

Encore Accounting LLC

2016 Dauphine Street New Orleans, LA 70116 ry.dantonio@gmail.com Phone: (410)271-1825 | Fax:

Phone: (410)271-1825 Fax:										
November 08, 2017										
lowernine.org 6018 El Dorado New Orleans, LA 70125										
lowernine.org:										
Enclosed is the 2016 federal return for a tax-exempt organization, prepared for lowernine.org from the information provided. This return will be e-filed with the IRS once we receive a signed Form 8879-EO, IRS e-file Signature Authorization for an Exempt Organization.										
The organization's federal return reflects neither a refund nor a balance due.										
Thank you for the opportunity to be of service. For further assistance with your tax needs, please contact this office at (410)271-1825.										
Sincerely,										
Ry D'Antonio Encore Accounting LLC										

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November 08, 2017

lowernine.org 6018 El Dorado New Orleans, LA 70125

Your privacy is important to us. Please read the following privacy policy.

We collect nonpublic personal information about you from various sources, including:

- * Interviews regarding your tax situation
- * Applications, organizers, or other documents that supply such information as your name, address, telephone number, Social Security Number, number of dependents, income, and other tax-related data
- * Tax-related documents you provide that are required for processing tax returns, such as Forms W-2, 1099R, 1099-INT and 1099-DIV, and stock transactions

We do not disclose any nonpublic personal information about our clients or former clients to anyone, except as requested by our clients or as required by law.

We restrict access to personal information concerning you, except to our employees who need such information in order to provide products or services to you. We maintain physical, electronic, and procedural safeguards that comply with federal regulations to guard your personal information.

If you have any questions about our privacy policy, please contact us.

Sincerely,

Ry D'Antonio Encore Accounting LLC

Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2016

Department of the Treasury Internal Revenue Service

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

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

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

Open to Public

-	_	-	Service			sti uctioi			30.		inspection	
	For	the 2	2016 calend	lar year, or tax year begi	nning		, 2016, and en	ding		_	, 20	
В	Chec	k if ap	plicable:	C Name of organization low	ernine.org						D Employer identification no.	
Ш	Addre	ess ch	ange	Doing business as						_	11-3821601	
	Name	chan	ige	Number and street (or P.O. b	oox if mail is not delivered to street address)			Room/suit	е		E Telephone number	
	Initial	return	ı	6018 El Dorado				(504)278-124				
	Final	return	/terminated	City or town, state or province	e, country, and ZIP or foreign postal code			133,8				
	Amer	nded re	eturn	New Orleans, I	A 70125						G Gross receipts\$	
	Applio	cation	pending	F Name and address of princip	al officer: Laura Paul			H(a) is	this a group r	eturn fo	or subordinates? Yes X No	
				6018 El Dorado	Street, New Orleans,	LA 7	0117				s included? Yes No	
	Tax-e	xemp	t status:	501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or		527	-			a list. (see instructions)	
		site:		v.lowernine.org) 1 (meent ne.)		02.	H(c) (•		number ►	
			ganization: X		ssociation Other ►		L Year of formation: 20	<u> </u>			al domicile: ME	
	art I	_	Summar		Sociation Other P		L real of formation. 20	707	W State	oi iega	ar domicile. ME	
ГС	\neg			V		-						
			-	=	sion or most significant activities:		ernine.org is					
ě		-			in the lower ninth wa							
Activities & Governance		_			century-old neighborho	ood ba	ack to life i	n the	wake	of	hurricanes	
ern		-		and Rita.				_				
ò					on discontinued its operations or di				. 1		1	
⊛ ≪		1 8	Number of v	oting members of the gov	rerning body (Part VI, line 1a) .					3	6	
es		4 1	Number of ir	ndependent voting membe	ers of the governing body (Part VI,	, line 1b)				4	6	
ξ		5	Total numbe	er of individuals employed	in calendar year 2016 (Part V, line	e 2a)				5	8	
Ę		6	Total numbe	er of volunteers (estimate i	f necessary)				. 📆 .	6	859	
•		7a -	Total unrelat	ted business revenue fron	n Part VIII, column (C), line 12 .					7a	0	
		d d	Net unrelate	ed business taxable incom	e from Form 990-T, line 34				[7b	0	
								Pric	or Year		Current Year	
		8 (Contributions	s and grants (Part VIII. line	e 1h)				179	. 49	3 125,503	
ē					ne 2g)						0	
en											2 (1,057)	
Revenue										,67		
		11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)									1	
	_								175			
					IX, column (A), lines 1-3)				33	,09	3 20,026	
				d to or for members (Part							0	
S					ee benefits (Part IX, column (A), lin				108	,09	115,668	
Expenses	1				column (A), line 11e)						0	
g		b ⁻	Total fundrai	ising expenses (Part IX, c	olumn (D), line 25) ▶		17,015					
ш	1	7 (Other expen	ses (Part IX, column (A),	ines 11a-11d, 11f-24e)				23	,66	0 3,584	
	1	8	Total expens	ses. Add lines 13-17 (mus	st equal Part IX, column (A), line 25	5)			164	,84	139,278	
	1	9 F	Revenue les	s expenses. Subtract line	e 18 from line 12				10	,97	4 (15,821)	
5	n D						E	Beginning o	of Current	Year	End of Year	
Net Assets or	2	0 -	Total assets	(Part X, line 16)					109	47	104,377	
ASS	Š 2	1 -	Total liabilitie	es (Part X, line 26)					5	,84	3,894	
Š	ૄ 2	2 1	Net assets o	or fund balances. Subtrac	et line 21 from line 20				103	,63	0 100,483	
Pa	rt I		Signatu	re Block			'					
Unc	ler pe	nalties	of perjury, I dea	clare that I have examined this re-	turn, including accompanying schedules and			nowledge ar	nd belief, it	is		
true	, corre	ect, an	nd complete. De	claration of preparer (other than o	fficer) is based on all information of which pro-	reparer has	any knowledge.					
		- In	T.aur	a Paul								
Sig	ın			re of officer						Date	 -	
He			Laur	a Daul Evecutiv	e Director							
116				a Paul, Executiv print name and title	e pilector							
			1		Basa sanda sia		Date		neck X	.,	DTIN	
D-	اہ:			eparer's name	Preparer's signature						PTIN	
Pai			Ry D'An		Ry D'Antonio		11-08-2017	· ·	elf-employe	d	P01578026	
	pa		Firm's name		Accounting LLC			Firm's EIN	▶			
US	e O	nıy	Firm's addres		uphine Street			Phone no.				
					eans LA 70116				41	0-2	271-1825	
Maν	the.	IRS	discuss this	return with the preparer s	shown above? (see instructions)						Ⅺ Yes ☐ No	

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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)? If "Yes,"			
	complete Schedule A	1	X	
2	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? 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		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			21
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes,"			21
Ü	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			21
3	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		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted			21
	endowments, permanent 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,			25
•	VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? /f "Yes,"			
	complete Schedule D, Part VI	11a	X	
b				
~	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	X	
С				
·	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d				
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
·	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		Х
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If			
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	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		Х
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 (see instructions)	17		Х
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		Х
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

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Part IV Checklist of Required Schedules (continued)

20a	Did the ergonization energte one or more beguited facilities? If "Vee " complete School de II	20-	Yes	No X
	Did the organization operate one or more hospital facilities? <i>If</i> "Yes," <i>complete Schedule H</i>	20a		Λ
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			3.7
_	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
2	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	X	
3	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
la	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		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	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		
ia	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	2-70		
ď	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Σ
h		ZJa		
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?	051		Ι,
	If "Yes," complete Schedule L, Part I	25b		2
i	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		2
	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		2
3	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		2
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b		2
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		2
)	Did the organization receive more than \$25,000 in non-cash contributions? <i>If</i> "Yes," <i>complete Schedule M</i>	29	Х	-
)	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified		21	
	conservation contributions? If "Yes," complete Schedule M	30		2
	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If</i> "Yes," <i>complete Schedule N</i> ,	30		
		24		Ι,
	Part I	31		2
	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			١,
	complete Schedule N, Part II	32		2
	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		Σ
	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
	or IV, and Part V, line 1	34		2
а	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Σ
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		2
	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		2
	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	- 50		1
	and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R,</i>			
		27		١,
	Part VI	37		Σ
}	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.		Х	
		38	X	1

Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c	Χ	
2 a	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 2a 8			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Χ	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		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 FinCEN Form 114, Report of Foreign Bank and Financial Accounts			
	(FBAR).			
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		Х
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		
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 services provided to the payor?	7a		v
b	and services provided to the payor?	7b		Х
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	7.0		
C	required to file Form 8282?	7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year			21
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	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		
0	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
1	Section 501(c)(12) organizations. Enter:			
a	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	12-		
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
h	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			
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? <i>If "No," provide an explanation in Schedule O</i>	14b		
-				i e

Form 990 (2016) 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. Section A. Governing Body and Management Yes No Enter the number of voting members of the governing body at the end of the tax year 6 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. Enter the number of voting members included in line 1a, above, who are independent b 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 Χ 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 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 6 Did the organization have members or stockholders? 6 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 Are any governance decisions of the organization reserved to (or subject to approval by) members. Χ stockholders, or persons other than the governing body? 7b 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: Χ Χ Each committee with authority to act on behalf of the governing body? 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 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) No **10a** Did the organization have local chapters, branches, or affiliates? 10a **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 **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 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b 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? Χ 13 Χ 14 Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by 15 independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? Χ The organization's CEO, Executive Director, or top management official 15a Other officers or key employees of the organization Χ 15b 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 Χ 16a b If "Yes." did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) 18

17	List the states	with which a	copy of this	Form 990 is re	equirea to be filea

available for public inspection. Indicate how you made these available. Check all that apply.

Another's website X Upon request Other (explain in Schedule O) Own website

Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and 19 financial statements available to the public during the tax year.

State the name, address, and telephone number of the person who possesses the organization's books and records: 20

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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 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.

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

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

		 	0		•				
		(C)							
(A)	(B)	Position (do not check more the					(D)	(E)	(F)
Name and Title	Average		box, unless person is both an				Reportable	Reportable	Estimated
	hours per	offic	er an	d a di	rector/trustee))	compensation	compensation from	amount of
	week (list any hours for		1				from the	related organizations	other compensation
	related	Individual trustee or director	nst	Officer	Hig emp	Į.	organization	(W-2/1099-MISC)	from the
	organizations	vidu	tutio	e e	bloy	net e	(W-2/1099-MISC)		organization
	below dotted line)	or tr	onal		Highest composition of the compo				and related organizations
	line)	uste	Institutional trustee		nper				organizations
		0	tee		Highest compensated employee Key employee				
					ä				
					4)				
(1) Calvin Alexander	5.00								
President		X		X			(0	0
(2) Liana Elliot	5.00								
Vice President		X		X				0	0
(3) Beverly Nichols	3.00								
Treasurer		X						0	0
(4) Jarrod Broussard	3.00								
Board Member		Х					(0	0
(5) Andreanecia Morris	3.00								
Board Member		X						0	0
(6) Julia McNabb	3.00								
Board Secretary		X					(0	0
(7) Laura Paul	50.00								
Executive Director				X			40,000	0	5,149
<u>(8)</u>									
(9)									
(9)									
(10)									
·									
<u>(11)</u>									
(12)									
(13)									
(14)									
EEA									Form 990 (2016)

Section A.

. a.c	TII OCCIONAL CINCCIO, DICCIOIO, TIUSICCO	, itcy Empio	y cco,	una	9	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	J. 0011	ipci	isatea Employee.	3 (oontinaca)			
	40	(0)			(C Posi				(7)	(5)		(5)	
	(A) Name and title	(B) Average	'		eck mo	ore th	nan one		(D) Reportable	(E) Reportable	 	(F) stimated	
	Name and the	hours per					both an (trustee)		compensation	compensation from		mount of	
		week (list any hours for	or c	Inst	Officer	Key	emi	Forme	from the	related organizations	com	other npensatio	on
		related organizations	or director	Institutional trustee	cer	key employee	ploye	ner	organization (W-2/1099-MISC)	(W-2/1099-MISC)		from the ganizatio	ın
		below dotted	or trus	nal tri		loyee	e omp		(11 2 1000 111100)		ar	nd related	d
		line)	tee	ustee		, a	Hignest compensated employee				org	anizatior	ns
							lea						
<u>(15)</u>													
<u>(16)</u>													
<u>(17)</u>													
(18)													
(40)											1		
(19)													
(20)													
(21)													
(22)						7		7					
(23)													
(24)													
<u>(25)</u>													
1b	Sub-total			ν.	• •			•					
С	Total from continuation sheets to Part VII, Section	nA						•					
d	Total (add lines 1b and 1c)								40,000		5,149		149
2	Total number of individuals (including but not limited	d to those list	ed abo	ove)	who	rec	eived	mor	e than \$100,000 of				
	reportable compensation from the organization									0		Yes	No
3	Did the organization list any former officer, directo	r. or trustee.	kev ei	olam	vee.	. or	hiahes	st co	mpensated			162	NO
•	employee on line 1a? If "Yes," complete Schedule		-		-		-				3		Х
4	For any individual listed on line 1a, is the sum of rep	ortable comp	ensati	on a	nd o	ther	comp	ensa	ation from the				
	organization and related organizations greater than												
_	individual										4		X
5	Did any person listed on line 1a receive or accrue or for services rendered to the organization? <i>If</i> "Yes,"			-			-				5		Х
Secti	on B. Independent Contractors	complete of	Jiledui	C 	01 30	ист	perso	''					21
1	Complete this table for your five highest compensate	d independer	nt cont	racto	ors th	hat r	eceive	ed m	ore than \$100,000	of			
	compensation from the organization. Report compensation.	nsation for the	e caler	ndar	yeaı	r en	ding w	ith o	r within the organiz	ation's tax			
	(A) (B)								(C)				
	Name and business address								Description of	services	Comp	pensation	n
2	Total number of independent contractors (including	but not limite	d to th	ose	liste	d at	ove) v	who	-				
	received more than \$100,000 of compensation from	the organiza	tion	•									

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		Check if Schedule O contains a response or r	note to any line in thi	s Part VIII			
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
	1a	Federated campaigns 1a	550				0.20.
ants	b	Membership dues 1b					
Contributions, Gifts, Grants and Other Similar Amounts	С	Fundraising events 1c					
iifts Iar /	d	Related organizations 1d					
s, G jimi	е	Government grants (contributions) 1e	10,000				
tion er S	f	All other contributions, gifts, grants,					
혈퉏		and similar amounts not included above 1f	114,953				
ont	g	Noncash contributions included in lines 1a-1f: \$	30,990				
0 "	h	Total. Add lines 1a-1f		125,503			
			Business Code	-			
une	2a						
eve	b						
Program Service Revenue	С						
Ser∨	d						
am (е						
rogr	f	All other program service revenue					
•	g	Total. Add lines 2a-2f					
		Investment income (including dividends, interest, and other similar amounts)					1
	4	Income from investment of tax-exempt bond prod					1
	5	Royalties					
	"	(i) Real	(ii) Personal				
	62	Gross rents	(ii) r eisonai				
		Less: rental expenses					
	l .	Net rental income or (loss)	7				
			(ii) Other				
	/a	Gross amount from sales of assets other than inventory (i) Securities (ii) Securities 7,95	1				
	L						
	ם	Less: cost or other basis and sales expenses 9,01	2				
	С	Gain or (loss) (1,05					
	1	Net gain or (loss)		(1,058)		(1,058
ē		Gross income from fundraising		(=,000	,		(2,000
enne		events (not including \$					
Zev		of contributions reported on line 1c).					
Other Rev		See Part IV, line 18 a					
₹	b	Less: direct expenses b					
	l .	Gross income from gaming activities.					
		See Part IV, line 19 a					
	b	Less: direct expenses b					
		Net income or (loss) from gaming activities					
		Gross sales of inventory, less					
		returns and allowances a	415				
	b	Less: cost of goods sold b	1,404				
	С	Net income or (loss) from sales of inventory		(989) (989)	
		Miscellaneous Revenue	Business Code				
	11a						
	b						
	С						
	d	All other revenue					
	е	Total. Add lines 11a-11d					
	12	Total revenue. See instructions	▶ [123,457	(989)	0 (1,057

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX (B) Program service (D) Fundraising (A) Total expenses Do not include amounts reported on lines 6b. 7b. Management and 8b, 9b, and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic 2 20,026 20,026 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Compensation of current officers, directors, 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) Other salaries and wages 7 61,244 45,933 15,311 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 9 5,224 2,612 1,306 1,306 10 9,200 5,749 2,301 1,150 11 Fees for services (non-employees): b Legal...... 2,600 2,600 Professional fundraising services. See Part IV, line 17 Investment management fees f Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) 50 50 12 Advertising and promotion 2,450 2,450 Office expenses 13 11,746 9,637 2,109 Information technology 14 15 Royalties 16 6,094 6,094 17 18 Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings 19 20 21 Payments to affiliates 22 Depreciation, depletion, and amortization 487 487 23 9,790 9,790 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.) 597 597 a Meals and Entertainment Miscellaneous 54 54 C Parking 185 185 d Membership Fees 937 937 All other expenses 7,692 (31,406)(39,098)Total functional expenses. Add lines 1 through 24e . 25 139,278 73,810 48,453 17,015 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)

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Part X Balance Sheet 11-3821601 Page **11**

	•	Check if Schedule O contains a response or note to any line in this Part X			
			(A)		(B)
			Beginning of year		End of year
	1	Cash - non-interest-bearing	62,154	1	76,436
	2	Savings and temporary cash investments	4,690	2	,
	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 employees' beneficiary			
		organizations (see instructions). Complete Part II of Schedule L		6	
	7	Notes and loans receivable, net		7	
ets	8	Inventories for sale or use		8	10,794
Assets	9	Prepaid expenses and deferred charges		9	10,734
•	10a	Land, buildings, and equipment: cost or			
	IVa	other basis. Complete Part VI of Schedule D 10a 5,650			
	b	Less: accumulated depreciation 10b 5,650	16,792	10c	
	11	Investments - publicly traded securities	10,792	11	
	12	Investments - other securities. See Part IV, line 11	25,842	12	17 147
	13	Investments - program-related. See Part IV, line 11	25,642	13	17,147
	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)	100 470	16	104 277
	17		109,478	17	104,377
		Accounts payable and accrued expenses		18	
	18	Grants payable	*	19	
	19	Deferred revenue		20	
	20	Tax-exempt bond liabilities			
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
Liabilities	22	Loans and other payables to current and former officers, directors,			
ē		trustees, key employees, highest compensated employees, and		200	
Ë		disqualified persons. Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24 25	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			
			F 040	25	2 004
	26	of Schedule D	5,848		3,894
	26	Total liabilities. Add lines 17 through 25	5,848	26	3,894
		complete lines 27 through 29, and lines 33 and 34.			
Ses	27		102 620	27	100 403
<u>a</u>	27	Unrestricted net assets	103,630	27 28	100,483
Ва	28	Temporarily restricted net assets			
pun	29	Permanently restricted net assets		29	
Ē		Organizations that do not follow SFAS 117 (ASC 958), check here and appropriate lines 20 through 34			
s S	20	complete lines 30 through 34.		20	
ssel	30	Capital stock or trust principal, or current funds		30	
Net Assets or Fund Balances	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Se	32	Retained earnings, endowment, accumulated income, or other funds	400 400	32	400 400
	33	Total net assets or fund balances	103,630	33	100,483
	34	Total liabilities and net assets/fund balances	109,478	34	104,377

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Par	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					\Box
1	Total revenue (must equal Part VIII, column (A), line 12)	. 1		1	23,4	457
2	Total expenses (must equal Part IX, column (A), line 25)	. 2		1	.39,2	278
3	Revenue less expenses. Subtract line 2 from line 1	. 3		(15,8	321)
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	. 4		1	.03,6	530
5	Net unrealized gains (losses) on investments	. 5			12,6	674
6	Donated services and use of facilities	. 6				
7	Investment expenses	. 7				
8	Prior period adjustments	. 8				
9	Other changes in net assets or fund balances (explain in Schedule O)	. 9				0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line					
	33, column (B))	. 10		1	.00,4	483
Par	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 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		Χ
	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					
	Schedule O.					
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in					
	the Single Audit Act and OMB Circular A-133?		[3a		Χ

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3b

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

SCHEDULE A

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.

2016 Open to Public

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

(Form 990 or 990-EZ)

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

Inspection

Employer identification number

low	ern	wernine.org 11-3821601										
Pa	rt I	Reason for Public Charity	/ Status (All or	ganizations must c	omplete	this part	.) See instruction	ns.				
The	orgai	nization is not a private foundation beca	ause it is: (For lines	s 1 through 12, check on	y one box.)						
1		A church, convention of churches, or	association of chu	rches described in sect	ion 170(b)	(1)(A)(i).						
2		A school described in section 170(b)										
3	П	A hospital or a cooperative hospital s		•	,	,						
4	П	A medical research organization ope	•				(1)(Δ)(iii) Enter the					
7	ш	hospital's name, city, and state:	ratea iir conjunctio	ii wiiii a noopilai accone	,ca	1011 170(15)	(I)(A)(III). Enter the					
5	П	An organization operated for the bene	ofit of a college or i	university owned or oper	atod by a c	novornmon:	tal unit described in					
5	Ш			iniversity owned or opera	ateu by a g	joverninen	iai uniii described in					
		section 170(b)(1)(A)(iv). (Complete Part II.)										
6	Н	A federal, state, or local government	•									
7	Ш	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	Ц	A community trust described in section										
9	Ш	An agricultural research organization						lege				
		or university or a non-land-grant colle	ge of agriculture (s	see instructions). Enter th	e name, ci	ty, and stat	e of the college or					
	_	university:										
10	X	An organization that normally receives	s: (1) more than 33	3 1/3% of its support fron	n contributi	ons, memb	ership fees, and gros	SS				
		receipts from activities related to its e	xempt functions - s	subject to certain excepti	ons, and (2	2) no more	than 33 1/3% of its					
		support from gross investment income	e and unrelated but	siness taxable income (l	ess section	1511 tax) f	rom businesses					
		acquired by the organization after Jun	ne 30, 1975.See s	section 509(a)(2). (Com	plete Part	III.)						
11		An organization organized and opera	ted exclusively to	test for public safety. Se	e section	509(a)(4).						
12		An organization organized and operat	ed exclusively for t	the benefit of, to perform	the functio	ns of, or to	carry out the purpos	ses				
		of one or more publicly supported org	ganizations describ	oed in section 509(a)(1)	or section	n 509(a)(2)	. See section 509(a	ı)(3).				
	Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.											
	a Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving											
		the supported organization(s) the	power to regularly	appoint or elect a majo	rity of the c	directors or	trustees of the					
	supporting organization. You must complete Part IV, Sections A and B.											
	b Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having											
	control or management of the supporting organization vested in the same persons that control or manage the supported											
	organization(s). You must complete Part IV, Sections A and C.											
	С	☐ Type III functionally integrated	. A supporting orga	anization operated in co	nnection w	ith, and fu	nctionally integrated	with,				
		its supported organization(s) (see										
	d	Type III non-functionally integr	ated. A supporting	organization operated	in connecti	ion with its	supported organizat	tion(s)				
		that is not functionally integrated.						, ,				
		requirement (see instructions). Y		•								
	е	Check this box if the organization					Type II. Type III					
	•	functionally integrated, or Type III				, a . , po .,	. , po, . , po					
	f	Enter the number of supported organi		nogratou oupporting org	ar ii zatior ii							
	g g	Provide the following information about		raanization(s)								
		Name of supported organization	(ii) EIN	(iii) Type of organization	(iv) Is the o	ragnization	(v) Amount of monetary	(vi) Amount of				
	(.	Than to supported organization	(11) 2.114	(described on lines 1-10	` '	r governing	support (see	other support (see				
				above (see instructions))	docum	ent?	instructions)	instructions)				
					Yes	No						
					163	140						
(A)												
(B)												
(C)												
(0)												
(D)												
(E)												
							1	1				

Schedule A (Form 990 or 990-EZ) 2016 lowernine.org 11-3821601 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II

(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	, ,		, ,	•	,	
Caler	ndar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	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						
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						
	ndar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(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 VI.)						
11	Total support. Add lines 7 through 10 .						
12	Gross receipts from related activities, etc. (s	see instructions)				12	
13	First five years. If the Form 990 is for the organization, check this box and stop here		<u> </u>	rth, or fifth tax yea	r as a section 501	(c)(3)	▶ 🗌
Sec	tion C. Computation of Public Su					T	
14	Public support percentage for 2016 (line 6, o		-			14	%
15	Public support percentage from 2015 Scheo						%
16a	33 1/3% support test - 2016. If the organiz						
	box and stop here. The organization qualit						▶ ⊔
b	33 1/3% support test - 2015. If the organiz						
	this box and stop here. The organization of						▶ ⊔
17a	10%-facts-and-circumstances test - 2010	=					
	10% or more, and if the organization meets						
	Part VI how the organization meets the "fac						. \Box
	organization						▶ ⊔
b	10%-facts-and-circumstances test - 2019					line	
	15 is 10% or more, and if the organization				-	-to-	
	Explain in Part VI how the organization mee						. \square
40	supported organization						▶ ⊔
18	Private foundation. If the organization did						. □
	instructions						🚩 📙

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

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

Sec	ction A. Public Support						
Cale	endar year (or fiscal year beginning in) >	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	86,512	104,655	125,963	179,493	125,503	622,126
2	Gross receipts from admissions, merchandise	30,022					
	sold or services performed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose	150	81,780				81,930
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	86,662	186,435	125,963	179,493	125,503	704,056
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						704,056
Sec	ction B. Total Support						
Cale	endar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
9	Amounts from line 6	86,662	186,435	125,963	179,493	125,503	704,056
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	2	2	2	2	1	9
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b	2	2	2	2	1	9
11	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 VI.)	69,225		(630) (3,673) (989) 63,933
13	Total support. (Add lines 9, 10c, 11, and 12.)	156,379	186,977	125,335	175,822	124,515	769,028
14	First five years. If the Form 990 is for the o organization, check this box and stop here						▶ □
Sec	ction C. Computation of Public Su	pport Percent	age				
15	Public support percentage for 2016 (line 8, co	olumn (f) divided by	line 13, column (f))		15	91.55 %
	Public support percentage from 2015 Schedu					16	84.02 %
	ction D. Computation of Investme						
17	Investment income percentage for 2016 (line					17	0.00 %
18	Investment income percentage from 2015 S					18	0.00 %
19a	33 1/3% support tests - 2016. If the organia 17 is not more than 33 1/3%, check this box						▶ 🏻
b	33 1/3% support tests - 2015. If the organization 18 is not more than 33 1/3%, check this						▶ □
20	Private foundation. If the organization did	not check a box on	line 14, 19a, or 19	b, check this box	and see instruction	ns	▶ □

Part IV Support

Supporting Organizations

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

Section A. All Supporting Organizations

- 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 VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked 12a or 12b in Part I, answer (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?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- **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 or 990-EZ).
- **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 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," provide detail in **Part VI**.
- **c** Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in **Part VI**.
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," *answer 10b below.*
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

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

Scher	lule A (Form 990 or 990-EZ) 2016 lowernine.org 11-38210	501	P	age 5
	rt IV Supporting Organizations (continued)	,,,,	<u> </u>	age 3
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
С	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Sec	ction B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	etion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations		V	
	Did the consciention was ide to each of the consented association, but the last describe (fit) was the fither		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior to	XX		
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how	,		
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
2	By reason of the relationship described in (2), did the examization's supported examizations have a			
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	etion E. Type III Functionally-Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (se	e instruc	tions	·
a		c msa ac		•
b				
c		tity (see in	struct	ions)
2	Activities Test. Answer (a) and (b) below.	ny (000 m	Yes	No.
a			. 55	
u	the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify</i>			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		

b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in **Part VI** the reasons for the organization's position that its supported organization(s) would have engaged in these

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If* "Yes," *describe in Part VI the role played by the organization in this regard.*

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or

activities but for the organization's involvement.

3 Parent of Supported Organizations. Answer (a) and (b) below.

trustees of each of the supported organizations? Provide details in Part VI.

2b

3a

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Pai	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting Org	ganiz	ations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying t	rust c	on Nov. 20, 1970 (expla	in in Part VI). See
	instructions. All other Type III non-functionally integrated supporting organiz	ations	s must complete Sectio	ns A through E.
Sec	tion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
СО	llection of gross income or for management, conservation, or			
ma	aintenance 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		
Sec	tion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
ins	structions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	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			
fa	actors (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,			
se	e 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		
Sec	tion 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			
en	nergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functionally-i	integr	ated Type III supporting	g organization (see
	instructions).			

EEA

Pai	t V Type III Non-Functionally Integrated 509(a)(3)) Supporting Organia	zations (continued)	
Sec	tion D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exem			
2	Amounts paid to perform activity that directly furthers exempt	purposes of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purposes	s of supported organizat	ions	
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	e organization is respons	sive	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2016 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
		/i\	(ii)	(iii)
5	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	Underdistributions	Distributable
		Excess Distributions	Pre-2016	Amount for 2016
1	Distributable amount for 2016 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2016			
	(reasonable cause required - explain in Part VI). See			
	instructions.			
3	Excess distributions carryover, if any, to 2016:			
а				
b				
С	From 2013			
d	From 2014			
е	From 2015			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2016 distributable amount			
i	Carryover from 2011 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2016 from			
	Section D, line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2016 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2016, if			
	any. Subtract lines 3g and 4a from line 2. For result			
	greater than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2016. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2017. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
а				
b	Excess from 2013			
	Excess from 2014			
d	Excess from 2015			
е	Excess from 2016			

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

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

Department of the Treasury Internal Revenue Service

lowernine.org

Name of the organization

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

Employer identification number

11-3821601

2016

Organization type (check one):						
Filers of:		Section:				
Form 9	90 or 990-EZ	∑ 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				
Check i	f your organization is cove	red by the General Rule or a Special Rule .				
Note: 0), or (10) organization can check boxes for both the General Rule and a Special Rule. See				
General Rule						
For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.		erty) from any one contributor. Complete Parts I and II. See instructions for determining a				
Special	l Rules					
	regulations under sections 13, 16a, or 16b, and that \$5,000 or (2) 2% of the all For an organization descricontributor, during the year	bed in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line received from any one contributor, during the year, total contributions of the greater of (1) mount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II. Deed in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one ar, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, poses, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.				
	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year					
	=	t covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, nswer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its				

Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization Employer identification number 10wernine.org 11-3821601

Part I Contributors (See instructions). Use duplicate copies of Part I if additional space is needed. (d) (a) (b) (c) Νo. **Total contributions** Name, address, and ZIP + 4 Type of contribution Person 1 New Orleans Steamboat Company Pavroll Noncash 6,589 600 Decatur Street (Complete Part II for noncash contributions.) New Orleans, LA 70130 (d) (c) (a) (b) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution Person 2 City of New Orleans Payroll Noncash 10,000 1300 Perdido Street (Complete Part II for New Orleans, LA 70112 noncash contributions.) (b) (c) (d) (a) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution 3 Singing For Change Person X Pavroll Noncash 10,000 PO Box 729 (Complete Part II for Sullivans Island, SC 29482 noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person James Hardie Corporation 4 Pavroll Noncash X 231 Lasalle Street Suite 2000 23,794 (Complete Part II for Chicago, IL 60604 noncash contributions.) (b) (a) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person X 5 Network For Good **Payroll** Noncash 1140 Connecticut Avenue NW Ste 700 25,663 (Complete Part II for Washington, DC 20036 noncash contributions.) (a) (b) (c) (d) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution Person **Payroll** Noncash (Complete Part II for noncash contributions.)

Name of organization 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
4	Siding		
		\$	06-30-2016
(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
		\$	

SCHEDULE D (Form 990)

Supplemental Financial Statements

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

▶ Attach to Form 990.

Department of the Treasury Internal Revenue Service Name of the organization

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

OMB No. 1545-0047

2016

Open to Public Inspection

Employer identification number

lowernine.org 11-3821601 Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (b) Funds and other accounts 1 2 Aggregate value of contributions to (during year) . 3 Aggregate value of grants from (during year) . . Aggregate value at end of year 4 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised 5 funds are the organization's property, subject to the organization's exclusive legal control? Yes 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose 🗌 Yes 🗌 No conferring impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year Number of conservation easements on a certified historic structure included in (a) Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ► Number of states where property subject to conservation easement is located 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 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 6 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) 8 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 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: Revenue included on Form 990, Part VIII, line 1 Assets included in Form 990. Part X

Cabaa	lula D (Farm 000) 2046			11 20	21 601 Page 2
	ule D (Form 990) 2016 lowernine.org rt III Organizations Maintaining Collec	ctions of Art Histo	rical Treasures	11-38 or Other Similar A	<u> </u>
3	Using the organization's acquisition, accession, and of				ssets (continued)
3	collection items (check all that apply):	ner records, check any or	the following that are a	a significant use of its	
а	Public exhibition	d Loan or excha	nge programe		
			nge programs		
b	Scholarly research	e U Other			
C	Preservation for future generations	and avalain have they fruit	har the argenizationle	wampt numana in Dart	
4	Provide a description of the organization's collections XIII.	and explain now they full	nei the organizations e	exempt pulpose in Fait	
_		donations of out biotoxical	tracaliras or ather sin	nilo r	
5	During the year, did the organization solicit or receive assets to be sold to raise funds rather than to be mair				🗌 Yes 🗌 No
Pa	rt IV Escrow and Custodial Arrangeme	· · · · · · · · · · · · · · · · · · ·	inizations collection:		1es NO
га	Complete if the organization answer		00 Part IV line 0	or reported an am	ount on Form
	990, Part X, line 21.	eu res on Forms	90, Fait IV, line 9	, or reported an ann	Julit on Form
12	Is the organization an agent, trustee, custodian or othe	r intermediany for contribu	itions or other assets n	ot	
1a		· · · · · · · · · · · · · · · ·			☐ Yes ☐ No
h	If "Yes," explain the arrangement in Part XIII and com				🗀 les 🗀 No
b	ii res, explain the arrangement in Fart Ain and com	piete the following table.			Amount
С	Beginning balance				Amount
d	Additions during the year				
e	-				
f	Ending balance			1f	
2a	Did the organization include an amount on Form 990,				Yes No
b	If "Yes," explain the arrangement in Part XIII. Check h				
	rt V Endowment Funds.	ore in the explanation has	5551 p. 641.050 611 1 611		
	Complete if the organization answer	red "Yes" on Form 9	90. Part IV. line 1	0.	
		Current year (b) Price			ck (e) Four years back
1a	Beginning of year balance				
b	Contributions				
С	Net investment earnings, gains, and				
	losses				
d	Grants or scholarships				
е	Other expenditures for facilities and				
	programs				
f	Administrative expenses				
g	End of year balance				
2	Provide the estimated percentage of the current year e	end balance (line 1g, colu	mn (a)) held as:		
а	Board designated or quasi-endowment ▶	%			
b	Permanent endowment ► %				
С	Temporarily restricted endowment	%			
	The percentages in lines 2a, 2b, and 2c should equal 1	00%.			
3a	Are there endowment funds not in the possession of t	he organization that are h	eld and administered for	or the	
	organization by:				Yes No
	(i) unrelated organizations				3a(i)
	(ii) related organizations				3a(ii)
b	If "Yes" on 3a(ii), are the related organizations listed a	•	?		3b
4	Describe in Part XIII the intended uses of the organiza	ation's endowment funds.			
Pa	rt VI Land, Buildings, and Equipment.			_	
	Complete if the organization answer	red "Yes" on Form 9	90, Part IV, line 1	1a. See Form 990,	Part X, line 10.
	Description of property	(a) Cost or other basis	(b) Cost or other basis	(c) Accumulated	(d) Book value
		(investment)	(other)	depreciation	
1a	Land				

	Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
		(iiivedinent)	(other)	dopresiation	
1a	Land				
b	Buildings				
С	Leasehold improvements				
d	Equipment		5,650	5,650	
е	Other				
Tota	Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) ▶				

EEA Schedule D (Form 990) 2016

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 11-3821601
 Page 3

Part VII	Investments - Other Securities.	d "Ves" on Form 990. Par	t IV, line 11b. See Form 990, Part X, line 12
-	(a) Description of security or category	(b) Book value	(c) Method of valuation:
	(including name of security)	(b) Book value	Cost or end-of-year market value
(1) Financial of			
	eld equity interests		
(3) Other			
	ty Broadband	12,681	FMV
	Gate Ent	4,466	FMV
(C)			
(D)			
(E)			
(F)			
(G) (H)			
) must equal Form 990, Part X, col. (B) line 12.)	17,147	
Part VIII	Investments - Program Related.	17,147	
I ait VIII		d "Yes" on Form 990 Par	t 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. (Column (b)) must equal Form 990, Part X, col. (B) line 13.)		
Part IX	Other Assets.		
	Complete if the organization answere	d "Yes" on Form 990, Par	t IV, line 11d. See Form 990, Part X, line 15
	(a) D	escription	(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)		<u> </u>	
(6)			
(7)			
(8)			
(9)			
	nn (b) must equal Form 990, Part X, col. (B) line 15	5.)	
Part X	Other Liabilities.	LIIV II	. IV. I'
	•	d "Yes" on Form 990, Par	t IV, line 11e or 11f. See Form 990, Part X,
	line 25.		
1.	(a) Description of liability	(b) Book value	_
	income taxes		_
(7) Datro	ll Liabilities	3,894	_
(3)			
(3)			_
(3) (4) (5)			
(3) (4) (5) (6)			
(3) (4) (5) (6) (7)			
(3) (4) (5) (6) (7) (8)			
(3) (4) (5) (6) (7) (8) (9)) must equal Form 990, Part X, col. (B) line 25.)	3,894	

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

	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	
1	Total revenue, gains, and other support per audited financial statements	1
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	
а	Net unrealized gains (losses) on investments	
b	Donated services and use of facilities	
С	Recoveries of prior year grants	
d	Other (Describe in Part XIII.)	
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.)	
С	Add lines 4a and 4b	4c
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5
Pa	Reconciliation of Expenses per Audited Financial Statements With Expenses p	er Return.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	
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: Donated services and use of facilities	
a	Donated services and use of facilities	-
b	Other losses	-
c d	Other (Describe in Part XIII.)	-
e	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:	
a	Investment expenses not included on Form 990, Part VIII, line 7b	
b	Other (Describe in Part XIII.)	
С	Add lines 4a and 4b	4c
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5
Pa	rt XIII Supplemental Information.	
Prov	ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part IV, lines 1b and 2b; Part V, line 4; Part IV, lines 1b and 2b; Part V, line 4; Part IV, lines 1b and 2b; Part V, line 4; Part IV, lines 1b and 2b; Part V, line 4; Part IV, lines 1b and 2b; Part V, line 4; Part IV, lines 1b and 2b; Part V, lines 1b and 2b; Part V, line 4; Part IV, lines 1b and 2b; Part V, line 4; Part IV, lines 1b and 2b; Part V, line 4; Part IV, lines 1b and 2b; Part V, line 4; Part IV, lines 1b and 2b; Part IV, lines 1b and 2b and 2b; Part IV, lines 1b and 2b	rt X, line
2; Pa	art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.	

EEA Schedule D (Form 990) 2016

SCHEDULE I (Form 990)

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States Complete if the organization answered "Yes" norm 990, Part IV, line 21 or 22.

► Attach to Form 990.

OMB No. 1545-0047 2016

Department of the Treasury Internal Revenue Service Name of the organization

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

Open to Public Inspection Employer identification number

	rnine.org						11-3821601	
Par								
	Does the organization maintain records to		=		-			
	the selection criteria used to award the g							. 🛛 Yes 🗌 No
	Describe in Part IV the organization's pro							
Par							"Yes" on Form	
	990, Part IV, line 21, for any	_			licated if additional sp			
1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)								
(2)								
(3)								
(4)								
(5)								
(6)								
(7)								
(8)								
(9)								
(10)								
3	Enter total number of section 501(c)(3) at Enter total number of other organizations	listed in the line 1 table						

<u>Schedule I (Form 990) (2016)</u> <u>11-3821601</u> Page 2

Part III	Grants and Other Assistance to Part III can be duplicated if addition		Ils. Complete if t	the organization answ	ered "Yes" on Form 99	0, Part IV, line 22.
	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
						Building Materials for
1 _{Build}	ing Materials	13		20,026	FMV	residential properties
2						
3						
4						
5						
6						
7						
Part IV	Supplemental Information. Provide	de the information re	quired in Part I,	line 2, Part III, column	(b), and any other add	ditional information.
					,	

Schedule I (Form 990) (2016)

SCHEDULE M (Form 990)

Noncash Contributions

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury
Internal Revenue Service
Name of the organization

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

Employer identification number

lowernine.org 11-3821601 Types of Property Part I (c) (d) (a) (b) Noncash contribution Check if Number of contributions or Method of determining amounts reported on applicable items contributed Form 990, Part VIII, line 1g noncash contribution amounts Art - Works of art 1 Art - Historical treasures 2 3 Art - Fractional interests 4 Books and publications 5 Clothing and household goods 6 Cars and other vehicles 7 Boats and planes Intellectual property 8 Securities - Publicly traded. . . . Securities - Closely held stock . . 10 Securities - Partnership, LLC, 11 or trust interests 12 Securities - Miscellaneous . . . 13 Qualified conservation contribution - Historic structures Qualified conservation 14 contribution - Other Real estate - Residential 15 Real estate - Commercial 16 Real estate - Other 17 18 Collectibles 19 Food inventory 20 Drugs and medical supplies . . . 21 22 Historical artifacts 23 Scientific specimens 24 Archeological artifacts . . . 25 Other ►(Building suppli) 1 23,794 **FMV** Other ►(Office Supplies) 26 1 7,196 FMV 27 Other ►(Other ►(28 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement 29 Yes No 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required Χ to be used for exempt purposes for the entire holding period? 30a If "Yes," describe the arrangement in Part II. b Does the organization have a gift acceptance policy that requires the review of any non-standard Χ 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash Χ **b** If "Yes," describe in Part II. If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, 33

describe in Part II.

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.

Department of the Treasury Internal Revenue Service Name of the organization lowernine.org

► Attach to Form 990 or 990-EZ. ▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. OMB No. 1545-0047

Open to Public Inspection

Employer identification number

11-3821601

IRS e-file Signature Authorization for an Exempt Organization

	-	_	
or calendar year 2016, or fiscal year beginning			. and ending

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

2016

OMB No. 1545-1878

Department of the Treasury Internal Revenue Service

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

as my signature

Date > 11-08-2017

Employer identification number Name of exempt organization 11-3821601 lowernine.org Name and title of officer Laura Paul, Executive Director Type of Return and Return Information (Whole Dollars Only) Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than 1 line in Part I. 1a Form 990 check here $\blacktriangleright \boxtimes$ b Total revenue, if any (Form 990, Part VIII, column (A), line 12) 1b 3a Form 1120-POL check here 4a Form 990-PF check here ► D b Tax based on investment income (Form 990-PF, Part VI, line 5) 4b **Declaration and Signature Authorization of Officer** Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2016 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and

Officer's PIN: check one box only

ERO firm name	Enter five numbers, but do not enter all zeros	
on the organization's tax year 2016 electronically filed return. If	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.		
	ature on the organization's tax year 2016 electronically filed return. eing filed with a state agency(ies) regulating charities as part of isclosure consent screen.	
Officer's signature	Date ▶	
Part III Certification and Authentication		
Fait III Certification and Authentication		
ERO's EFIN/PIN. Enter your six-digit electronic filing identification		
	724761 17221	
ERO's EFIN/PIN. Enter your six-digit electronic filing identification	724761 17221 do not enter all zeros	
ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.	do not enter all zeros	
RO's EFIN/PIN. Enter your six-digit electronic filing identification	do not enter all zeros the 2016 electronically filed return for the organization	

to enter my DIN 16019

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.

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

ERO's signature

990	Overflow Statement	2016 Page 1
Name(s) as shown on return		FEIN
lowernine.org		11-3821601

Description			Amount
Tools		\$	2,260
Fuel			3,115
Licenses and Permits			694
Auto Repairs			2,066
Food and Supplies			21,915
Reimbursement of Housing Expenses			(69,148)
	Total:	_\$	-39,098

Description		Amount
Payroll Expenses		\$ 1,073
Volunteer Comfort		714_
House Repairs		4,053
Bank Fees		1,535
Property Tax		317
	Total:	\$ 7,692