor or donor a		
	impermissible private benefit?		
Pai			
1	Purpose(s) of conservation easements held by the organization (chec		,
•	Preservation of land for public use (e.g., recreation or education		torically important land area
	Protection of natural habitat	· —	tified historic structure
	Preservation of open space	receivation of a con	tined motorio culdotare
2	Complete lines 2a through 2d if the organization held a qualified cons	ervation contribution in the form	of a conservation easement on the last
_	day of the tax year.	orvation contribution in the form	Total conservation easement on the last
	day of the tax your.		Held at the End of the Tax Year
а	Total number of conservation easements		
b	-		a.
C	Number of conservation easements on a certified historic structure in		
d			
_	listed in the National Register	•	l l
3	Number of conservation easements modified, transferred, released, e		
	year >	,	3
4	Number of states where property subject to conservation easement is	s located >	
5	Does the organization have a written policy regarding the periodic mo		
	violations, and enforcement of the conservation easements it holds?	3, 1 , 3	
6	Staff and volunteer hours devoted to monitoring, inspecting, and enfo		
7	Amount of expenses incurred in monitoring, inspecting, and enforcing		
8	Does each conservation easement reported on line 2(d) above satisfy		
	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservation easen		
	include, if applicable, the text of the footnote to the organization's final	· · · · · · · · · · · · · · · · · · ·	
	conservation easements.		
Pai	t III Organizations Maintaining Collections of Art, H	listorical Treasures, or C	Other Similar Assets.
	Complete if the organization answered "Yes" to Form 990, Par	t IV, line 8.	
1a	If the organization elected, as permitted under SFAS 116 (ASC 958), r	not to report in its revenue state	ment and balance sheet works of art,
	historical treasures, or other similar assets held for public exhibition, e	education, or research in further	ance of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that describes thes	e items.	
b	If the organization elected, as permitted under SFAS 116 (ASC 958), t	to report in its revenue statemer	nt and balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, education,	or research in furtherance of pu	ublic service, provide the following amounts
	relating to these items:		
	(i) Revenue included in Form 990, Part VIII, line 1		> \$
	(ii) Assets included in Form 990, Part X		
2	If the organization received or held works of art, historical treasures, or		
	the following amounts required to be reported under SFAS 116 (ASC	958) relating to these items:	
а	Revenue included in Form 990, Part VIII, line 1		> \$
b	Assets included in Form 990, Part X		

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

Schedule D (Form 990) 2014

Pai	t III Organizations Maintaining C	ollections of A	rt, Hist	orical Tr	easures, c	or Othe	r Simila	r Asse	ts (continu	ed)
3	Using the organization's acquisition, accession	on, and other record	ls, check	any of the	following tha	t are a si	gnificant u	se of its	collection	items
	(check all that apply):									
а	Public exhibition	d	<u> </u>	oan or exc	hange progra	ıms				
b	Scholarly research	е		Other						
С	c Preservation for future generations									
4	Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.									
5	During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets									
	to be sold to raise funds rather than to be ma	aintained as part of t	he orgar	nization's co	ollection?			\square	Yes	☐ No
Pai	t IV Escrow and Custodial Arrang								ine 9, or	
	reported an amount on Form 990, Par	t X, line 21.		_						
1a	Is the organization an agent, trustee, custodia	an or other intermed	liary for o	contribution	ns or other as	sets not	included			
	on Form 990, Part X?								Yes	☐ No
b	If "Yes," explain the arrangement in Part XIII a									
		•	· ·						Amount	
С	Beginning balance						1c			
	Additions during the year									
	Distributions during the year									
f	Ending balance									
	Did the organization include an amount on Fo								Yes	☐ No
	If "Yes," explain the arrangement in Part XIII.						•			
Pai					_					
		(a) Current year		rior year	(c) Two year			ars back	(e) Four y	ears back
1a	Beginning of year balance	(a) cancert year	(~).		(0)		. ,		(0)	
	Contributions									
	Net investment earnings, gains, and losses									
	Grants or scholarships									
	Other expenditures for facilities									
C										
	Administrative expenses									
	Г									
g	End of year balance	ent voor and balana	o /lino 1	a column /)\ bold oo:					
2	Provide the estimated percentage of the curr	•		y, column (a	a)) Held as.					
_	Board designated or quasi-endowment		_%							
b	Permanent endowment	%								
С	Temporarily restricted endowment	%								
_	The percentages in lines 2a, 2b, and 2c shou									
за	Are there endowment funds not in the posses	ssion of the organiza	ation tha	it are neid a	ind administe	rea for tr	ne organiza	ation	[v	, T.,
	by:								_ 	es No
	(i) unrelated organizations									
_	(ii) related organizations									
b	If "Yes" to 3a(ii), are the related organizations								3b	
4	Describe in Part XIII the intended uses of the		wment f	unds.						
Pal	t VI Land, Buildings, and Equipm									
	Complete if the organization answered									
	Description of property	(a) Cost or o			or other		cumulated	d	(d) Book	value
		basis (investn	nent)	basis	(other)	dep	reciation	\perp		
	Land				0 000		1 = -			0.7.0
	Buildings			1	9,000.		1,72	<u> </u>	17	<u>,279.</u>
	Leasehold improvements									
d	Equipment				5,650.		5,65	0.		0.
	Other									
Total	Add lines to through to (Column (d) must ex	aual Form 000 Part	V colum	on (D) line 1	100)				17	279.

Schedule D (Form 990) 2014

Schedule D	(Form 990) 2014 lowernine.c	org		11-3821601 Page 3
Part VII				
	Complete if the organization answered "Yes"	to Form 990, Part IV, I	ine 11b. See Form 990, Part	X, line 12.
(a) Descrip	tion of security or category (including name of security)	(b) Book value		tion: Cost or end-of-year market value
(1) Financi	al derivatives			
. ,	-held equity interests			
(3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
	b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII	Investments - Program Related.			
	Complete if the organization answered "Yes"	to Form 990. Part IV. I	ine 11c. See Form 990. Part	X. line 13.
	(a) Description of investment	(b) Book value		tion: Cost or end-of-year market value
(1)				
. ,				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX	Other Assets.	•		
	Complete if the organization answered "Yes"	to Form 990. Part IV. I	ine 11d. See Form 990. Part	X. line 15.
		Description	,,	(b) Book value
(1) Ac	lvance to Tim	•		486
\ /	lvance to Laura Paul			5,000
(-/	tvance to Laura raur			37000
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Colu	ımn (b) must equal Form 990, Part X, col. (B) lin	ne 15.)		5,486
Part X	Other Liabilities.	,		,
	Complete if the organization answered "Yes"	to Form 990 Part IV I	ine 11e or 11f See Form 990	0 Part X line 25
4	(a) Description of liability	10 1 01111 000,1 01111,1	(b) Book value	5, 1 dit 7, iii 6 25.
1.	**		(2) Been value	
	deral income taxes Lyroll Tax Payable		2 449	
	INITIAL PAYADIE		2,448.	
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	umn (h) must equal Form 000 Port V and (D) lim	25.1	2,448.	
	ımn (b) must equal Form 990, Part X, col. (B) lin			
-	for uncertain tax positions. In Part XIII, provide			·
organiz	ation's liability for uncertain tax positions unde	r FIN 48 (ASC 740). Ch	eck here if the text of the foo	otnote has been provided in Part XIII 📖

Schedule D (Form 990) 2014

Sche	edule D (Form 990) 2014 lowernine.org		11-3821601 Pag	је 4
Pai	rt XI Reconciliation of Revenue per Audited Financial Sta	tements With Reve		
	Complete if the organization answered "Yes" to Form 990, Part IV, line	e 12a.		
1	Total revenue, gains, and other support per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
С	Recoveries of prior year grants			
d	011 (5 11 1 5 1)(11)			
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
С	Add lines 4a and 4b			
_5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			
Pa	rt XII Reconciliation of Expenses per Audited Financial St	-	enses per Return.	
	Complete if the organization answered "Yes" to Form 990, Part IV, line			
1	Total expenses and losses per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 1		
а	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
С	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d			
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
	Add lines 4a and 4b			
	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18	3.)	5	
Pa	rt XIII Supplemental Information.			
	ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4		; Part V, line 4; Part X, line 2; Part XI,	
lines	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide ar	ny additional information.		

55995__1

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service **Grants and Other Assistance to Organizations, Governments, and Individuals in the United States**

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

➤ Attach to Form 990.

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

Open to Public Inspection

OMB No. 1545-0047

							Employer identification number			
lowernine.org								11-3821601		
Part I	General Information on Grants a	nd Assistance								
	Ooes the organization maintain records		-		-					
С	riteria used to award the grants or assi	stance?						No		
2 D	2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.									
Part I	Granto ana Other Addictance to	_				anization answered "\	es" to Form 990, Part	IV, line 21, for any		
	recipient that received more than					(f) Method of		1		
1 (a) Name and address of organization or government 	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
	inter total number of section 501(c)(3) a			ne line 1 table				\		

Schedule I (Form 990) (2014) lowernine.org 11-3821601

Part III Grants and Other Assistance to Domestic Individual Part III can be duplicated if additional space is needed	als. Complete if the d.	e organization answ	ered "Yes" to Form 9	990, Part IV, line 22.	
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
					Building materials for
Building Materials	17	0.	49,819.	FMV	residential properties.
Part IV Supplemental Information. Provide the information r	equired in Part I, lir	ne 2, Part III, columr	n (b), and any other a	udditional information.	

Page 2

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Open To Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

► Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

Attach to Form 990.

lowernine.org

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

Employer identification number

11-3821601

Pai	rt I Types of Property							
		(a) Check if applicable		(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of de noncash contribu		•	s
1	Art - Works of art		iterns contributed	T Offit 550, T art viii, iii c 1g				
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded							
10	Securities - Closely held stock						-	
11	Securities - Partnership, LLC, or						-	
••	trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation contribution -							
	Historic structures							
14	Qualified conservation contribution - Other							
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other > (siding, panel)	X	1	35,517.	FMV			
26	Other ()							
27	Other (
28	Other (
29	Number of Forms 8283 received by the organiz	zation durine	g the tax year for o	contributions				
	for which the organization completed Form 828	33, Part IV, I	Donee Acknowled	gement 29				
	· ·						Yes	No
30a	During the year, did the organization receive by	y contributio	on any property re	oorted in Part I, lines 1 throu	gh 28, that it			
	must hold for at least three years from the date							
	exempt purposes for the entire holding period?			·		30a		Х
b	If "Yes," describe the arrangement in Part II.							
31	Does the organization have a gift acceptance p	oolicy that re	equires the review	of any non-standard contrib	utions?	31		Х
32a	Does the organization hire or use third parties of	•	-	•				
	contributions?		_	· ·		32a		X
b	If "Yes," describe in Part II.							
33	If the organization did not report an amount in	column (c) f	or a type of prope	rty for which column (a) is ch	necked,			
	describe in Part II.	• *		• •				

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) (2014)

432142 08-12-14

SCHEDULE 0

(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

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

► Attach to Form 990 or 990-EZ.

Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

lowernine.org

Employer identification number 11-3821601

Form 990, Part I, Line 1, Description of Organization Mission:
Orleans, LA in the numerous skills necessary to bring this century-old
neighborhood back to life in the wake of hurricanes Katrina and Rita.
Form 990, Part VI, Section B, line 11:
Form 990 is distributed to all board members. Before filing, board needs to
approve by vote of quorum at special meeting.
Form 990, Part VI, Section B, Line 12c:
Executive Director discusses policy with each new board member upon
appointment, and an annual board meeting reviews all policies and ensure
board compliance and awareness.
Form 990, Part VI, Section C, Line 19:
All documents are available upon request.

Form 8868 (Rev. 1-	2014)					Page 2
	or an Additional (Not Automatic) 3-Month Ex	tension, o	complete only Part II and check this	s box		
	te Part II if you have already been granted an a		-			
	or an Automatic 3-Month Extension, comple					
Part II Ad	ditional (Not Automatic) 3-Month E	xtensio	n of Time. Only file the origin	al (no co	pies neede	ed).
			Enter filer's	identifyir	ıg number, se	e instructions
Type or Name	of exempt organization or other filer, see instru	Employer	Employer identification number (EIN) or			
print		11-3821601				
						1601
	Number, street, and room or suite no. If a P.O. box, see instructions.					(SSN)
	own or post office, state, and ZIP code. For a for 1000	oreign add	dress, see instructions.			
<u> </u>	01104115, 111 , 011,					
Enter the Return co	ode for the return that this application is for (file	e a separa	te application for each return)			0 1
			1			Return
Application · -		Return	1 ···			
Is For	000 57	Code	Is For			Code
Form 990 or Form	990-EZ	01	Form 1041 A			
Form 990-BL	ual)	02	Form 1041-A			08
Form 4720 (individ Form 990-PF	uaij	03	Form 4720 (other than individual)	r than individual)		
	01(a) or 408(a) trust)	05	Form 5227 Form 6069			10
Form 990-T (sec. 4		06	Form 8870			
	nplete Part II if you were not already granted			iously file	d Form 8868	12
● If the organization ● If this is for a Gribox ▶ If it 4 I request and 5 For calendar 6 If the tax year Chang 7 State in detar Addition	b 520-797-9500 on does not have an office or place of business oup Return, enter the organization's four digit is for part of the group, check this box additional 3-month extension of time until year 2014, or other tax year beginning ar entered in line 5 is for less than 12 months, ce in accounting period if why you need the extension onal time is requested and to file a complete and the co	Group Exe and atta Novem. heck reas	emption Number (GEN) Inch a list with the names and EINs of ber 15, 2015, and ending on: Initial return	f this is for f all memb	the whole gro	sion is for
8a If this applica	ation is for Forms 990-BL, 990-PF, 990-T, 4720,	, or 6069,	enter the tentative tax, less any			
	le credits. See instructions.			8a	\$	0.
	ation is for Forms 990-PF, 990-T, 4720, or 6069		•			
	s made. Include any prior year overpayment all	lowed as a	a credit and any amount paid			0
<u> </u>	vith Form 8868.			8b	\$	0.
	Subtract line 8b from line 8a. Include your pa	•	th this form, if required, by using			0
EFTPS (Elect	cronic Federal Tax Payment System). See instru		st be completed for Part II o	8c	\$	0.
Under penalties of pe it is true, correct, and	rjury, I declare that I have examined this form, includ complete, and that I am authorized to prepare this fo	ing accomi		-	f my knowledge	and belief,
Signature >	Title ▶ (Date	•	
Ç	.110			2210		68 (Rev. 1-2014)
						, 7